

## PATIENT

Monkey Olejniuczak

## PRESENTING CLINICAL SIGNS

### SPECIES

Feline

### BREED

DSH

### SEX

MN

### AGE

12yr

### WEIGHT

14lb

## INTERPRETED BY

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

## IMAGING BY

Loetitia Saint-Jacques,  
DVM

## HOSPITAL NAME

VCA Feline Animal  
Hospital

## REFERRING VET

Dr. Fleming

## INVOICE

11638ag

## DATE

09/13/2022

History - Patient regularly eliminating outside of the LB (urination & defecation), has been falling on side 1-2x weekly, takes variable amount of time to recover, sometimes quickly sometimes slowly, retains consciousness when it happens. Did have recent 5 day span where patient did not receive phenobarb, seizure noted at end of 5 day period. Indoor only. Eating well, no V/D. Diet: Purina One dry Medications: phenobarb 1T q12. Insulin - 17.07 high (ref range 4-15) ASSESSMENTS Collapse Potential for insulinoma given elevated insulin, intermittent hypoglycemia. Collapse, Seizure disorder No indication cardiac disease, labs otherwise unremarkable, no etiology collapse.

Abnormal PE/Chem/CBC/UA Results: Pro BNP - 53 WNL; CBC - Neuts 14796 else unremarkable; Chemistry profile - Glu 64 else unremarkable; Thyroid hormones - T4 1.4

## 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 mild non-dependent particulate 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 mild to moderate increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.4 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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

### Spleen

The spleen exhibited 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. 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 0.75 cm in width at the level of the hilus.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature



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Monkey Olejniuczak were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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### *Gastrointestinal*

The stomach presented intact yet mildly prominent echogenic wall layering with a normal wall layer ratio. The lumen of the stomach contained a focal amount of strongly shadowing ingesta measuring ~ 1-2 cm in diameter.

## BREED

DSH

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 0.28 cm in width. The jejunum wall measured 0.26 cm in width.

## SEX

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

MN

### *Pancreas*

## AGE

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The parenchyma of the pancreas was non-uniformly hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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### *Free Abdomen*

No omental masses or peritoneal effusion was present.

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Focally enlarged medial iliac and multiple mesenteric (pancreaticoduodenal, jejunocolic) lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic mesenteric inflammation was evident. An example of lymph node size was 1.5 cm x 0.8 cm.

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- ## ULTRASONOGRAPHIC FINDINGS
- Mild urinary bladder sediment
  - Bilateral chronic renal changes
  - Hyperechoic to mildly non-uniform pancreas-chronic pancreatitis, potential for fibrosis possible
  - Multiple mildly prominent to hypoechoic mesenteric and focal medial iliac lymphadenopathy, associated peri-lymphatic reactive to hyperechoic mesentery
  - Shadowing gastric ingesta-possible hairball density

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

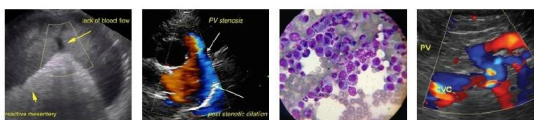
No overt evidence of overt intra-abdominal neoplastic criteria was observed as an obvious cause of the patient's possible hypoglycemia or collapse/seizure episodes. Insulinomas are rare in cats yet if present would be difficult to visualize with ultrasound alone. Further monitoring if

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persistent hypoglycemia is advised. If BG is <60, measurement of insulin levels on the same serum sample is recommended. Given lack of GI signs the clinical significance of the pancreatic presentation and the lymphadenopathy is unclear. Continued monitoring for evidence of GI signs and/or weight loss +/- GI panel if clinically indicated can be considered. Hairball therapy is recommended if clinically indicated. Neurology consult could be considered.

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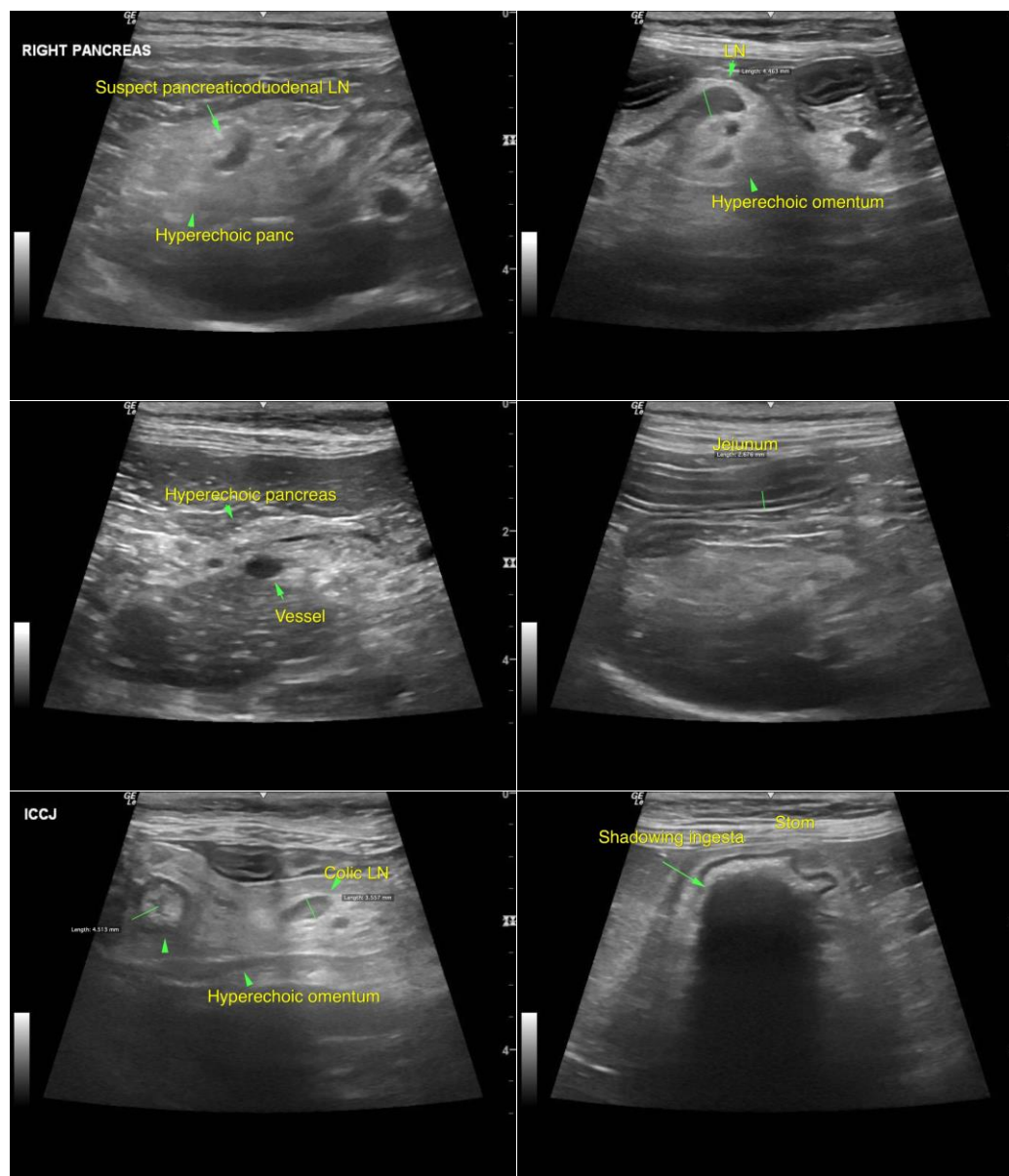
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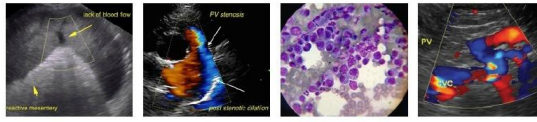


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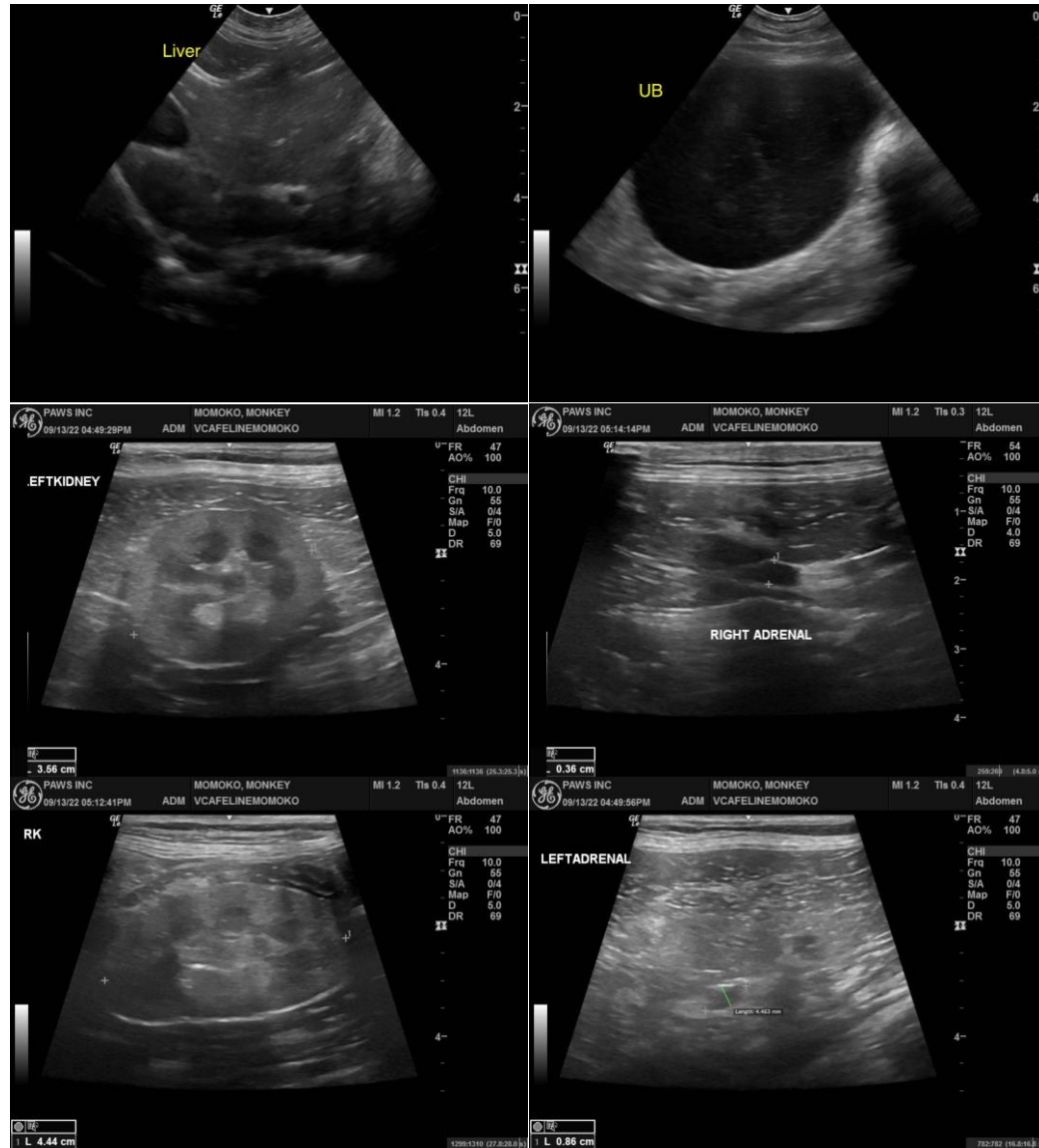
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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