

**DATE PRESENTING CLINICAL SIGNS**

3/13/23

Chronic intermittent vomiting and diarrhea over the last year, early renal disease.

**PATIENT**

Swish Emerson

Current Medications: Elura PRN, Cerenia inj 3/2.

Lab Results: Mild elevation Creat historically- awaiting updated BW.

Radiographs: 11/2022 NSF.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

6/2/2010

**WEIGHT**

10.5 lbs.

**INTERPRETED BY**

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

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

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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 hydroureter.

**Adrenal Glands**

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

The right adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Eastern AH

**Spleen**

The spleen is normal in size (0.88 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. Sole

**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 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 mostly anechoic. The cystic and common bile ducts are normal.

**INVOICE**

14724

**Gastrointestinal**

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 segmentally distended with fluid (mild). The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in a few segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon contains diarrhetic stool. No obstructive disease is noted.

### *Pancreas*

The pancreas is diffusely visible with slightly irregular peripheral contours in the region of the left limb. The parenchyma is hypoechoic relative to surrounding omental fat and slightly nodular in appearance on the left side. 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. A few colic lymph nodes are visualized, the largest measuring 0.96 cm in length. Surrounding mesentery is mildly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Bowel changes consistent with inflammatory bowel disease or emerging lymphoma.
- The colic lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging neoplasia (i.e., lymphoma).
- The pancreatic changes are suggestive of chronic +/- active pancreatitis.

### **Secondary Findings:**

- Minor bilateral, age-related renal changes.

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

- GI panel including serum cobalamin, folate, TLI and PLI.
- A fecal evaluation for ova/Giardia.
- A 2-3 week hydrolyzed protein or limited antigen diet trial is also recommended to assess for food allergies.
- Initiation of a probiotic as well as a fiber supplement may prove beneficial.
- GI biopsies (i.e., endoscopic or surgical) should be considered to get a definitive diagnosis. If pursued, 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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