

**PATIENT**

Yoshi Zajaczkowski

**PRESENTING CLINICAL SIGNS**

History: elevated Tbil, chol, diabetic, lethargy, anorexia, icteric

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**BREED**

Siamese

The left kidney measures 4.72 cm (mildly enlarged). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The pelvis measures 1.64 mm. The surrounding mesentery is hyperechoic and a scant amount of peri-renal free fluid is observed.

**SEX**

Neutered male

The right kidney measures 4.98 cm (mildly enlarged). Findings are similar to the left kidney.

**AGE**

9 years

**Adrenal Glands**

The left adrenal gland measures 0.39 cm. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**WEIGHT**

4.8 kg

The right adrenal gland measures 0.30 cm. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Spleen**

Splenomegaly is present; it measures 14.4 mm. The capsule is smooth. Free fluid is observed medial to the spleen. A very subtle mottled appearance is noted, in addition to a very mild, diffuse hypoechogenicity. The spleen is slightly hypoechoic to the liver and the kidneys. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Sixteen Mile VC

**Liver**

Subjectively, the liver is enlarged and swollen in appearance, but its borders remain smooth and sharp. The liver is hyperechoic. No abnormalities are observed with the hepatic vessels. Free fluid is observed between the hepatic lobes.

**REFERRING VET**

Dr. Gibbs

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB, however, free fluid is observed surrounding it. Although the cystic and common bile ducts are not visualized, there are no obvious signs of an obstruction.

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**Gastrointestinal**

**DATE**

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The gastric wall and pylorus are within normal limits in thickness. There is no loss of definition of the normal architecture of the wall layers. No obvious abnormalities are observed with its peristalsis.



<b>PATIENT</b>	The definition of the wall layers of the small intestine appears exaggerated due to a diffusely thickened muscularis. However, the overall thickness of the small intestines is within normal limits. A small amount of free fluid is observed surrounding multiple loops of bowel.
Yoshi Zajackowski	
<b>SPECIES</b>	The colonic wall is not thickened and mural detail is considered normal.
Feline	<b>Pancreas</b>
<b>BREED</b>	The left limb is markedly and diffusely hypoechoic. The surrounding mesenteric fat is severely hyperechoic, suggestive of saponification. These findings are highly suggestive of pancreatitis. The multiple hypoechoic nodules of variable size observed throughout the parenchyma may be due to nodular hyperplasia, however, neoplasia cannot be excluded.
Siamese	
<b>SEX</b>	The right limb is mildly to moderately diffusely hypoechoic. The surrounding mesenteric fat is moderately to markedly hyperechoic. These findings are highly suggestive of pancreatitis. There are no overt signs of neoplasia.
Neutered male	
<b>AGE</b>	<b>Other:</b>
9 years	Multiple lymph nodes are mildly plump, but overt lymphadenomegaly is not observed.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
4.8 kg	<ul style="list-style-type: none"> <li>High index of suspicion of active pancreatitis. This correlates with signs of pain Yoshi demonstrated during the ultrasound.</li> <li>Moderate splenomegaly. Differential diagnoses for splenomegaly include antigenic stimulation and secondary inflammation (splenitis), as well as immune-mediated induced inflammation. Although there are no obvious signs of neoplasia, such as lymphoma, mast cell or other round cell tumour, it cannot be excluded. A fine needle aspirate is required to to achieve a definitive diagnosis.</li> <li>The diffuse hyperechogenicity of the liver is highly suggestive of a vacuolar hepatopathy, which may occur as a result of diabetes mellitus, as well as stress (chronic illness). Differential diagnoses, such as cholangitis/cholangiohepatitis and cholestasis cannot be excluded. Ascending inflammation secondary to pancreatitis is another possibility.</li> <li>The diffuse thickening and mucosal fogging of the intestinal tract may occur due to inflammatory bowel disease. However, infiltrative disease, such as lymphoma or mast cell tumor, cannot be excluded.</li> </ul>
<b>INTERPRETED BY</b>	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
<b>IMAGING PERFORMED BY</b>	
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	
Sixteen Mile VC	
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Gibbs	One cannot exclude mastocytoma based on Yoshi's breed, the splenomegaly and basophilia noted on his CBC.
<b>INVOICE</b>	The ProCyte machine may have misinterpreted mast cells as basophils, therefore, a blood smear is required to further characterize these cells. Referral to a clinical pathologist may be necessary.
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<b>DATE</b>	Aggressive treatment for acute pancreatitis is recommended pending the evaluation of the blood smear.
4/5/22	



**PATIENT**

Yoshi Zajackowski

Analgesia, such as buprenorphine, as well as constant rate infusions of lidocaine and ketamine may be required to control Yoshi's discomfort, in addition to intravenous fluids. Anti-emetics should be administered as needed.

**SPECIES**

Feline

Fine needle aspirates of the spleen, liver and pancreas may be performed.

**BREED**

Siamese

Yoshi is an extremely complicated patient, and although some treatment recommendations have been described, an internal medicine consult is suggested in order to describe all possible options in further detail.

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

4.8 kg

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ACVIM

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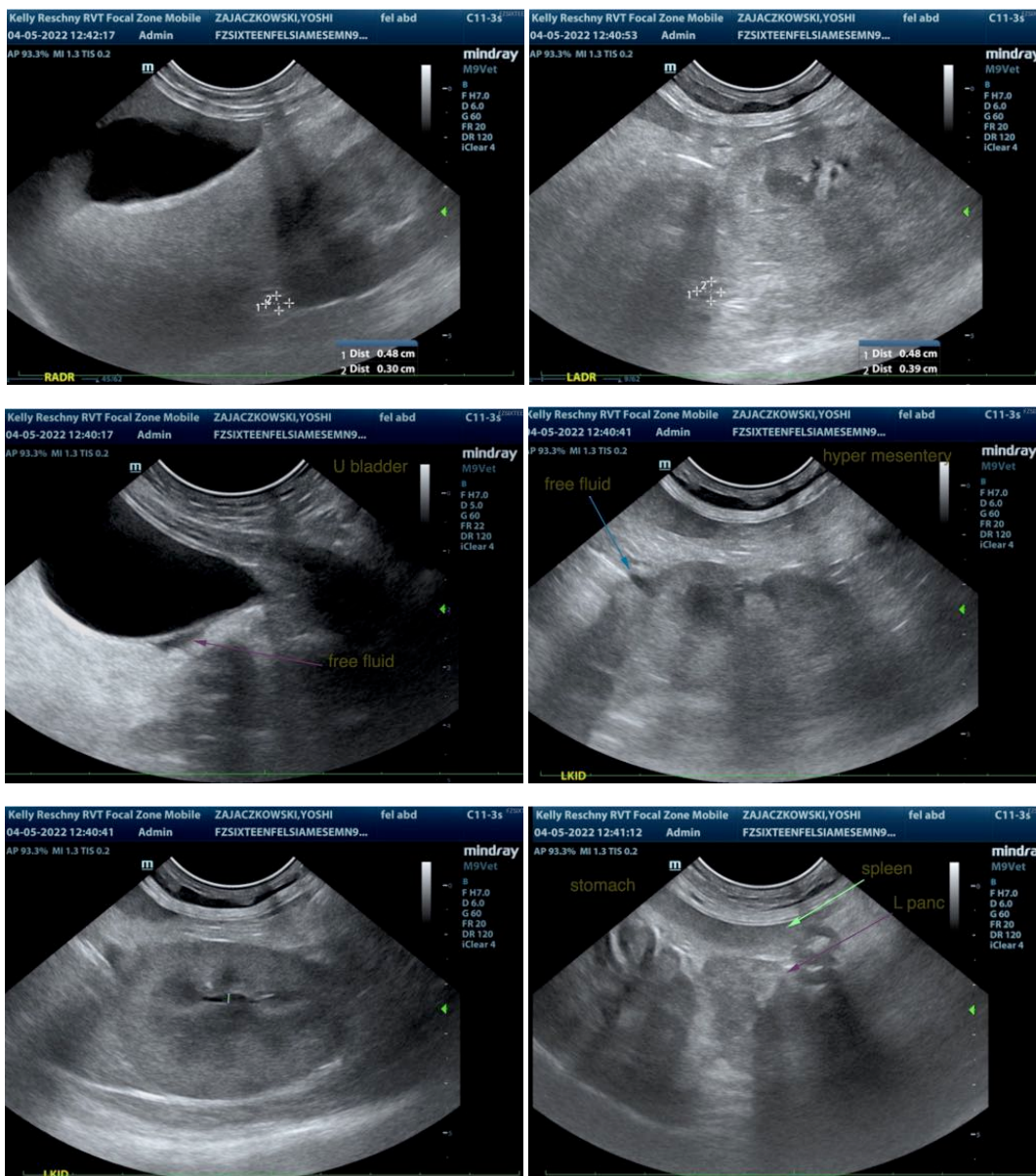
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**PATIENT**

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**BREED**

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**SEX**

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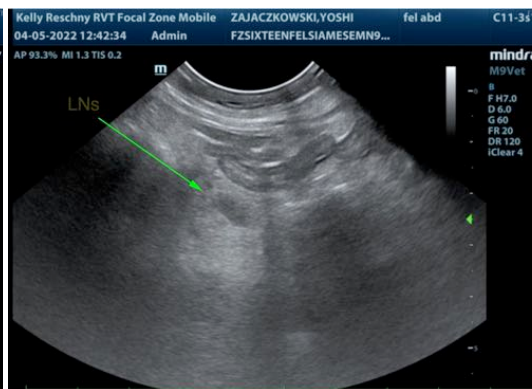
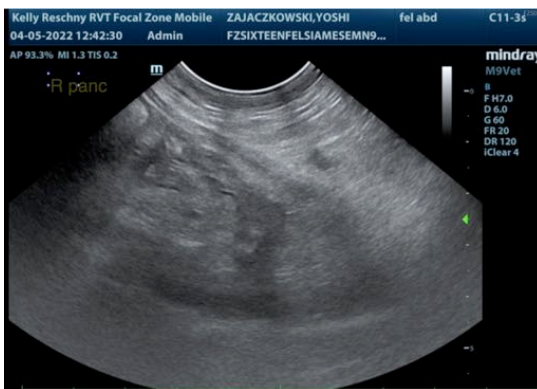
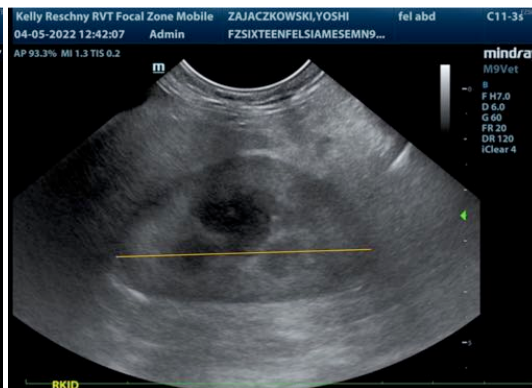
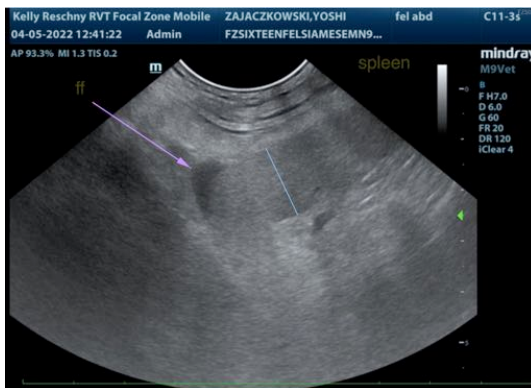
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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