

**DATE PRESENTING CLINICAL SIGNS**

5/9/22

Indoor/outdoor pet - one owner entire life. History of ~3weeks of chronic vomiting and diarrhea with occasional blood. Originally seen by another dvm. Has had previous similar signs like this in the past. Cbc/chem/ua/fecal performed which did not have significant findings related to underlying cause. Was seen on 5/5/22 for recheck - diarrhea improved after empiric panacur deworming. PE findings showed moderate dehydration, slightly thickened SI loops on palpation, & nonpainful abd. Moderate periodontal disease and ~1.2lbs weight loss in 3 weeks. Radiographs declined.

PATIENT

Felix Roll

SPECIES

Feline

Current Medications: Started empiric treatment with SQ fluids, B12 0.25mL SQ, 1mg/kg Cerenia SQ, 15mg/kg Metronidazole BID on 5/5/22. Sent home with Purina EN diet. 100mg Gabapentin prior to scan. Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

BREED

Sphynx mix

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Male, neutered

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. A small to moderate amount of suspended 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.

AGE

5/1/2014

WEIGHT

10.16 lbs.

The left kidney is normal size (3.42 cm in length); normal shape and architecture with smooth peripheral margins. 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.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
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The right kidney is normal size (4.25 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 left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Heart & Paw

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

Spleen**REFERRING VET**

Dr. Kraselski

The spleen is normal in size (0.91 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.

Liver**INVOICE**

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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 anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.29 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.51 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

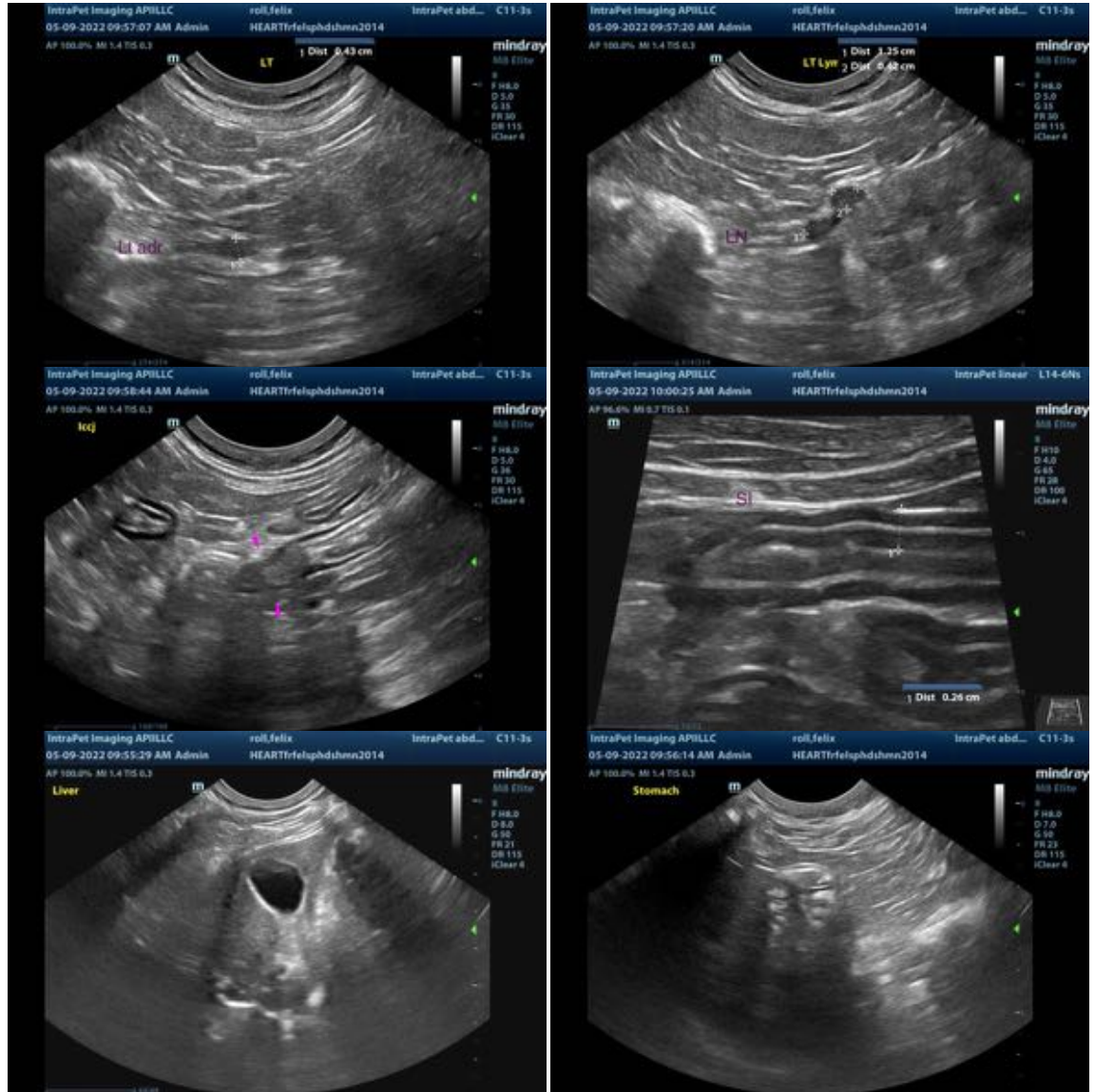
- The small intestinal wall changes are most consistent with inflammatory bowel disease. Emerging lymphoma is possible but considered less likely at this time, given the retention of the normal layering pattern.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A malabsorption panel including cobalamin, folate, TLI and PLI is recommended. The cobalamin level may not be accurate due to recent supplementation. However, the other values will be useful in further assessing for bacterial overgrowth and underlying pancreatic disease.
- If the patient does not respond to the current treatment regimen, consider transitioning to a limited antigen diet as well as performing gastrointestinal biopsies (i.e., endoscopic or surgical) to get a definitive diagnosis. Thoracic radiographs (three-view) should be performed prior to anesthesia.
- If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., limited antigen diet, corticosteroids) 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. 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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