

**DATE PRESENTING CLINICAL SIGNS**

12/2/21

PATIENT

Xavier Poussart

History: First presented for v 11/4/21. Treated supportively. No improvement noted. Re-evaluated 11/17/21 for failure to improve. AUS and hospitalization recommended but deferred at this time. Continued hyporexia, prednisolone added to plan 11/22/21 which showed some improvement. Continued to lose weight at recent exam 11/30/21.

SPECIES

Feline

Current Medications: Cerenia 12 mg PO q 12 h (11/17/21 start), Prednisolone 1.5 mg PO q 12 h (11/22/21 start).

BREED

Siamese

Lab Results: Previous diagnostics 11/4/ 21 Eastern Animal Hospital: fPL abnormal, CBC wnl, Chem Creatinine 2.5, BUN 31. 11/17/21 Eastern Animal Hospital: Feline GI STAT ; CBC wnl ; Creatinine 2.3, BUN 32; fPL abnormal , UA : SG 1.049, pH 7, inactive sediment. Attached separately.

SEX

Neutered Male

Radiographs: Abd Rads - 3v: abnormal gas patterning of the stomach- moderately dilated with digesta, stools in colon, gas distended, bladder wnl, spleen margins wnl, liver margins wnl, non-obstructive pattern of intestines. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

AGE

4/2/2009

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

16.6 Lbs.

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The left kidney is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right kidney is normal size (4.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

HOSPITAL NAME

Eastern AH

Spleen

The spleen is normal in size (1.13 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small hyperechoic nodules are observed, the larger one, measuring 0.65 cm in diameter. Splenic vasculature is normal.

REFERRING VET

Dr. Michelotti

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative

INVOICE

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pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 0.32 cm). There is 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 enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the surrounding omental fat and mottled to subtly nodular in appearance. The pancreatic duct is dilated (0.29 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with chronic active pancreatitis +/- concurrent benign nodular hyperplasia.
- Bowel pattern consistent with inflammatory bowel disease. However, there is potential for emerging lymphoma

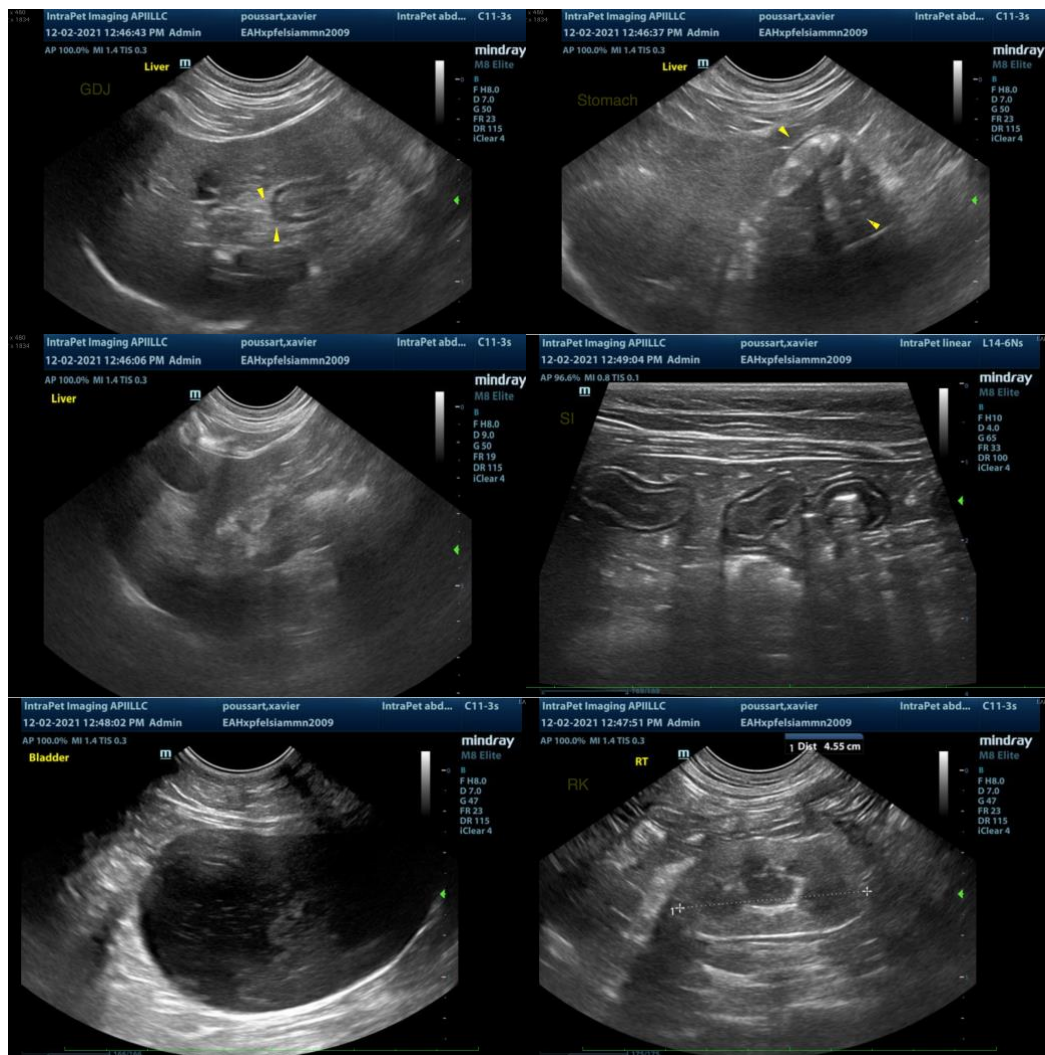
Secondary Findings

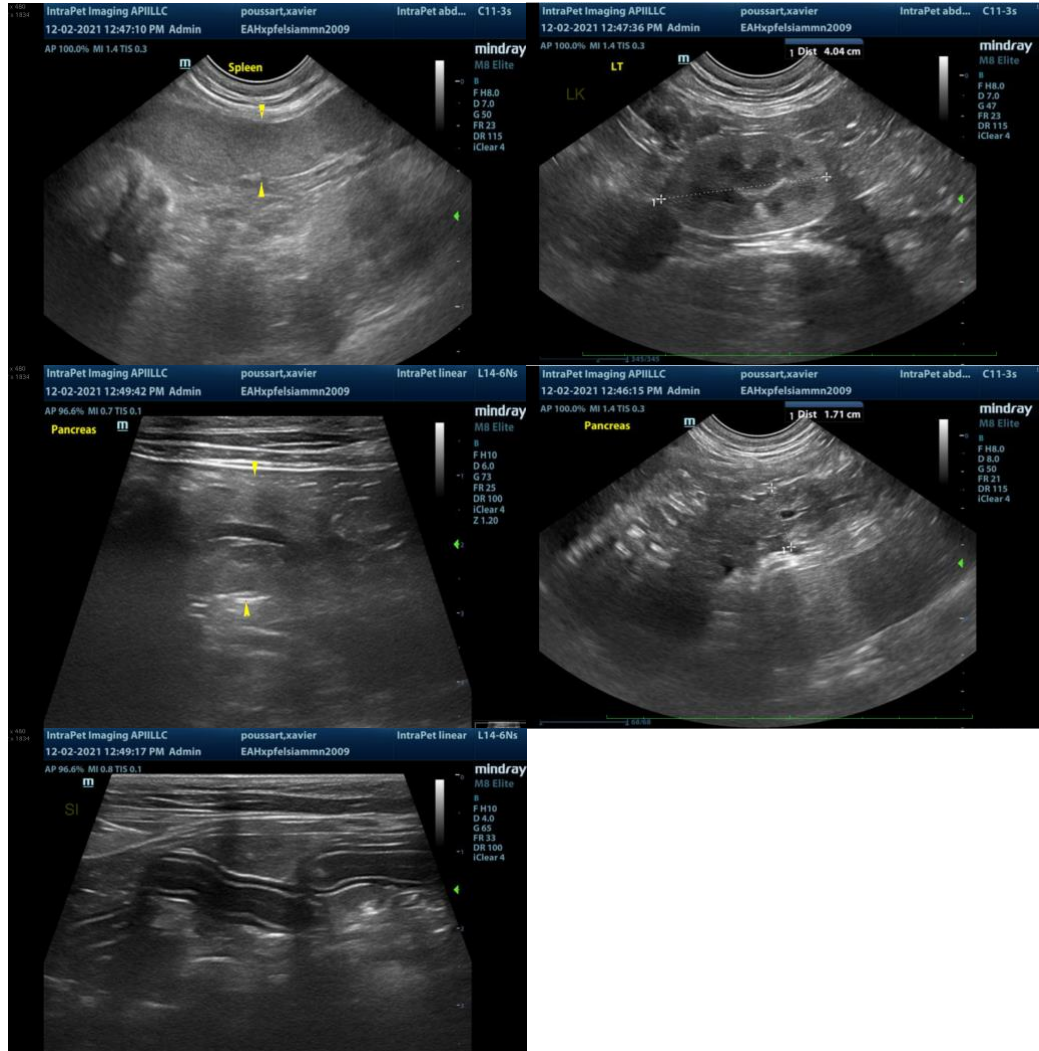
- Minor age-related renal changes
- Urinary bladder debris
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas or foci of lymphoid hyperplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel, including serum cobalamin, folate, TLI and PLI
- Three-view thoracic radiographs to assess for occult esophageal disease
- Fecal evaluation for ova and Giardia

- A 6-week limited antigen diet trial to assess for food allergies
- Depending upon the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get 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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