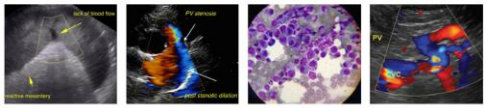


PATIENT

Ali Douglass

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11.5yr

WEIGHT

13.18lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Hanson Animal Hospital

REFERRING VET

Dr. Whalen

INVOICE

12065ag

DATE

10/31/2022

PRESENTING CLINICAL SIGNS

Diabetic for 3 yrs. Currently on glargine 6 units SC BID - monitored with Freestyle Libre. Multiple dermal masses - new one noted 2 weeks ago on exam right inner pinna - Mast cell tumor. AUS to eval liver and spleen.

Abnormal PE/Chem/CBC/UA Results: Most recent bloodwork showed hyperglycemia (varies with insulin timing).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited mild generalized enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. Subtle folding of the caudal spleen was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.2 cm in width at the level of the hilus.

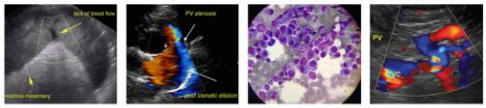
Liver

The liver was subjectively normal in size, structure, and contour. Generalized mild increased parenchymal echogenicity was present with a moderate coarse echotexture and evidence of minor remodeling. A solitary discrete intraparenchymal cyst containing anechoic fluid was present in the mid caudal liver. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size and divided into two compartments exhibiting thin walls and primarily anechoic luminal content with minor echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.42 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal to slightly prominent in size exhibiting areas of capsule asymmetry and mildly non-homogeneous to discretely nodular parenchyma.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hyperechoic liver exhibiting minor benign parenchymal remodeling
- Bilobed gallbladder-normal variant in a cat
- Gallbladder debris (non-mucocele)
- Heterogeneous to nodular pancreas-patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible
- Bilateral chronic renal changes with minor pyelectasia
- Mild non-specific splenomegaly-hyperplasia, hematopoiesis, incidental splenitis, patient variant, potential very early infiltrative round cell neoplasia cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Potential for pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

The hepatic parenchymal changes are likely indicative of chronic diabetic hepatopathy without overt evidence of primary or metastatic neoplastic criteria. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment given history of MCT.

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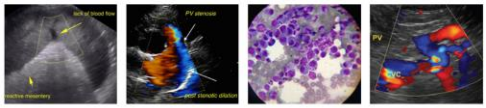

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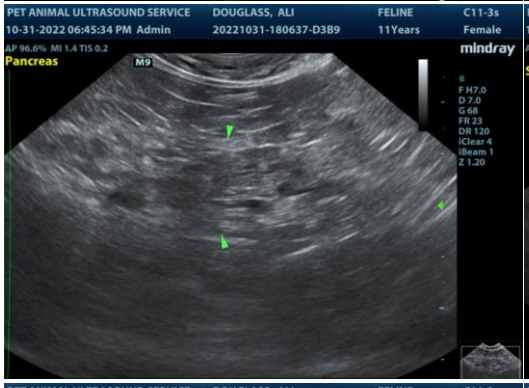

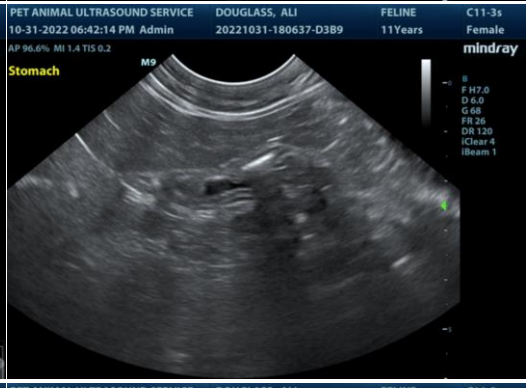

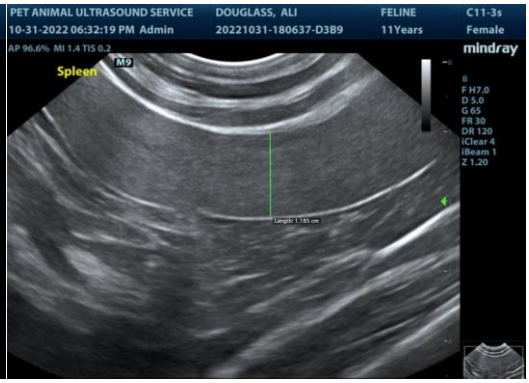

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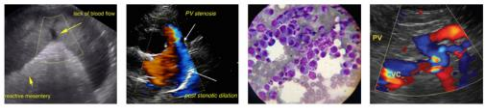

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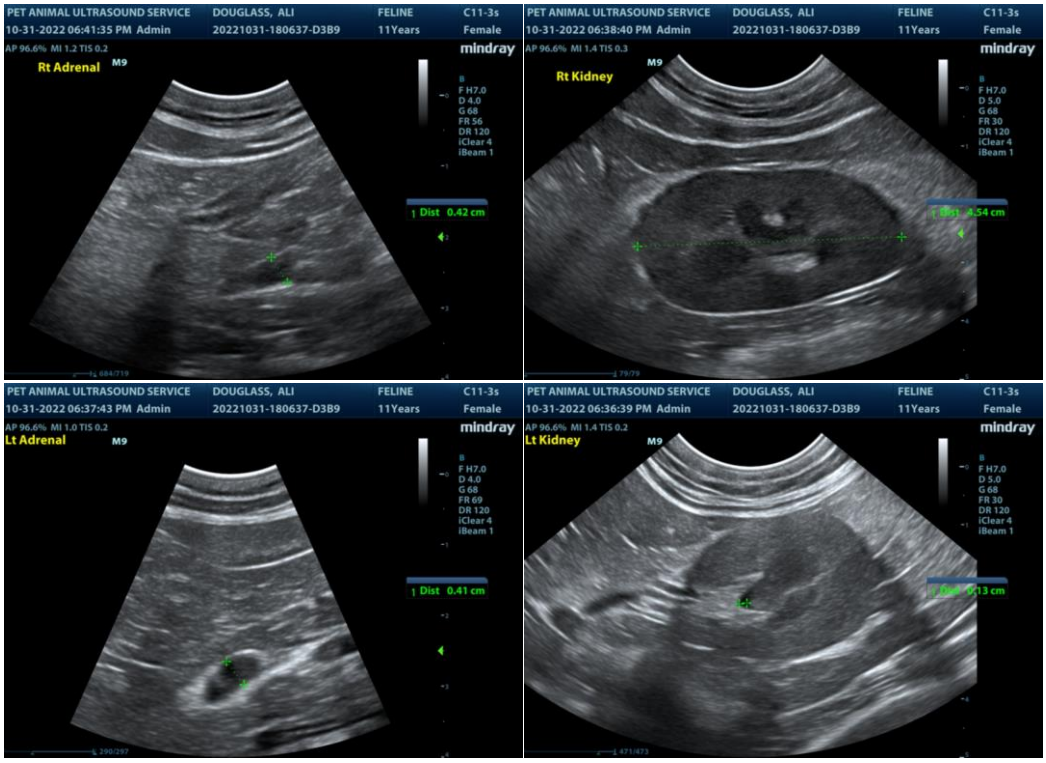

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com