

**DATE PRESENTING CLINICAL SIGNS**

10/11/21

History: Chronic diarrhea for the past year; has lost 1.2# over that time
 good appetite, no vomiting. On PE, BCS 4/9; no pain on abdominal palpation; intestines feel liquid filled.

PATIENT

Orzo Bishop

Current Medications: Not provided by the veterinarian.
 Lab Results: fecal - no parasites seen. Eosinophilia mild. Chemistry WNL. T4 normal, Fe-leuk/FIV negative.
 Radiographs: Not provided by the veterinarian.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Feline

Sedation: not needed
 Stat Report: not requested

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

SEX

Male, neutered

The left kidney is normal size (3.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A 0.38 cm cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

6/20/2019

The right kidney is normal size (3.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.31 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Charm City VH

Spleen

The spleen is normal in size (0.73 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. Karbonik

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No focal lesions are observed. There is an increase in portal markings. Vascular 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 gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12327

Gastrointestinal

The gastric lumen is gas 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 segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains hyperechoic shadowing fecal material. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter). The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen

There is no evidence of free fluid. Several prominent mesenteric lymph nodes are visualized, the largest measuring 2.33 cm in length.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are most consistent with chronic active pancreatitis.
- The mildly thickened small intestinal wall could be consistent with an inflammatory process (i.e., inflammatory bowel disease) or may be a normal variant for this patient.
- The increased portal markings is suggestive of hepatic inflammation (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis). Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*Given the sonographic changes, “triaditis” is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- GI panel including serum cobalamin, folate, TLI and PLI.
- A 6-week limited antigen diet trial to assess for food allergies
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs should be performed prior to anesthesia.





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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