

**DATE PRESENTING CLINICAL SIGNS**

10/25/2021

History: History of assumed IBD (previous AUS said IBD vs neoplasia) treated with Prednisolone, Cerenia, B12 injections was doing well but owner had discontinued medications. Restarted above medications: B12 0.25mL weekly x 6 weeks then monthly, Cerenia 4mg EOD, Prednisolone 5mg SID

**PATIENT**

Tabia Helman

Current Medications: B12 0.25mL weekly x 6 weeks then monthly, Cerenia 4mg EOD, Prednisolone 5mg SID.  
Lab Results: Urine SG 1.014, August Total health plus: SDMA 15, BUN 52, T4 2.4.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 3-26-19.

Sedation: Gabapentin administered prior to scan.

**SPECIES**

Feline

Stat Report: STAT report not requested by the veterinarian.

**BREED**

Domestic Mediumhair

**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.

**SEX**

Female, spayed

**AGE**

8/3/2008

The left kidney is small in size (2.79 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. 1-2 cortical infarcts are visualized. There is no evidence of pyelectasia, nephroliths or hydroureter.

**WEIGHT**

6.83 lbs.

The right kidney is small in size (2.78 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several cortical infarcts are visualized. There is no evidence of pyelectasia, nephroliths or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

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

**Spleen**

The spleen is subjectively normal in size (0.89 cm in width at the level of the hilus) with mild scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Warm &amp; Fuzzy VC

**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 gall bladder lumen is moderately distended. The wall is slightly thickened. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Williams

**INVOICE**

12404

**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 0.27 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most 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 to enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is borderline dilated (0.22 cm in diameter). There is no evidence of peripancreatic effusion.

### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.91 x 0.56 cm.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

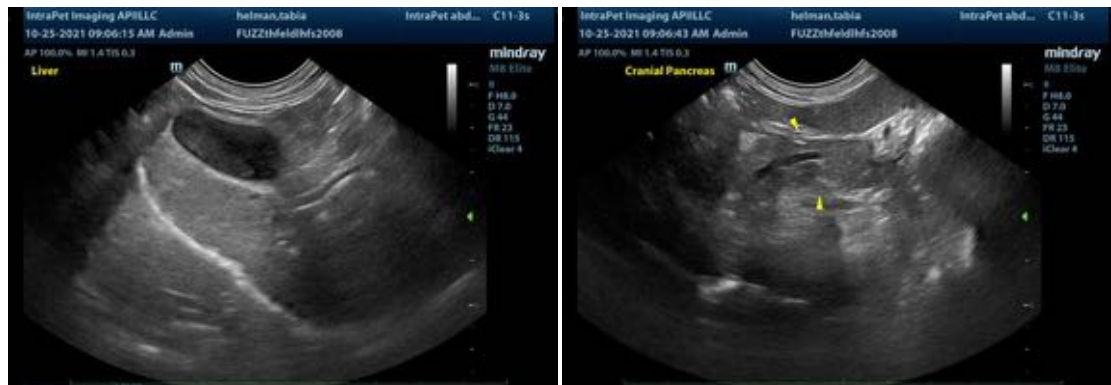
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis.

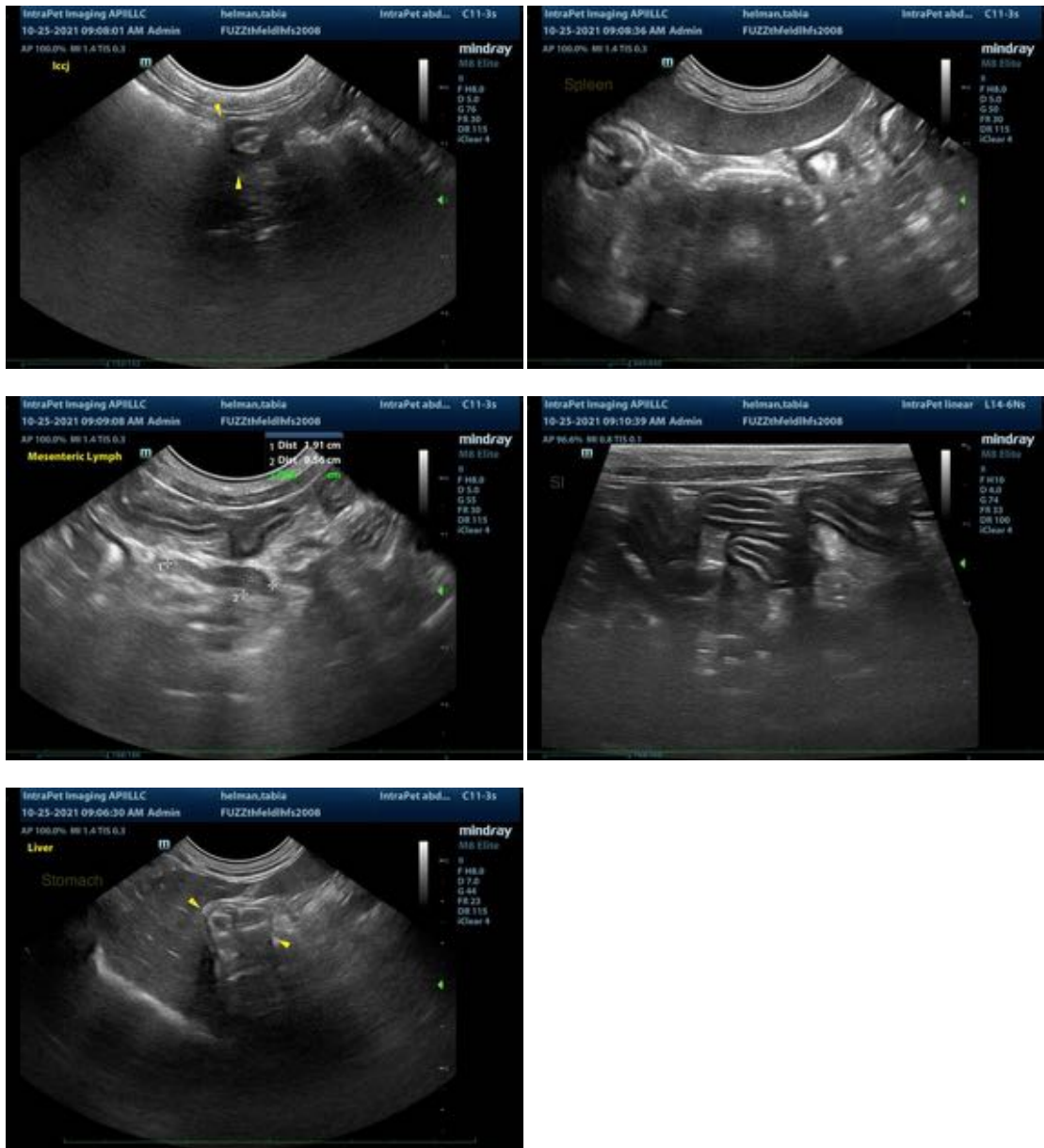
### **Secondary Findings:**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Mild gallbladder wall thickening (previously observed) consistent with benign age-related hyperplasia/fibrosis and/or cholecystitis.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral age-related renal pathology with cortical infarcts.

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

- In addition to the patient's current therapy, consider transitioning to a limited antigen diet if the patient will tolerate it.
- If a definitive diagnosis is desired, consider surgical gastrointestinal biopsies. Ideally, the patient would be tapered off Prednisolone prior to surgery. If surgery is pursued, three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.





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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