**DATE PRESENTING CLINICAL SIGNS**

1/12/2022

History: Started having diarrhea and vomiting in November and was prescribed metronidazole and Provable. Had vomited twice when he was on the medication, then had another bout of vomiting (to the point of defecating loose stool) after finishing the medication. Has had loose, foul-smelling stool every couple of weeks since November. On exam, he was overweight with BCS of 4/5, moderate dental tartar, and resistance to hip extension bilaterally.

PATIENT

Discount Miller

SPECIES

Feline

Current Medications: Provable -- 1 capsule PO SID started 1/6.

Lab Results: CBC: Elevated MCH, Chem: Decreased ALP, T4: WNL, Spec fPL: Elevated at 29.7 ug/dL. Attached separately.

Radiographs: Radiographs: Hyperinflation of lungs, mild bronchiolar pattern. L/S and lumbar spondylosis. DJD of right hip with bone chip present. Attached separately.

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

SEX

Neutered Male

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

10-10-2013

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

14.3 Lbs.

The left kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Paradise Animal Hospital

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Twardzik

The right adrenal gland is evaluated. No obvious pathology is observed.

INVOICE

10132

Spleen

The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In a few segments of small intestine, the wall is thickened (up to 0.32 cm) with a loss of the normal layering pattern. In the remaining segments there is a normal layering pattern and appropriate mural detail with disruption in the normal 1:3 muscularis to mucosal ratio. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb is prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.74 cm in length. In addition, a few colic nodes are seen, the largest measuring 0.67 cm in length. The mesentery surrounding all nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Given the loss of layering in some small intestinal segments, infiltrative neoplasia (i.e., lymphoma) is of concern. However, severe inflammatory bowel disease cannot be completely excluded.
- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging neoplasia.

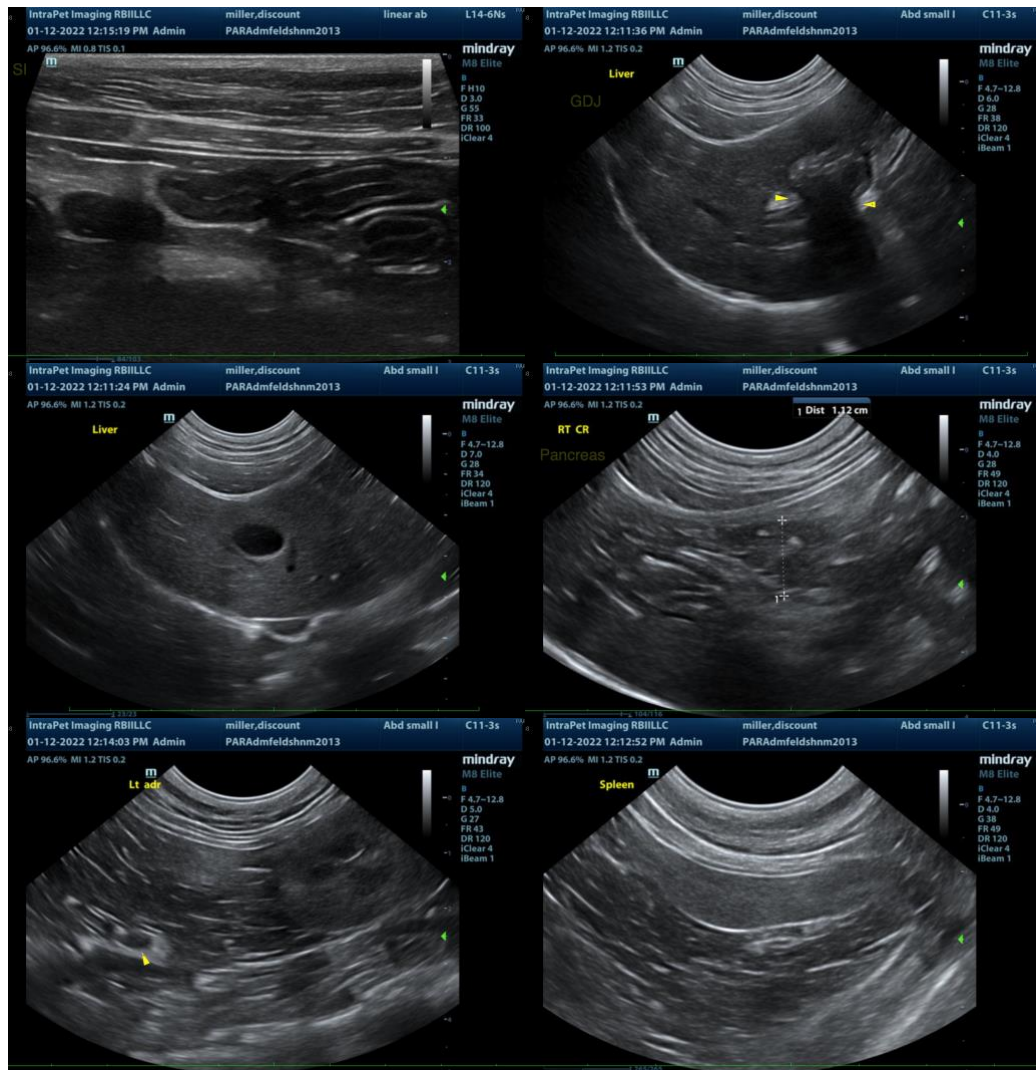
Secondary Findings

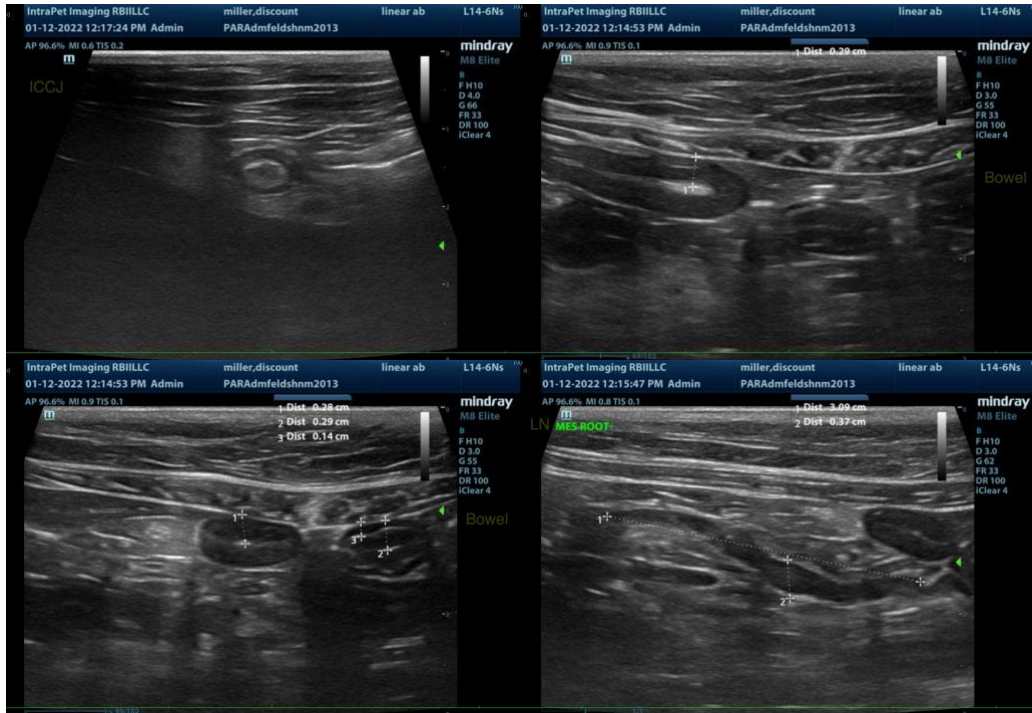
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral non-specific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- In order to get a definitive diagnosis, surgical gastrointestinal and abdominal lymph node biopsies would be necessary.

- A malabsorption panel including serum cobalamin and folate TLI and PLI is also recommended to assess for maldigestion/malabsorption and pancreatitis.
- If palliative care is pursued in lieu of gastrointestinal biopsies, corticosteroids and a hypoallergenic diet can be considered (as empirical treatment for inflammatory bowel disease) as long as the client understands the risks of treatment without a definitive diagnosis.





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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