

**DATE PRESENTING CLINICAL SIGNS**

1/24/23

Ongoing intermittent diarrhea, hypoproteinemia and hypoalbuminemia.

**PATIENT**

Goose Scott

Current Medications: None listed.

Lab Results: 01/12: Protein: (L) 5.3 (6.3-8.8), Albumin (L) 2.3 (2.6-3.9). CBC: WBC (H) 21.1, monocytes (H) 0.696 (0.04-0.53), Eosinophils (H) 4.41 (0.09-2.18), Basophils (H) 0.38 (0-0.1).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Feline

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is normal.

**SEX**

Male, neutered

The left kidney is normal size (4.09 cm in length) with a slightly irregular shape. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is an ill-defined hyperechoic medullary rim sign. A small non-obstructive nephrolith is visualized. Trace pyelectasia is present. There is no evidence of hydronephrosis.

**AGE**

1/9/2015

The right kidney is normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**WEIGHT**

8.9 lbs.

**Adrenal Glands****INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The left adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Perry Hall AH

**Spleen**

The spleen is normal in size (0.67 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.

**REFERRING VET**

Dr. Baer

**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: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

**INVOICE**

14498

**Gastrointestinal**

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 diffusely thickened (up to 0.67 cm) with retention of the normal layering pattern. There is disruption of the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in many segments. Discrete masses are not identified. The ileoceocolic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

The left limb of the pancreas is visible with normal curvilinear peripheral contours. 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.

### ***Free Abdomen***

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

### ***Other***

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

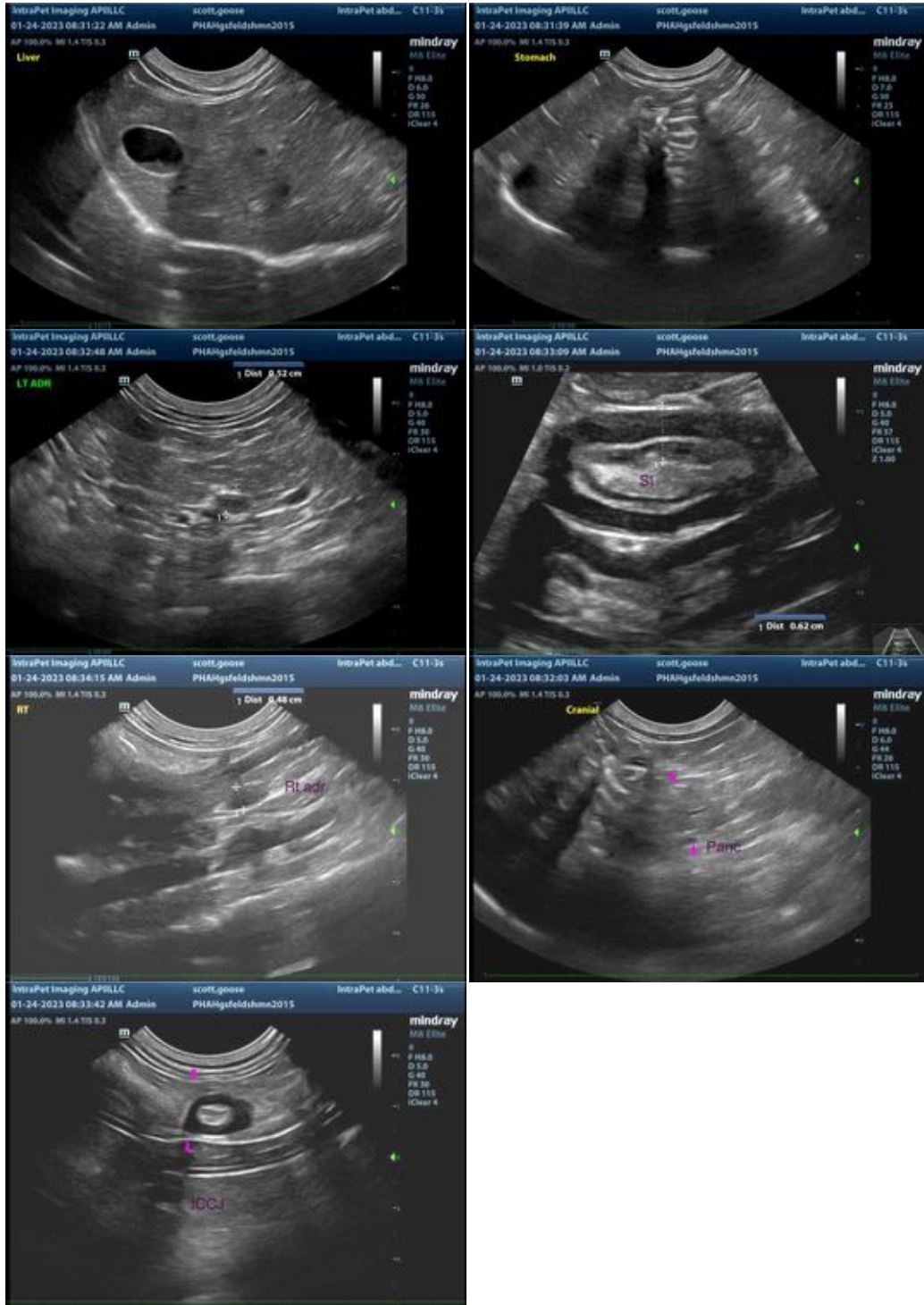
- The bowel pattern could be consistent with emerging lymphoma or severe inflammatory bowel disease (i.e., eosinophilic, lymphoplasmacytic).

### **Secondary Findings:**

- Minor, age-related pancreatic remodeling.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with a small left non-obstructive nephrolith.

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

- In order to get a definitive diagnosis, GI biopsies (i.e., endoscopic or surgical) would be necessary. Thoracic radiographs should be performed prior to any anesthetic event.
- Other diagnostic/therapeutic considerations include the following:
  1. GI panel including serum cobalamin, folate, TLI and PLI.
  2. Fecal evaluation for ova and Giardia.
  3. Hypoallergenic or hydrolyzed protein diet trial.
  4. Initiation of a probiotic and fiber supplement



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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