**PATIENT**

Thor Kaiser

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years

WEIGHT

15 Pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jennifer Simon

INVOICE

36957

DATE

4/15/22

PRESENTING CLINICAL SIGNS

Diarrhea. Weight loss 5 lbs in one year. Lethargy. Chronic diabetes diagnosed about 2.5 years ago and pancreatic insufficiency (EPI) diagnosed last year after uncontrolled diabetes for the entire time. Currently on pancreatic powder daily and lantus insulin

Abnormal PE/Chem/CBC/UA Results: normal labwork - normal glucose and fructosamine except there is high monocytes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Emerging areas of non-obstructive medullary mineral present in both kidneys. The left kidney measured 4.6 cm. The right kidney measured 5.0 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands exhibited mild prominent size with maintained symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 0.65 cm in width. The right adrenal gland measured 0.73 cm in width. No evidence of adrenal mineralization.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.80 cm in width. The capsule was smooth and regular without apparent expansion. 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.

Liver

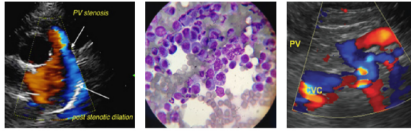
The liver exhibited borderline enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size, containing primarily anechoic content with mild luminal debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visualized gastric walls were overtly normal with intact and sonographically unremarkable wall layering. Ventral gastric body wall measured 0.25 cm. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing digesta/chyme. Jejunum wall measured 0.28 cm. Ileocolic wall measured 0.40 cm.

SPECIES

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

BREED

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Free Abdomen

Multiple variably enlarged jejunocolic lymph nodes were present. These lymph nodes exhibited uniform mildly hypoechoic parenchyma. Example measured 2.0 cm x 1.2 cm. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

SEX

Neutered Male

No free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Bilateral prominent adrenal glands
- Pancreatitis
- Overtly normal gastrointestinal tract with gastric and segmental small intestinal ingesta/chyme
- Echogenic liver, mild gallbladder debris – subjectively benign, metabolic, reactive, vacuolar with potential for inflammatory hepatopathy suspected.
- Multiple non-specific prominent to mildly hypoechoic jejunocolic lymph nodes – suspect variable lymphoid hyperplasia to potential minor lymphadenitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the clinical signs in this patient are not obviously consistent with adrenal hyperfunctionality, adrenal testing could be considered, given the history of diabetes and if clinically indicated. The chronic gastrointestinal signs in this case may be secondary to pancreatitis with potential for structurally insignificant inflammatory gastroenteropathy.

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Further assessment may include GI panel to include PLI, TLI, cobalamin and folate as well as fresh fecal analysis to rule out ova/giardia. Triad disease may be a consideration in this patient if previous or future hepatic enzyme elevations are noted. Empirically, hydrolyzed diet trial, cobalamin supplementation, and high colony count probiotic may prove beneficial. Assuming normal clotting status, screening hepatolymphatic FNA could be considered for further assessment.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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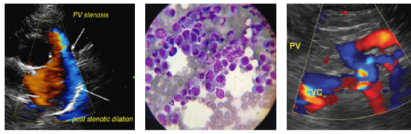
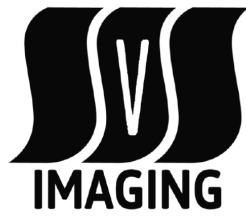
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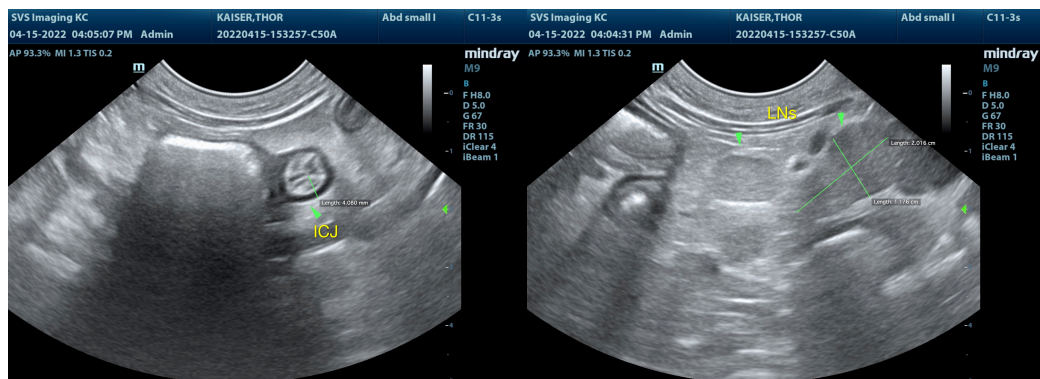
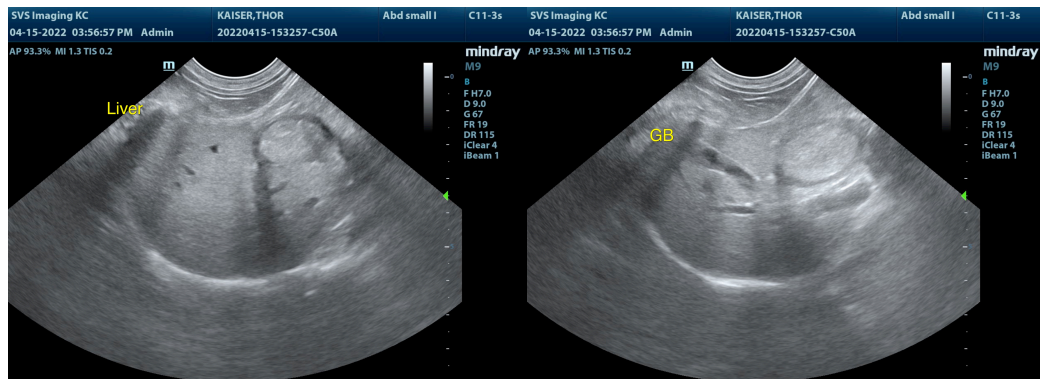
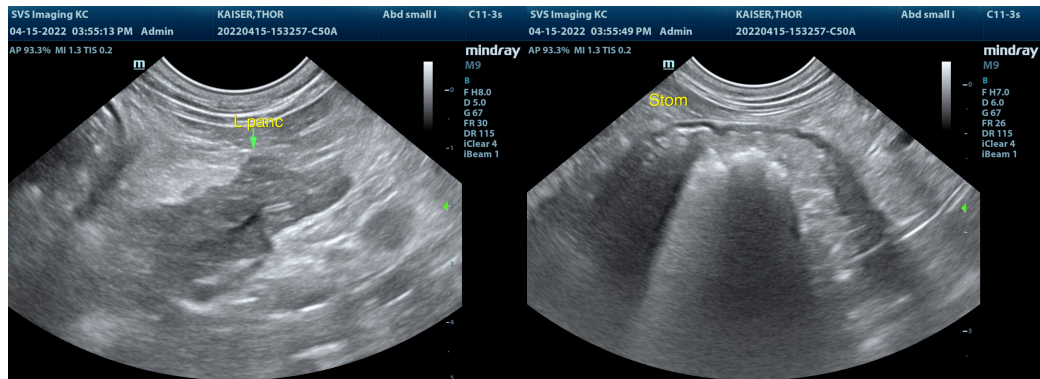
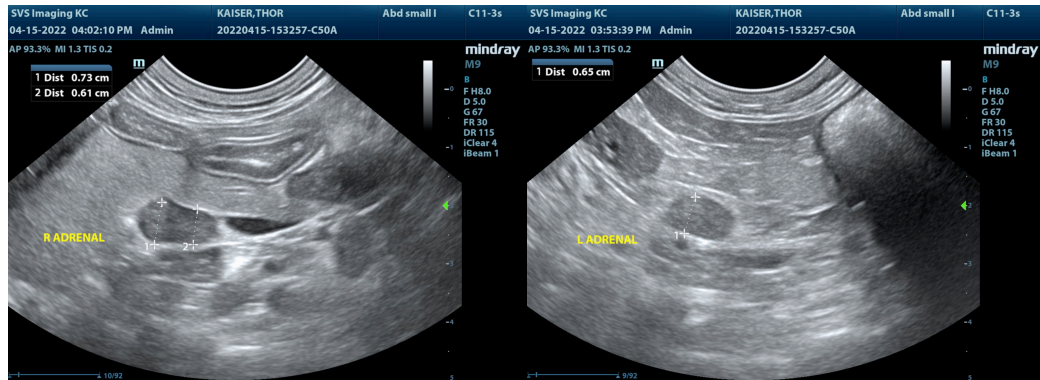
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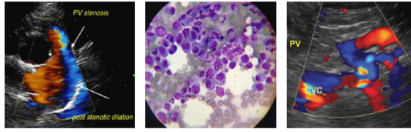
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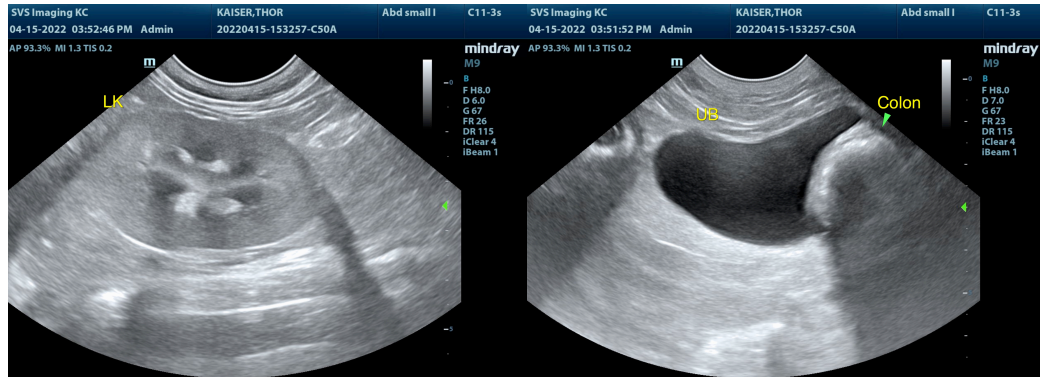
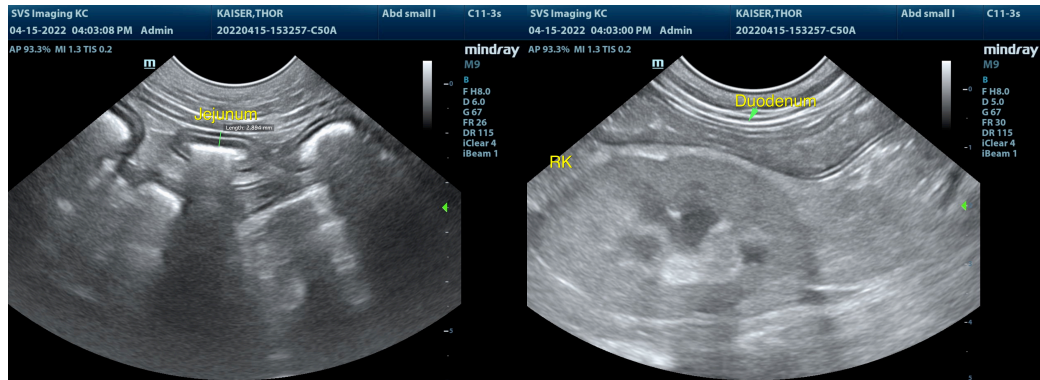
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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