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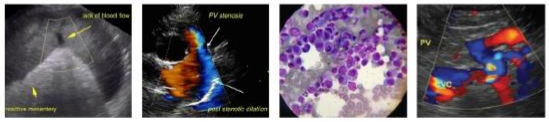


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

BMO Walker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

10.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

37832

DATE

5/20/22

PRESENTING CLINICAL SIGNS

sedated dex/torb-Owner's first and last name: Cassandra Walker Species: Feline Gender(altered?) FS Age: 14 years Weight in #: 10.6 lbs History: Dramatic recent weight loss of 9 lbs since previous exam 9/27/21 Hyperglycemia on in house spot glucose PT resents left caudal abdominal palpation Renomegaly and hepatomegaly. Suspect Acromegaly Radiograph findings: Conclusion Moderate hepatosplenomegaly with mild renomegaly and possible mesenteric lymphadenopathy. Differentials include neoplasia, e.g. metastatic or multicentric lymphoma, infectious etiologies such as dry form of FIP, endocrinopathy such as acromegaly, less likely a combination of more benign etiologies such as hepatopathy, extramedullary hematopoiesis etc. Mild constipation. Postprandial G.I. tract. Concurrent chronic enteropathy is possible. There is no evidence of a mechanical G.I. obstruction or radiopaque foreign body. Next steps could include fasted abdominal radiographs to assess gastrointestinal emptying and abdominal ultrasound for further assessment of the above changes as clinically indicated. Minimal cardiomegaly which may be a normal variant, secondary to sedation if applicable, or a cardiomyopathy. There is no evidence of decompensation. Recommend correlation with auscultation and echocardiography as indicated. Amy Norvall, DVM, DACVR 05/3/2022 5:03:21pm BLood panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The kidneys were mildly enlarged, yet maintained symmetrical capsule contour. 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. No evidence of pelvic dilation was present. No evidence of retroperitoneal inflammation or free fluid. The left kidney measured 4.9 cm. The right kidney measured 4.8 cm.

Adrenal Glands

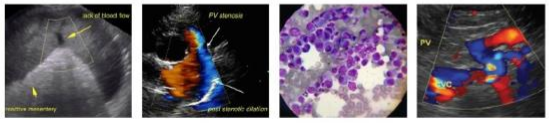
The left adrenal gland was prominent in size with maintained symmetrical capsule contour and homogeneous parenchyma, measuring 0.60 cm. The right adrenal gland was within normal limits for size, exhibiting similar appearance as the left. The right adrenal gland measured 0.49 cm in width.

Spleen

The spleen exhibited subjective mild enlargement with craniomedial splenic folding. Very subtle hypoechoic, micronodular parenchymal changes noted in the spleen. No distinct splenic masses. Normal splenic vascularity. The spleen measured 1.2 cm in width at the level of the hilus.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. 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. Gastric body wall meaursed 0.28 cm.

The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.21 cm.

Normal visible colon wall layers were present with apparent formed 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. Mild pancreatic duct dilation noted.

Free Abdomen

Intermittent enlarged mesenteric lymph nodes were present. Example measured 1.4 cm x 0.60 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

A solitary, mildly prominent to enlarged medial iliac lymph node was present, measuring 0.38 cm in width, not consistent with inflammatory or neoplastic criteria. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

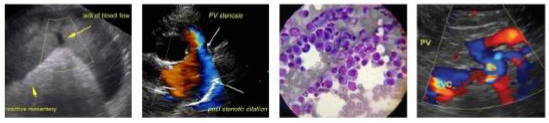
Generalized mild reactive mesentery and small pockets of scant peritoneal free fluid present.

ULTRASONOGRAPHIC FINDINGS

- Hepatosplenomegaly exhibiting subtle splenic micronodular parenchymal changes.
- Bilateral mild renomegaly exhibiting moderate non-specific chronic changes.
- Prominent left adrenal gland.
- Chronic active pancreatitis pattern.
- Generalized mild reactive mesentery and scant peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, hepatosplenic and ideally lymphatic FNA, if accessible, is recommended for screening cytology. Multicentric round cell neoplasia such as lymphoma may be considered a primary rule out in this case, yet not definitive. If no evidence of hepatosplenic or lymphatic neoplasia in the face of potential diabetes, acromegaly



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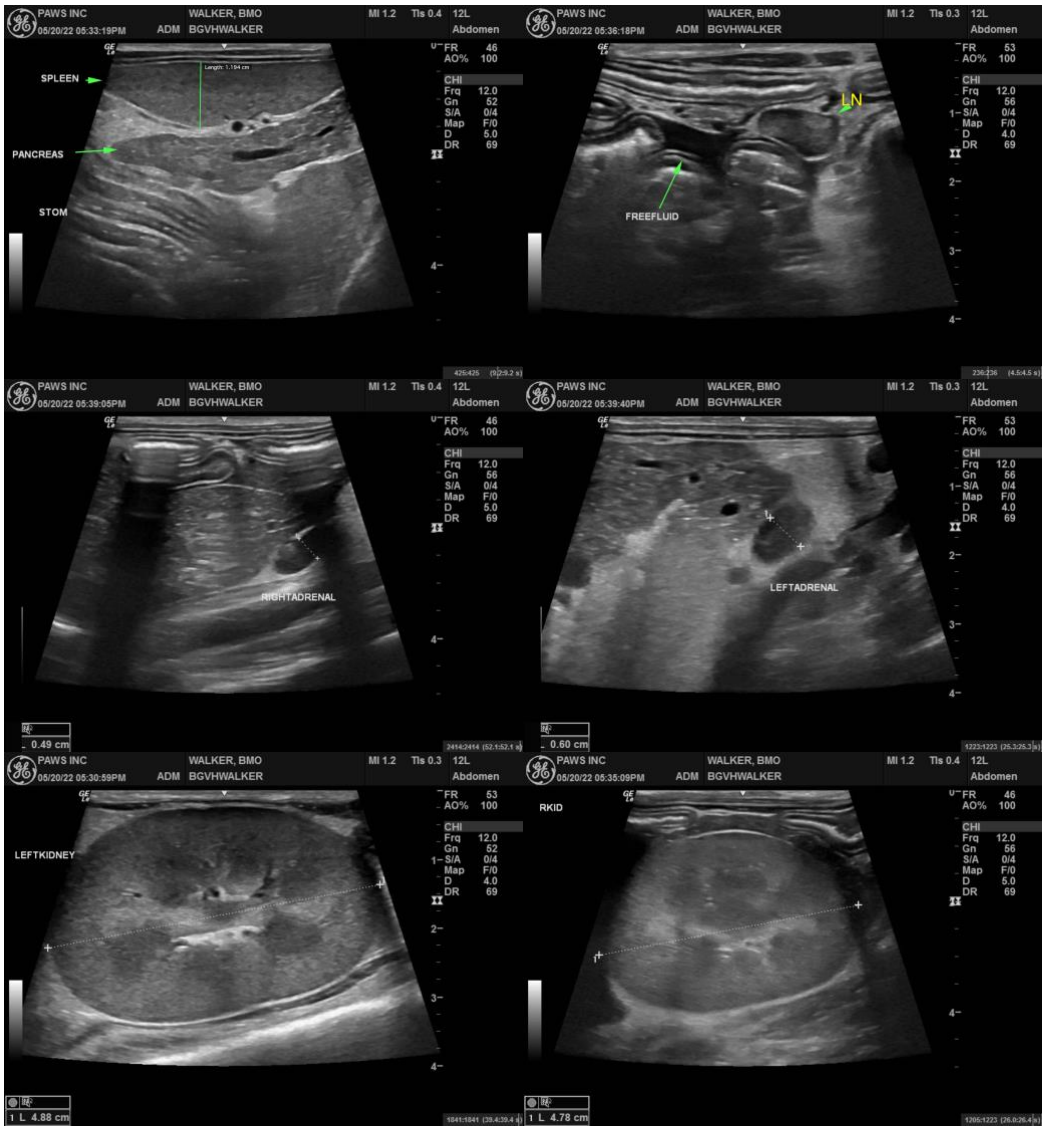
could be considered. Empirical serum glucose stabilization, treatment of diabetes, and pancreatitis if clinical signs consistent with pancreatitis are present would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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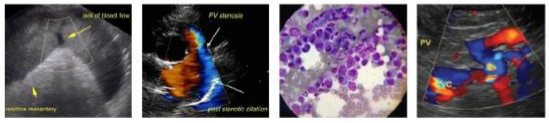

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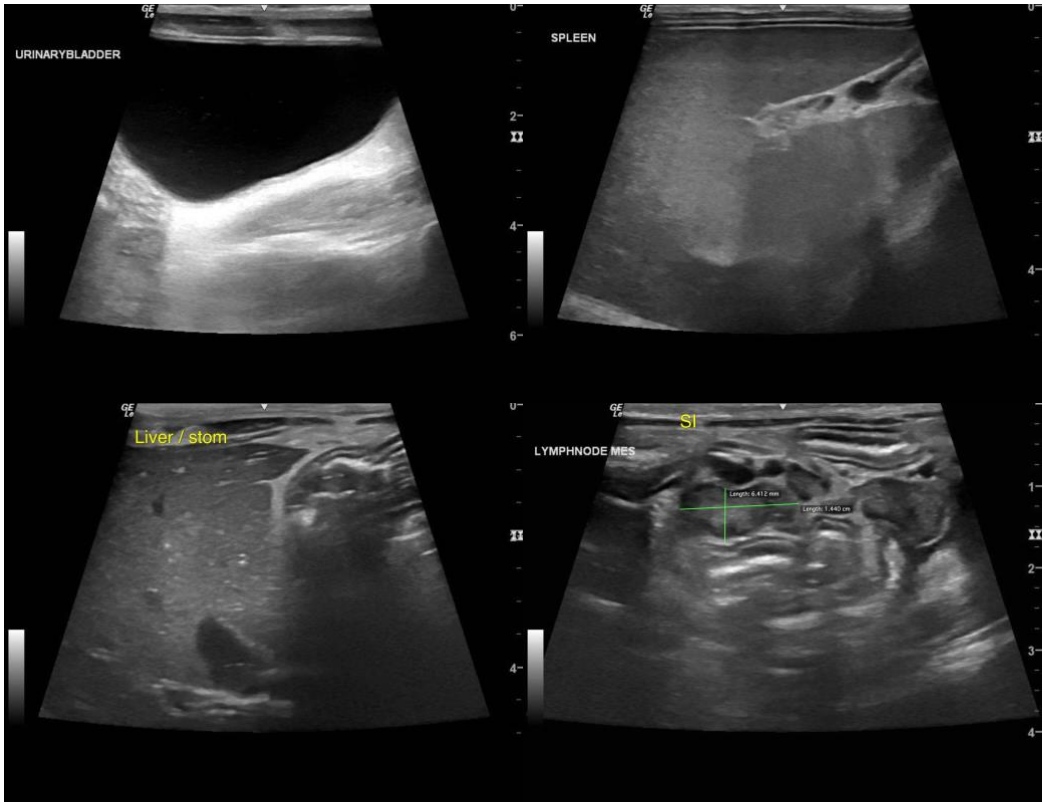

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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