



PATIENT **PRESENTING CLINICAL SIGNS**

Missy Lynch History: Vomiting about 3x per week. Cat is hyperthyroid but is under control with Hill Y/D diet. Vomits digested food and hair.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC WNL, CHEM; GGT 11 (N 0-4)_ rest liver values normal, Snap fPI . Abnormal, Pancreatitis, Spec fPI pending. TT4 50 (N 10-60), SDMA 10 (N 0-14)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed 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.

SEX

Spayed Female

The left kidney is normal size (3.64 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. Trace pyelectasia is present (0.11 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

AGE

11yr 10 mos

The right kidney is normal size (3.81 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. Trace pyelectasia is present (0.11 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

6.4 kg

Adrenal Glands

The left adrenal gland is normal size (0.39 cm cranial; 0.48 cm caudal; 1.14 length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DMV,
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(Small Animal
Internal Medicine)

The right adrenal gland is normal size (0.54 cm cranial; 0.30 cm caudal; 1.16 length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr Brian Barnes

Spleen

The spleen is normal in size (0.78 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.

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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 portal vein to caudal vena cava ratio is approximated 1: 1.

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The gall bladder is moderately distended. A bi-lobed conformation is present. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.29 cm in width).

INVOICE

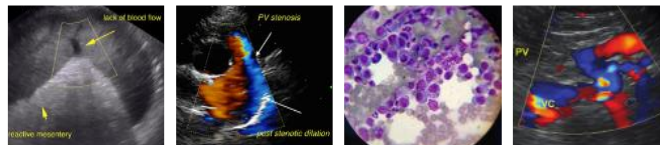
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Gastrointestinal

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 is normal to mildly thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most

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PATIENT

segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Missy Lynch

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Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. In the left limb, a 0.42 cm hypoechoic nodule is visualized. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Feline

BREED

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

DSH

SEX

Other

A 0.45 cm hyperechoic to mineralized focus is observed just medial to the spleen, in the region of the left limb of the pancreas.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

Primary Findings

11yr 10 mos

- The small intestinal wall changes are most consistent with inflammatory bowel disease. Emerging lymphoma is also possible but considered less likely at this time.
- Age-related pancreatic remodeling +/- fibrosis. Low-grade pancreatitis is also possible, particularly if a positive Murphy's sign is present.

WEIGHT

6.4 kg

Secondary Findings

- Bilobed gall bladder – incidental
- Bilateral degenerative renal changes
- The origin of the hyperechoic to mineralized focus in the left mid-abdomen is unclear but may be arising from the mesentery, (i.e., Bates body) or may represent an area of fibrosis or mineralization within the pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

- Given the bowel changes, further workup for inflammatory bowel disease is recommended, including the following:

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1. GI Panel (Send to Texas A&M)

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2. Fecal evaluation for ova and Giardia

Dr Brian Barnes

3. +/- GI biopsies (i.e, endoscopic or surgical). If biopsies are pursued, three-view thoracic radiographs should be performed to assess cardiopulmonary status. If biopsies are not to be pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, +/- a hypoallergenic diet) as long as the client understand the risks of treatment without a definitive diagnosis.

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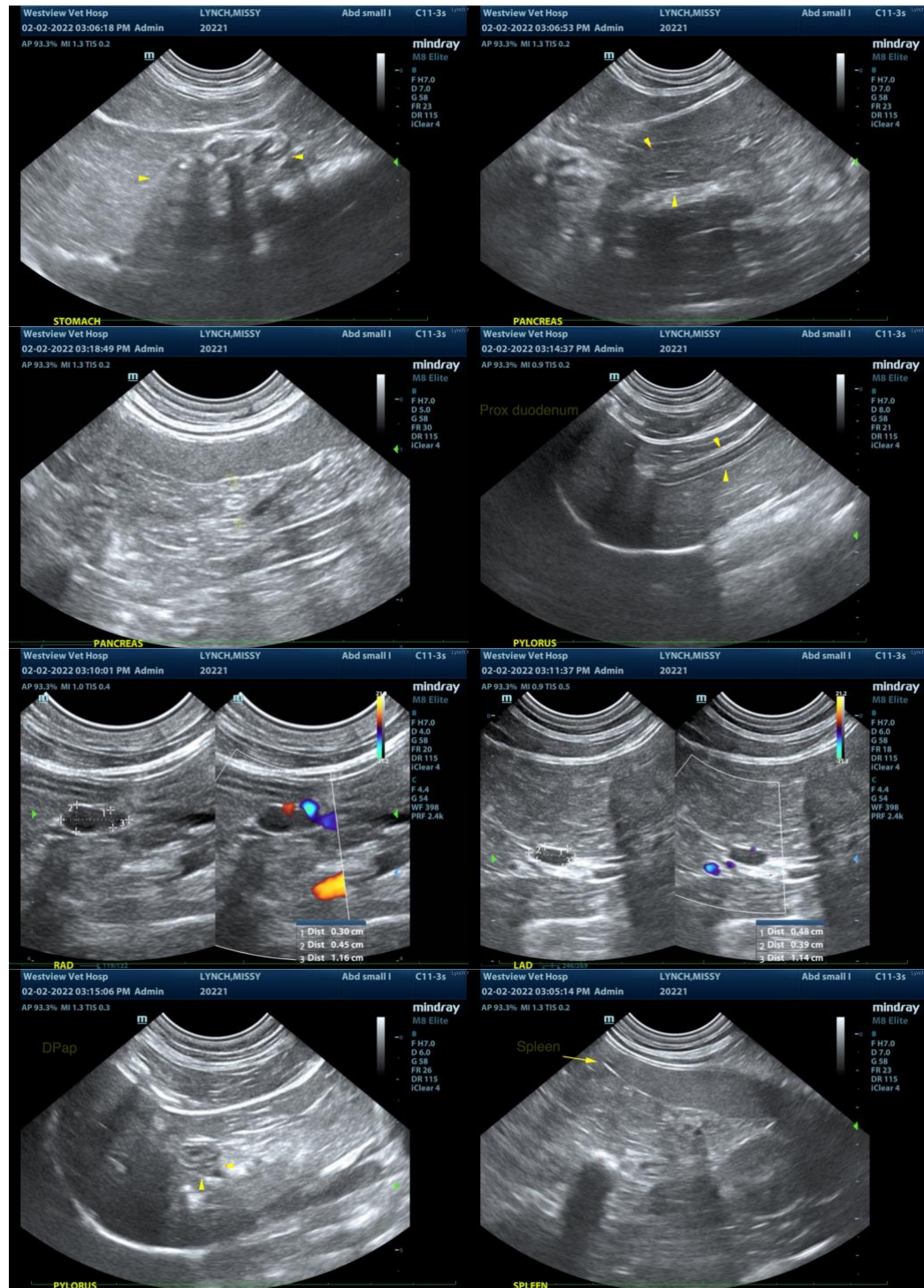
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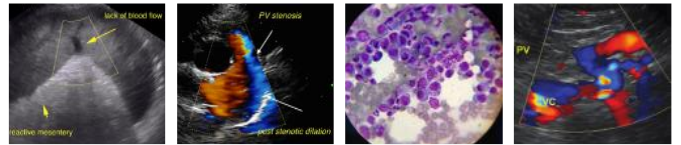
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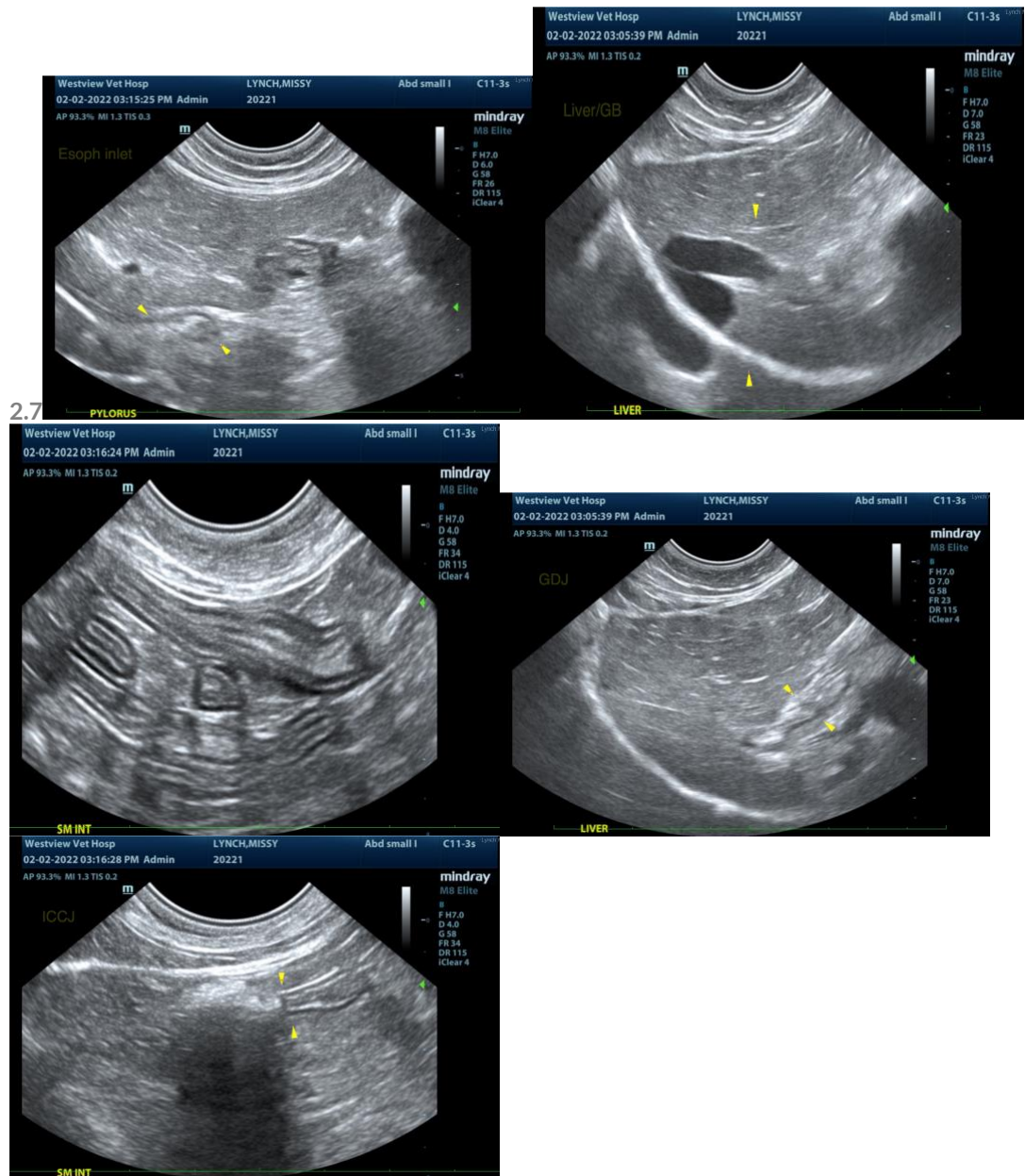
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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