

PATIENT PRESENTING CLINICAL SIGNS

Joss Morgan Joss has had gradual weight loss since December 2018 with recent acceleration. - He has a Hx of chronic active pancreatitis, vomiting, constipation, variable appetite, and irritability. - He had new mild azotemia (creat=2.2) on last labs of 6-21-21 but pre-renal causes could not be ruled out since urine was not available. His albumin of 4.4 suggested dehydration. His serum was lipemic. - On 8-3-21, he had lost 0.63 lbs since his last visit of 6/21/21 and is decidedly underweight. He was dehydrated and had a colon full of dentable stool despite the owner's Hx that he drinks regularly and passes stool daily. - RADs of 8-3-21 showed hepatomegaly and a soft tissue density extending beyond the liver margin that could be a distended gall bladder or a mass. 1. Is there a hepatic mass? 2. Is there gall bladder disease? 3. Status of pancreas? 4. Generate DDx for chronic poor appetite, vomiting, constipation, weight loss

Feline Abnormal PE/Chem/CBC/UA Results: 8-3-21 Albumin mildly elevated = 4.2 (was 4.4 on 6-21-21) Pancreas Precision PSL borderline = 26 (was 40 on 6-21-21) Free fluid found on ultrasound today and submitted for cytology: Interpretation: Transudate with mild mesothelial reactivity. Comments: No cytologic evidence of inflammation, infection or neoplasia is seen. Pure transudates are most often found in substantially hypoalbuminemic patients. Mesothelial reactivity/hyperplasia is not often seen in feline effusions, but with chronic disease conditions a mild degree of mesothelial reactivity is sometimes noted. All slides were evaluated by Jennifer Johns, DVM, PhD, Dipl. ACVP (Clinical Pathology)

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

6.9 lbs

Urinary system

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

The urinary bladder is moderately filled and shows some slowly/non-sedimenting hyperechoic debris without signs of calculi or a relevant amount of uroliths. Trigone und pelvic urethra present normal findings. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process are noted.

IMAGING PERFORMED BY

Heidi Putnam

Left kidney measures 3.91 cm length, right kidney 3.84 cm. Both show a fuzzy corticomedullary transition with an indicated hyperechoic medullary rim.

Renal pelvis and exit to the ureters are unremarkable.

Adrenal glands

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Both adrenal glands are considered as normal with diameters of 0.57 x 0.43 cm on the left and 0.79 x 0.46 cm on the right.

Spleen

REFERRING VET

Dr. Blouin

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.65 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

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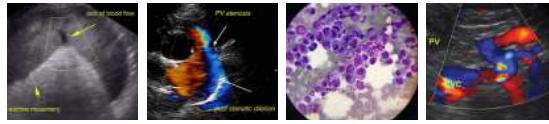
There are no signs of nodular/focal changes noted.

Liver/Gallbladder

DATE

8-11-21

Liver images present a significantly enlarged liver with prominent rounding of the liver edges. Liver echogenic texture appears highly and diffusely hyperechoic. Deviation of vasculature is not noticed.



PATIENT

Joss Morgan

Evidence of nodular or focal changes are not visible. Gallbladder is unremarkable without sign of relevant sludge, a florid process or cholestasis.

SPECIES

Feline

Gastrointestinal

Stomach, small and large intestine present intact wall layers with mild thickening of the small intestinal walls with diameters of 0.38 cm. The muscular layer is prominent measuring approximately 0.12 cm (reference 0.03 – 0.04 cm). Adjacent mesentery and fat tissue are mildly hyperechoic. There is no overt evidence of an obstructive pattern or neoplastic process. Mesenteric lymph nodes are considered to be normal.

BREED

DSH

Pancreas

SEX

MN

All pancreatic parts displayed show a mildly coarse echotexture and a mildly distended duct (transverse diameter 0.28 cm, reference – 0.20 cm). Echogenicity is iso- to hypoechoic to the surrounding omental fat. Signs of florid inflammatory changes or relevant focal lesions are missing.

AGE

13 Years

Free Abdomen

There is mild peritoneal effusion recognized. Abdominal fat and great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS

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Primary

- Severe hepatomegaly with a highly hyperechoic echogenic texture
- Mild peritoneal effusion

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Secondary

- Degenerative changes of the pancreas with mild distension of the pancreatic duct
- Signs of a more chronic, infiltrative enteritis (IBD, eosinophilic enteritis)
- Signs of a moderate and chronic nephropathy
- Urinary debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the liver most likely match with the clinical presentation of the patient. Changes detected are commonly seen with severe lipidosis. Chronic liver disease is likely. Differentials include chronic hepatitis and fatty infiltration since there are no signs of nodular or focal changes that are suspicious for neoplasia. Diffuse infiltration as seen with lymphoma or mast cell neoplasia are possible as well but currently unlikely. I suggest this is the clinically relevant finding. FNA/Biopsy are recommended.

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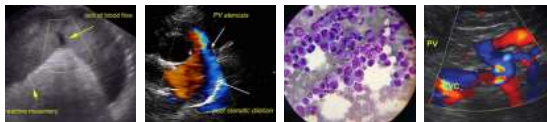
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Pancreatic changes are mild from a sonographic point of view and do most probably represent chronic, degenerative pancreatic disease. Ultrasound is very unspecific in detecting feline chronic pancreatitis. I would rule out neoplasia.

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Changes of the kidneys are bilateral. I assume they are again chronic-degenerative findings. Differentials include but are not limited to normal age-appropriate changes and chronic interstitial nephritis going along with chronic renal insufficiency.



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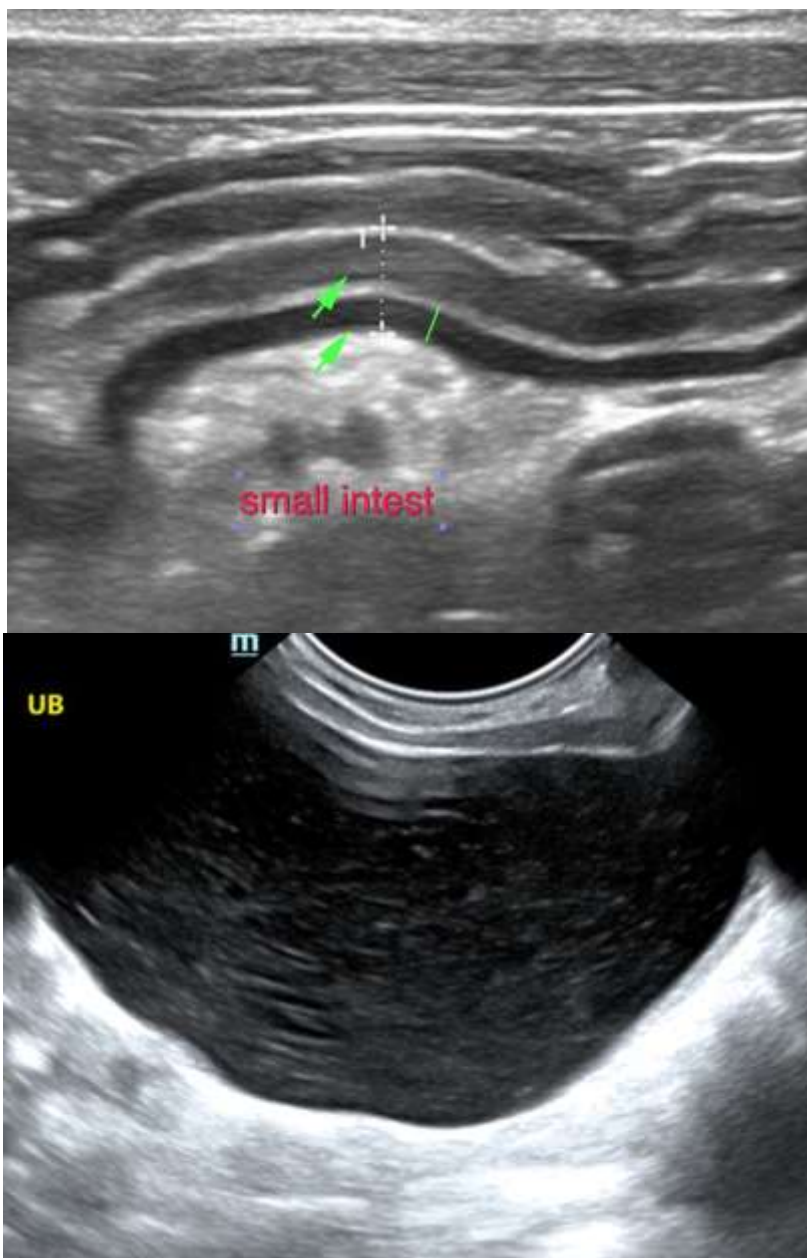
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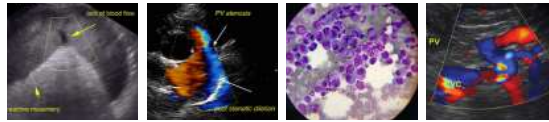
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The mild thickening of the small intestinal wall especially of the muscular layer is typical for (subclinical) chronic enteritis (IBD, eosinophilic enteritis). However, early-stage lymphoma looks similar and cannot be fully ruled out. I do not suspect the latter since the intestinal periphery, mesentery and mesenteric lymph nodes are inconspicuous.

The urinary debris is an incidental finding and may represent tiny fat droplets/mild cystitis (urinary testing is recommended).





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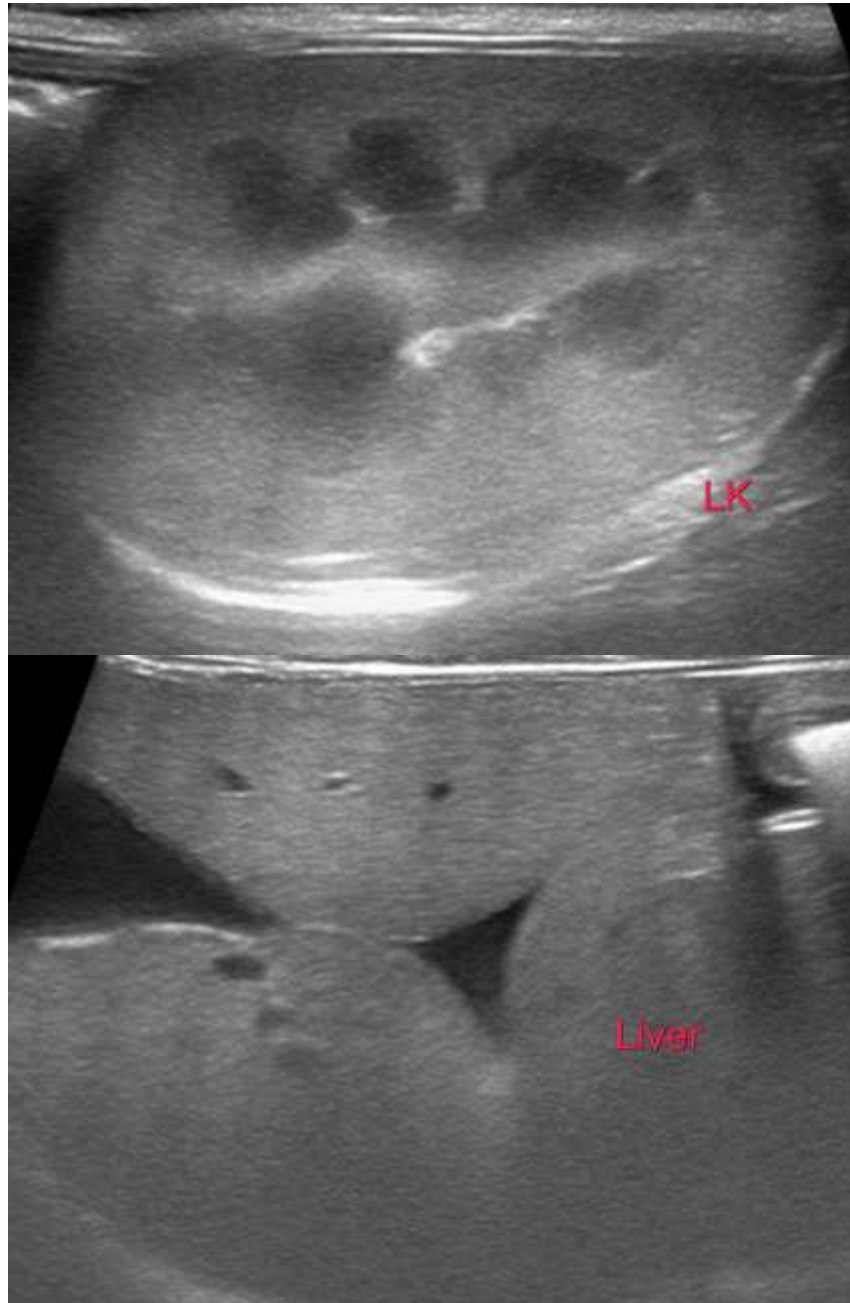
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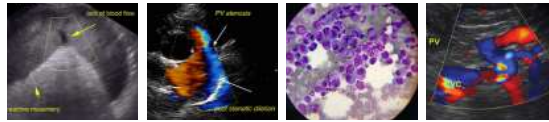
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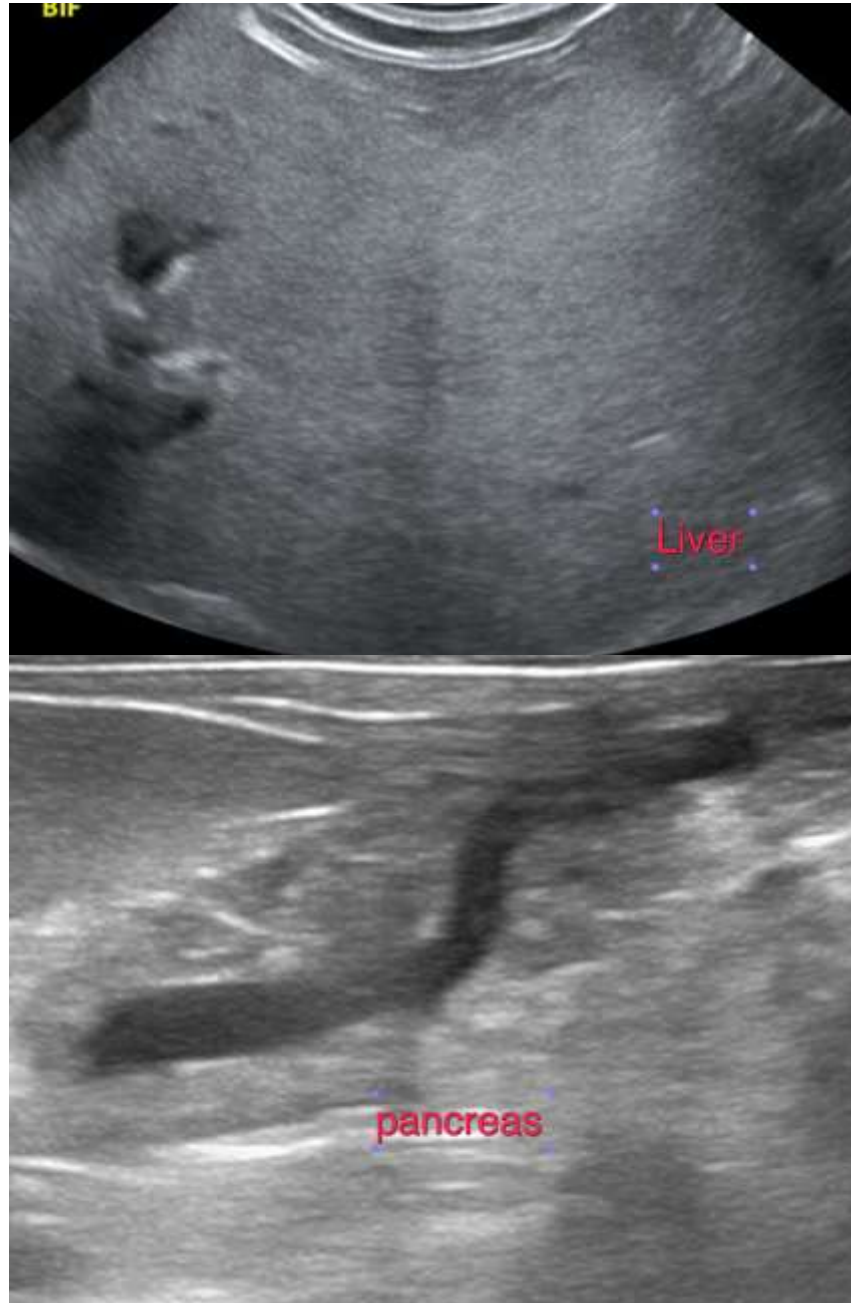
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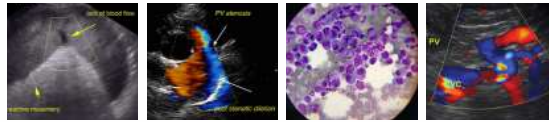
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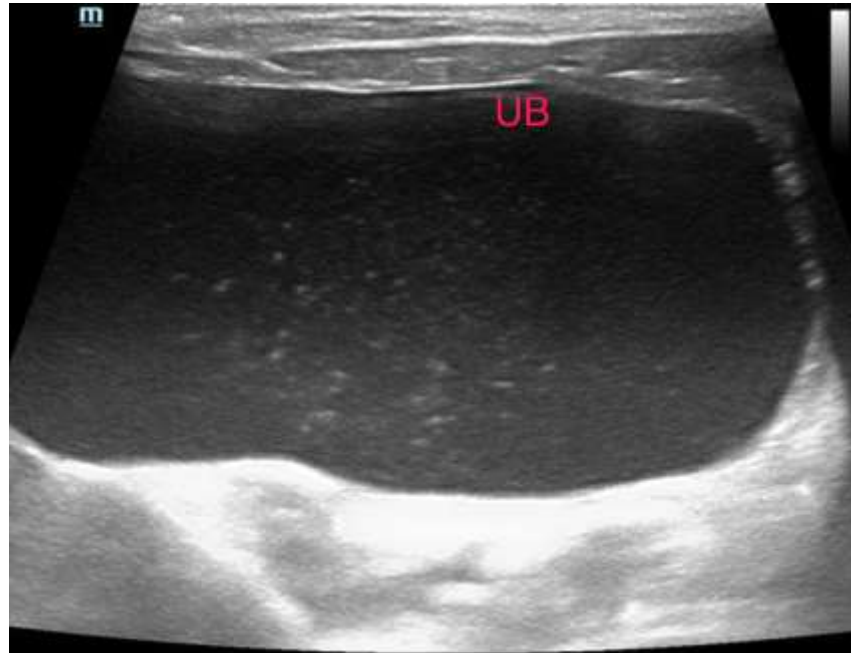
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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