

**DATE PRESENTING CLINICAL SIGNS**

11.1.2022 Ongoing GI upset, loose stool and weight loss.

PATIENT

Harley Kruse

Current Medications: None listed.

Lab Results: See attached.

ALP 99. Feline leukemia FIV heartworm negative. Fecal negative for ova and Giardia in July. GI panel in July showed normal B12 and folate. PLI was mildly elevated.

Date of Previous IntraPet Ultrasound: 7/8/20 & 8/30/21. See attached.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

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. The region of the trigone is normal.

SEX

Spayed Female

The left kidney is normal size (3.15 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 hydronephrosis. Renal vasculature is normal.

AGE

8/8/2008

The right kidney is normal size (3.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

6.59lbs

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro,
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Animal
Internal Medicine)

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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.

HOSPITAL NAME

Cat Hospital at
Towson

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Slaughter

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, suspended debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

INVOICE

11938

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 diffusely

thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In some segments, there is a thickening of the submucosal layer. Discreet masses are not identified. The ileocecal colic junction is normal. Portions of the descending colonic wall are mildly thickened (up to 0.43 cm) with apparent retention of the normal layering pattern. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb is visualized 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 not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic

Free Abdomen

There is no obvious evidence of free fluid.

Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.03 cm in length. The nodes are normal in shape and echogenicity. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal and colonic wall changes are consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The abdominal lymphadenopathy is most consistent with reactive change with a lower possibility of emerging neoplasia.
- The pancreatic changes are consistent with mild, chronic active pancreatitis.

Secondary Findings

- Mild, bilateral age-related renal changes
- The hepatic changes may be a normal variant for this patient or may be secondary to emerging hepatic lipidosis, inflammatory disease, infiltrative neoplasia (less likely), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history and sonographic changes, consider the following:

1. Fecal evaluation for ova and Giardia if not already performed
2. Prophylactic deworming with Fenbendazole
3. Hydrolyzed protein or limited antigen diet trial
4. Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
5. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen diet) can be considered, as long as the client understands the risks of treatment without a definitive diagnosis.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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