

**DATE PRESENTING CLINICAL SIGNS**

4/7/2022

Elwood presents for intermittent vomiting for the last few months that has recently increased in frequency. He also has begun defecating outside of the litter box, and the stool appears softer than normal with hematochezia. Additionally, he has a history of chronic upper respiratory issues. PE reveals tan to green mucopurulent discharge from both the eyes and nose, along with some respiratory stertor. PE also reveals a prolonged skin tent and muscle wasting, especially of the hind limbs and epaxials. He has lost approximately 1 pound since his last visit in October (was 9.63 lbs on 10/2/21).

PATIENT

Elwood Bauman

SPECIES

Feline

Current Medications: Convenia 1 mg/kg Once, Cosequin 1 capsule SID

Lab Results: Globulins 5.8 (2.3-5.3), WBC 24.4 x10³ (3.5 - 16.0)

Neutrophils 18544 (2500-8500). T4 is normal.

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/1/2008

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.

WEIGHT

9.63 lbs

The left kidney is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
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DACVIM (Small Animal
Internal Medicine)

The right kidney is normal size (3.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio mild to moderate corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Everhart VH BP

Adrenal Glands

The left adrenal gland is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Kerr

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.69 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.

INVOICE

10713

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 0.33 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 in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is dilated (0.31 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

Trace free fluid is suspected. Several prominent mesenteric lymph nodes are visualized, the largest measuring 0.89 cm in length. In addition, 2-3 prominent gastric lymph nodes are seen, the largest measuring 0.95 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

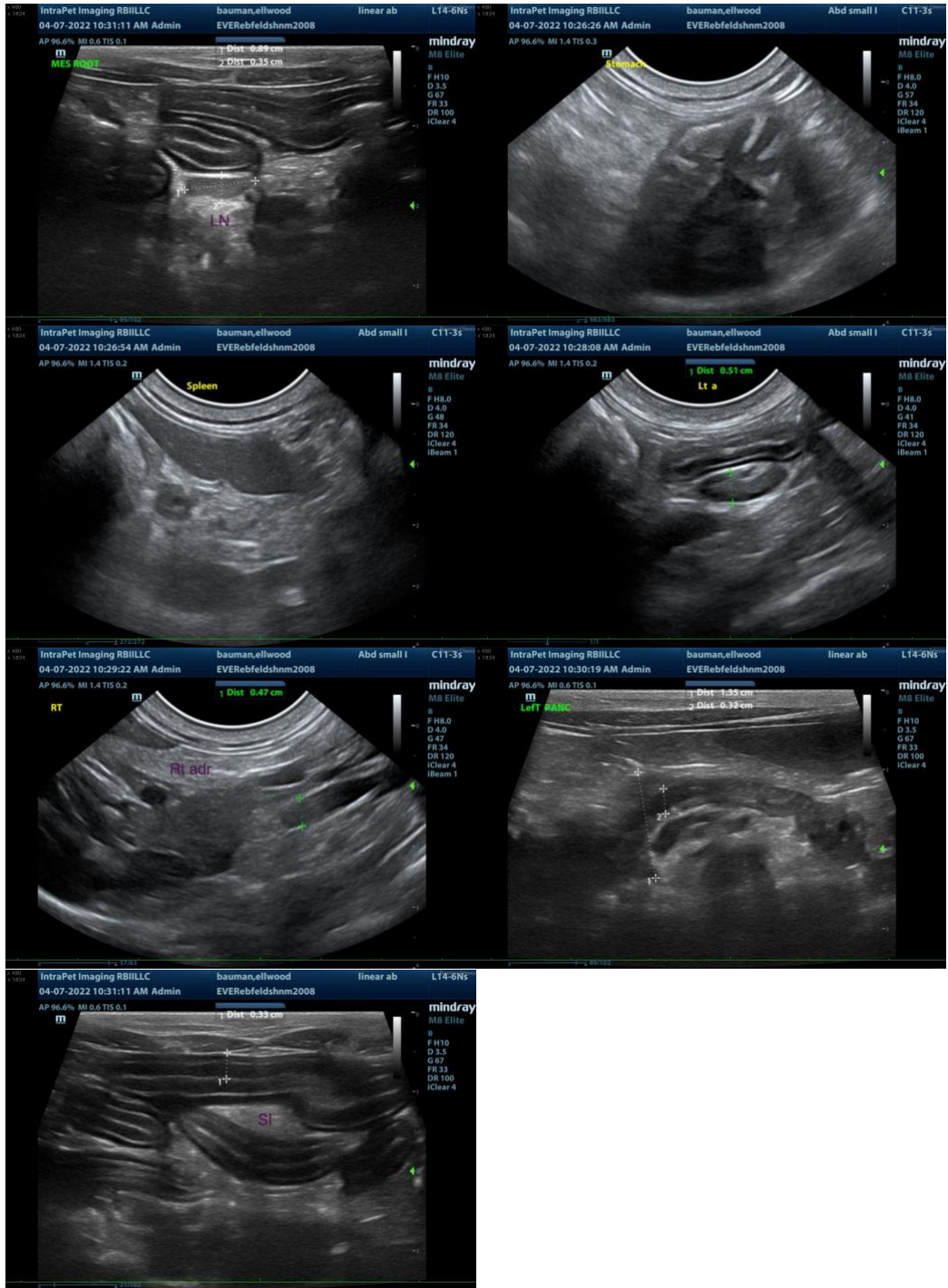
- Given the patient's clinical history of chronic gastrointestinal signs, as well as the sonograph changes, inflammatory bowel disease is the top differential. However, emerging lymphoma cannot be completely excluded.
- The pancreatic changes are consistent with chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further GI work-up could include a GI panel (i.e., serum cobalamin and folate, TLI and PLI), 6-week hypoallergenic diet trial, fecal evaluation for ova and Giardia, fecal PCR infectious disease panel, as well as endoscopic or surgical gastrointestinal biopsies. Given the patient's age, thoracic radiographs (three-view) are recommended prior to anesthesia.



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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