

**DATE PRESENTING CLINICAL SIGNS**

1/27/2022 History: Waxing and waning soft stool and diarrhea- responsive to Metronidazole.

**PATIENT**

Ziggy Crispin  
Current Medications: Currently no meds- only Purina EN.  
Lab Results: Previous giardia infection- neg on ELISA now.  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Maine Coon

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 with anechoic urine. 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.

**SEX**

Male Neutered

The left kidney is normal size (4.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

2-22-2012

**WEIGHT**

12.6 lbs

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

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**HOSPITAL NAME**

Eastern Animal  
Hospital

**Spleen**

The spleen is subjectively prominent in size (1.10 cm in width at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**REFERRING VET**

Dr. Solé

**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.

**INVOICE**

10226

The gall bladder is moderately distended. The wall is normal in thickness. There is a questionable bilobed conformation. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric

outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

#### ***Pancreas***

The left limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

#### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent cholic lymph nodes are visualized, the largest measuring 1.07 cm in length.

### **ULTRASONOGRAPHIC FINDINGS**

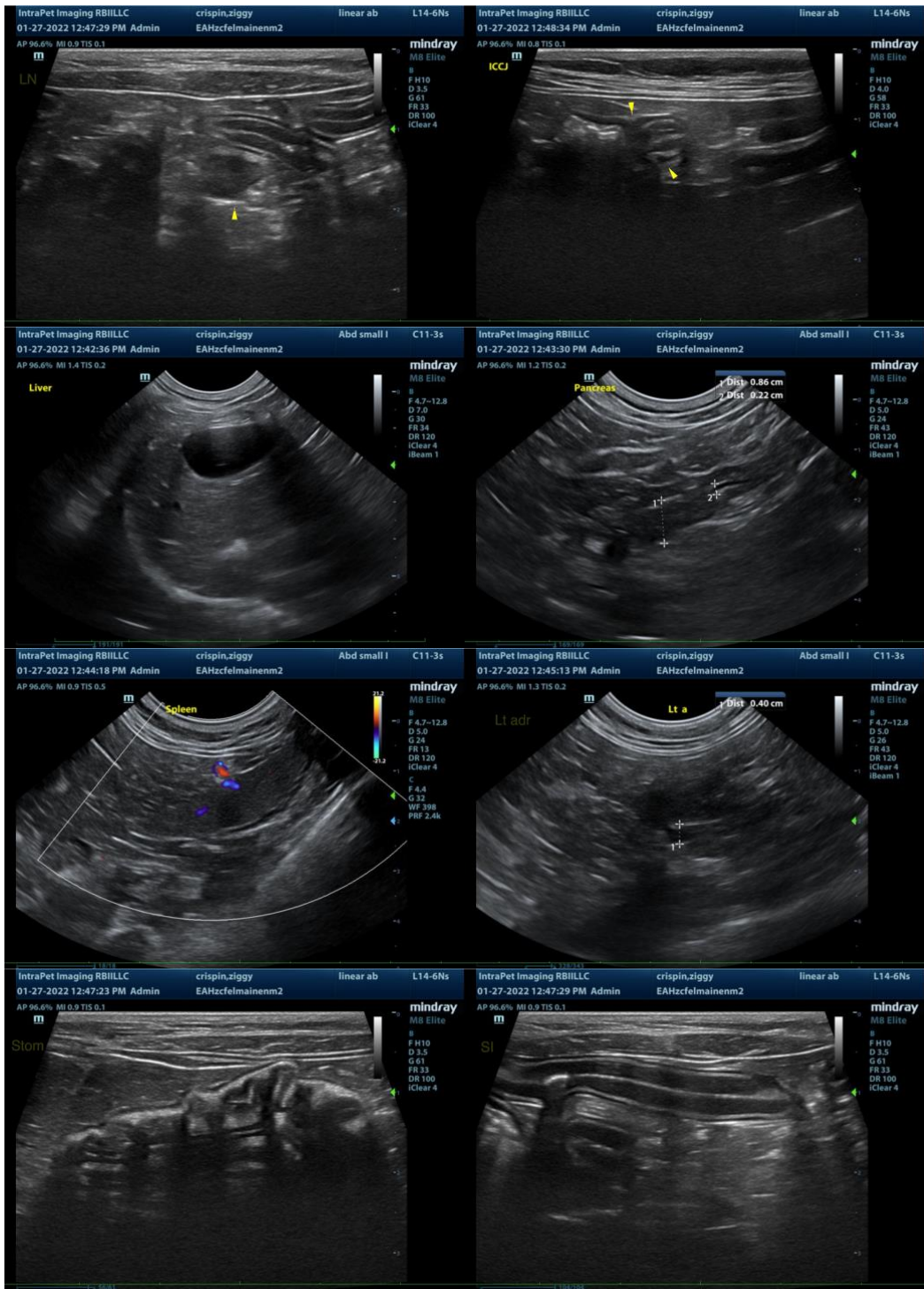
#### **Primary Findings**

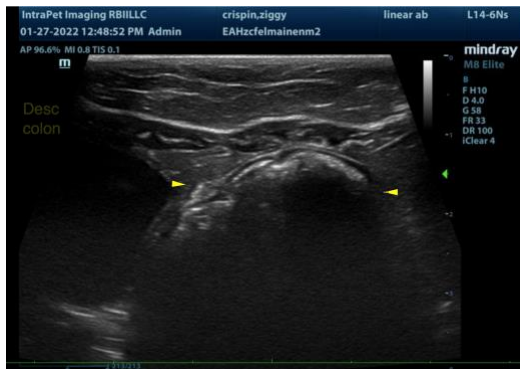
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prominent spleen may be a normal variant for this patient or may be secondary to a benign process such as lymphoid hyperplasia or extramedullary hematopoiesis. Emerging neoplasia is also possible but considered less likely.

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, intestinal dysbiosis), low-grade pancreatitis, metabolic issue, other.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- GI Panel (Send to Texas A&M)
- A 6-week limited antigen diet trial to assess for food allergies
- Consider supplementation with a probiotic with a high colony count such as Visbiome or Provable Forte. Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Alternatively, chronic metronidazole, used at a low dose (i.e, 10mg/kg every 12 hours), can be considered for its mild anti-inflammatory properties on the GI tract. However, if the patient stops responding, biopsies may be warranted.





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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