

**DATE PRESENTING CLINICAL SIGNS**

10/18/2021

History: Thyroid cat; History of Vomiting and diarrhea with blood. Has lost a pound in over the past 10 months.

**PATIENT**

Lullaby Stanwyck

Current Medications: Methimazole 2.5 mg SID (Lipoderm ear gel), Cerenia 16 mg 1/4 SID, Pepcid 1/4 tablet SID, Metronidazole 250mg/ml 0.25 SID.

Lab Results: SDMA 19, BUN 45, normal CBC, T4 slightly elevated on Methimazole

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: utilized for AUS

Stat Report: not requested

**SPECIES**

Feline

**BREED**

Domestic shorthair

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

The urinary bladder, trigone, and pelvic urethra are normal in thickness. The bladder lumen is mildly 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**

Female, spayed

The left kidney is normal size (3.76 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A small cortical cyst is observed at the caudolateral aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

12/1/2004

**WEIGHT**

5 lbs.

The right kidney is normal size (3.26 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The region of the adrenal glands evaluated. No obvious pathology is seen.

**Spleen**

The spleen is subjectively normal in size (0.65 cm in width at the level of the hilus) with mild scalloping of the medial contour. A light micronodular pattern is observed throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Animal Medical Center  
 of Dulane Valley

**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. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Chrest

**INVOICE**

12372

**Gastrointestinal**

The gastric lumen is mildly fluid 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 0.39 cm) with apparent retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in some segments. Discrete masses are not identified. The ileum at the level of the ileocecal colic junction has a prominent muscularis layer. The colonic wall is normal. No obstructive disease is noted.

### *Pancreas*

The pancreas is diffusely enlarged with slightly irregular peripheral contours. The parenchyma is diffusely heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.31 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

### *Free Abdomen*

Trace free fluid is suspected. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 1.63 cm in length. Surrounding mesentery is hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

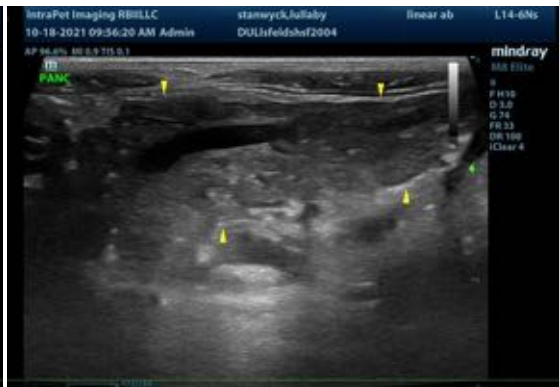
- Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes are consistent with chronic +/- active pancreatitis.

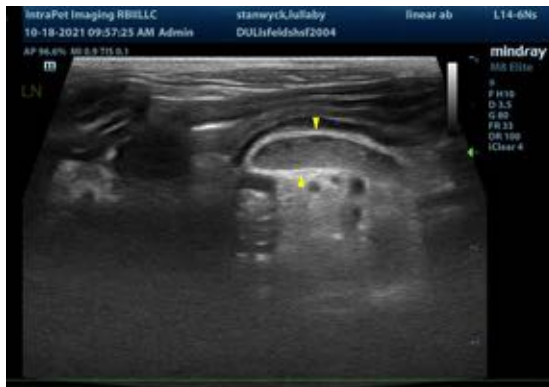
### **Secondary Findings:**

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.

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

- In order to obtain a definitive diagnosis, surgical gastrointestinal and abdominal lymph node biopsies are recommended. A malabsorption panel including serum cobalamin, folate, TLI and PLI as well as a fecal evaluation for ova and Giardia should also be considered. Three-view thoracic radiographs should be performed prior to anesthesia.
- If a more conservative approach is desired, the non-invasive diagnostics along with a limited antigen diet trial can be considered. Empirical treatment for inflammatory bowel disease with corticosteroids is also an option as long as the client understands the risk of treatment without a definitive diagnosis.





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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