

**DATE PRESENTING CLINICAL SIGNS**

10/11/2021

History: Recheck Abd U/S. Last report stated that bowel pattern was consistent with inflammatory bowel disease with potential for emerging lymphoma. Also, pancreatic changes consistent with chronic active pancreatitis. It was recommended to recheck US in 4-6 weeks. P is doing well. Patient gained a little bit of weight since last visit. Normal BMs and not vomiting

PATIENT

Alfie Mars

Current Medications: B12 - 0.25ml SC once a week, Prednisolone 5mg - 1/2 tab PO q 24 hours.
 Lab Results: No additional bloodwork or rads have been done since last abdominal ultrasound.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: 8-23-2021.

Sedation: not needed

Stat Report: not requested

BREED

Domestic shorthair

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.

AGE

6/1/2005

The left kidney is normal size (3.69 cm in length) with a normal shape and architecture and smooth peripheral contours. The cortex is mildly heterogeneous in appearance and there is mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

7.48 lbs.

The right kidney is normal size (3.75 cm in length) with a normal shape and architecture and smooth peripheral contours. The cortex is mildly heterogeneous in appearance and there is mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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 Medicine)

Adrenal Glands

The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Prime Care AH

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

Spleen

The spleen is normal in size (0.70 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. Bottaro

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 0.94 x 0.91 cm hypoechoic nodule is observed deep mid to right liver adjacent to the gallbladder. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent to suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12328

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 0.31 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.30 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

Trace free fluid is observed. 1-2 lymph nodes are visible adjacent to the ileocecal colic junction. Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern most consistent with inflammatory bowel disease with potential for emerging lymphoma. There is mild improvement in the bowel changes compared to the previous scan.
- The hepatic nodule is stable. The diffuse hepatic parenchymal changes are most consistent with age-related remodeling,
- Pancreatic changes consistent with chronic active pancreatitis.
- The trace ascites may be secondary to bowel and/or pancreatic pathology.

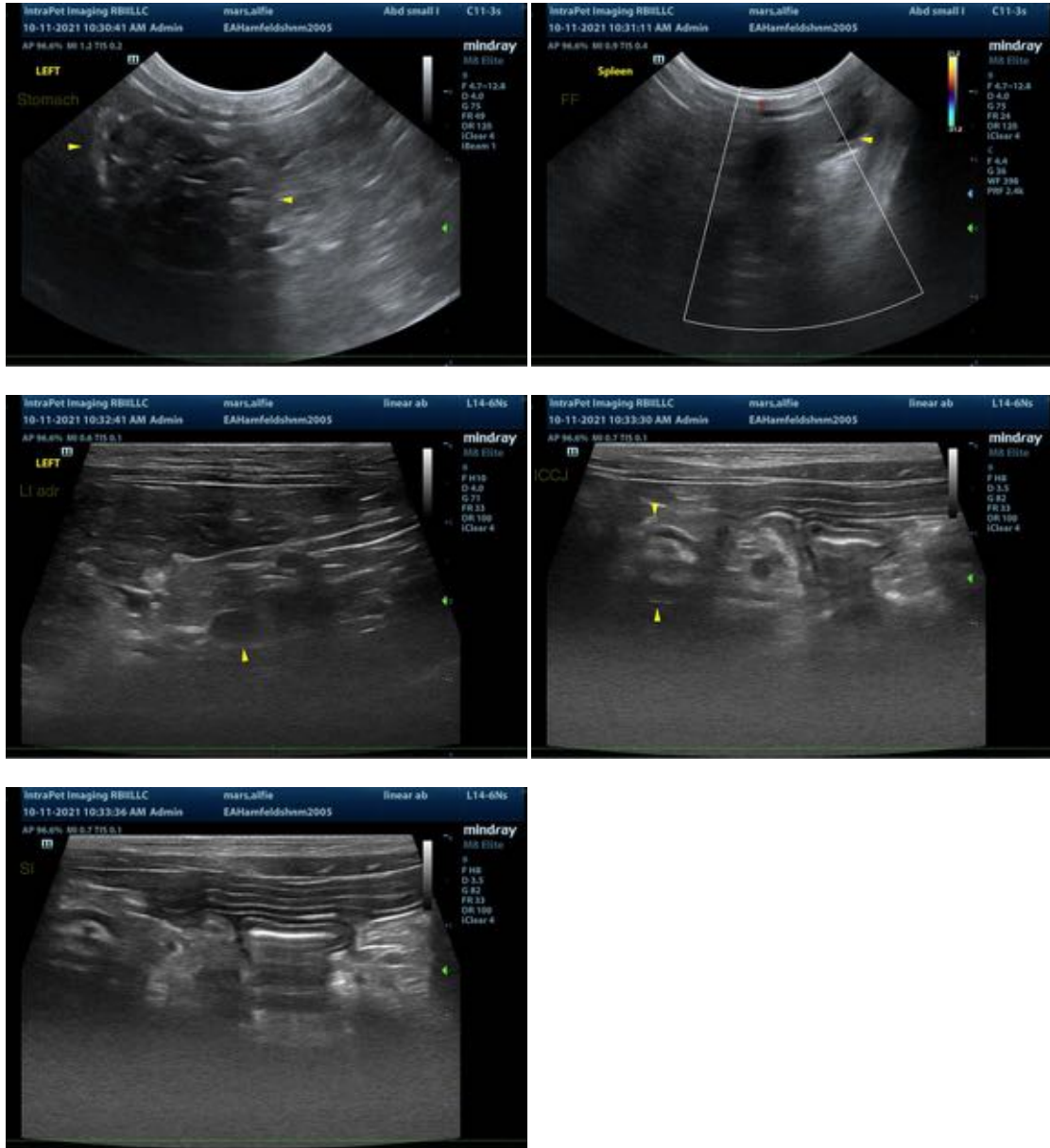
Secondary Findings:

- The prominent abdominal lymph nodes are likely reactive.
- Bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is doing clinically well at home, tapering of the Prednisolone dose to every other day can be considered. If the patient's clinical signs recur with the dose reduction, it may be necessary to increase the dose again.
- B-12 injections can also be reduced to every other week for 3 doses and then monthly thereafter.





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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