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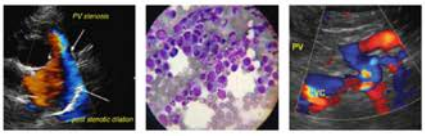

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PATIENT

Felix 2 Purrs Abound Siamese Rescue

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

9 Years

WEIGHT

16.75 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Cat Care of Rochester Hills

INVOICE

41556

DATE

9/22/22

PRESENTING CLINICAL SIGNS

Waxing/waning DM & pancreatitis, weight loss, instances of poor appetite despite being on multiple anti-nausea meds and appetite stimulant

Abnormal PE/Chem/CBC/UA Results: Diabetes, regulation has been so-so; last fructosamine indicated "good" control, but Libre reports not supportive (other clinic used the Libre, I only have what info owner gave me). Chronic pancreatitis Will send BW and prev AUS report.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.76 cm) with mild pyelectasia at 0.29 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.47 cm) with pyelectasia at 0.27 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.93 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule visualized within the parenchyma measuring 0.77 cm x 0.79 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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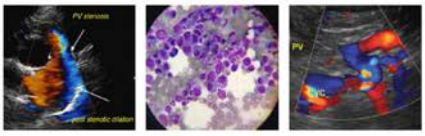

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is a 0.37 cm hypoechoic structure in the region of the right limb of the pancreas adjacent to the duodenum, which could represent a lymph node, pancreatic cyst, or hypoechoic pancreatic nodule. This nodule does not appear to be vascular. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys with bilateral pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hypoechoic, prominent pancreas with very mild surrounding inflammation and a no-vascular hypoechoic structure – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving. The hypoechoic structure is most consistent with a pancreatic cyst, as it does not appear to significantly vascular. Recommend continued monitoring.
- Hyperechoic liver with small hyperechoic nodule – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The hyperechoic nodule does not appear to disrupt the hepatic architecture. This is likely to deep to easily sample. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the changes observed are common in diabetic patients and can be within normal limits. The liver is hyperechoic. This is most likely consistent with a diabetic hepatopathy and/or a large cat with fat deposition in the liver. Recommend continued monitoring of the hyperechoic nodule visualized in the caudate lobe.

The pancreas is somewhat prominent and hypoechoic with mild inflammation surrounding. Some of this could be remodeling secondary to previous episodes of pancreatitis or there could be mild current pancreatitis. Recommend continued symptomatic therapy for pancreatitis. There is a small hypoechoic

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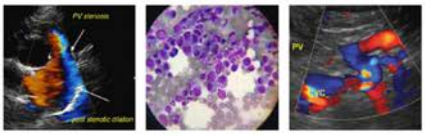

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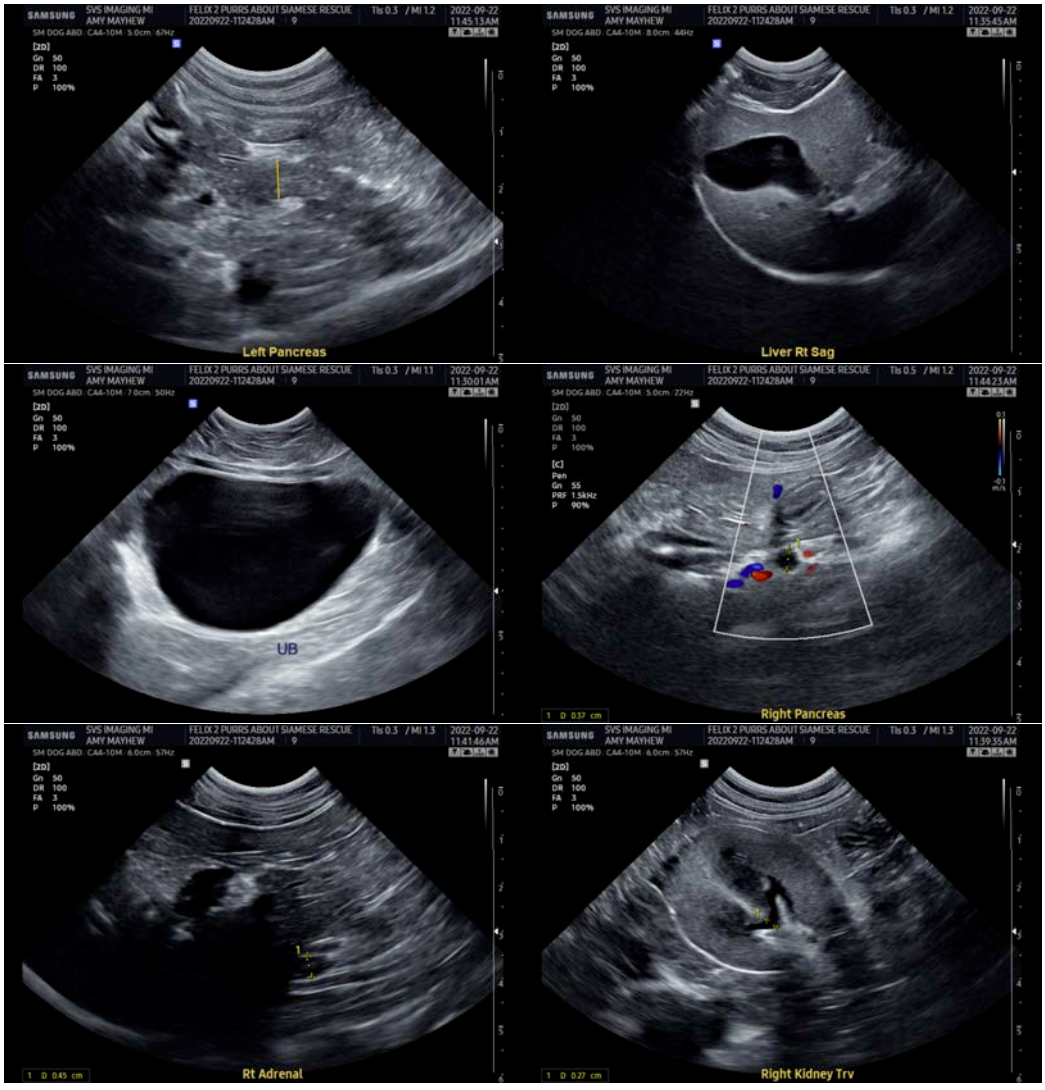
structure in the region of the right limb of the pancreas. This could represent a nodule, cyst, lymph node, etc., but there is minimal color flow, so a small cyst seems most likely. Recommend continued monitoring.

The changes in the kidneys could be an indicator for early renal disease, or they could represent deposition of fat in the kidneys. Pyelectasia could be secondary to PU/PD or pyelonephritis. Recommend a urinalysis and culture.

These cases can be very challenging. If possible, dietary management is an important piece of the puzzle. Fructosamine levels can be very misleading in these cases, and freestyle libres are a good tool as long as reading are intermittently confirmed with traditional blood glucose levels, as occasionally values can be very aberrant.

Recommend 3-view thoracic radiographs to rule out concurrent intrathoracic disease.



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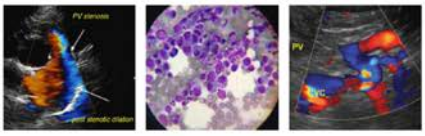

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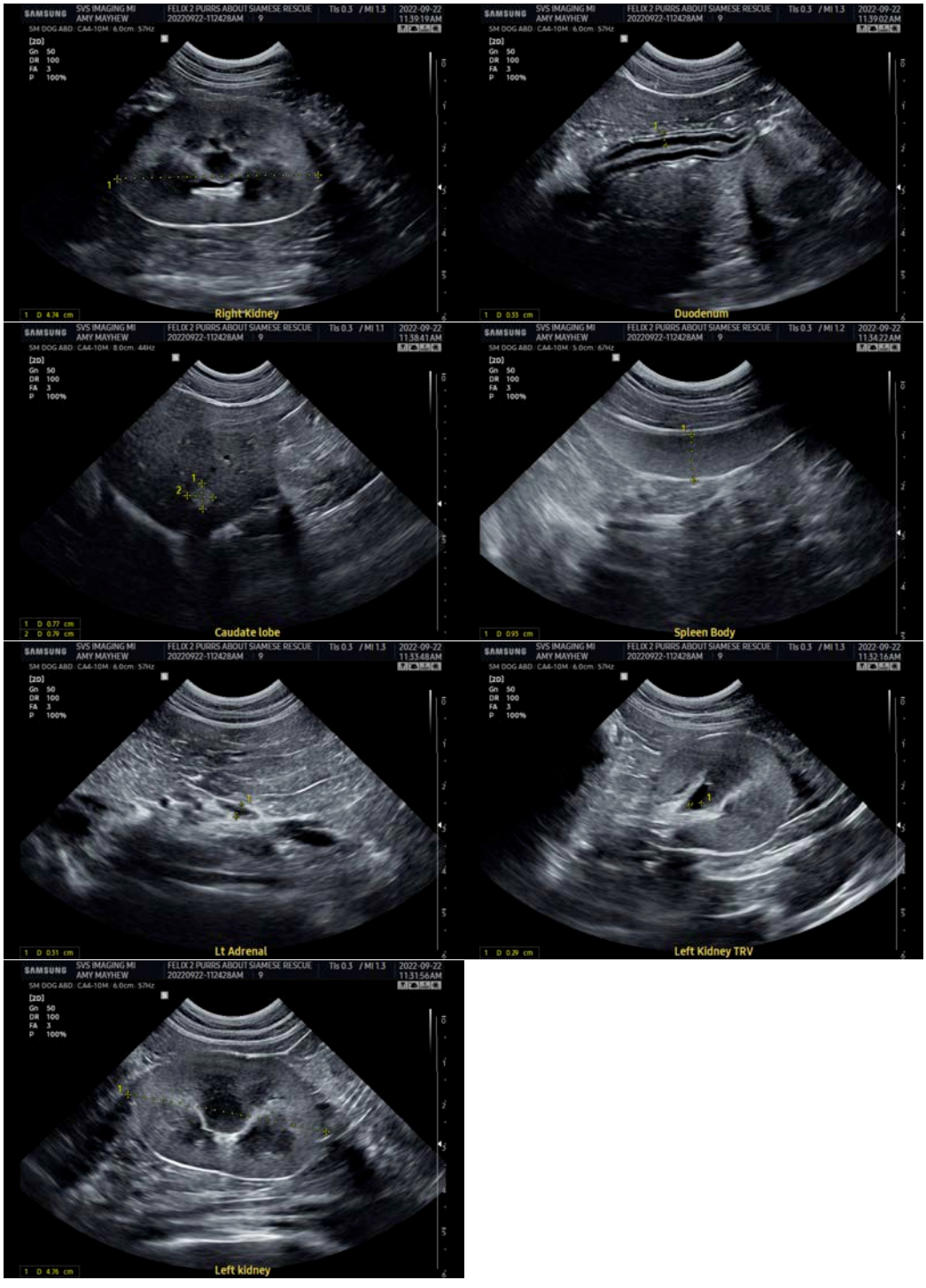

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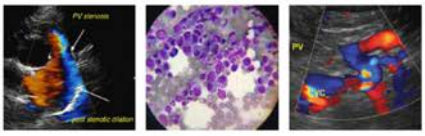

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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