

**DATE PRESENTING CLINICAL SIGNS**

6/16/2022

Presented in April 2022 for waxing and waning appetite as well as intermittent vomiting. Owner reported she had gone back and forth between dry food and wet food to try and get her to eat, however Allie will go weeks at a time where she is interested and eating full meals and then becomes acutely disinterested in her food. Radiographs at that time revealed a large amount of fecal material in transverse and descending colon, however not distended so far as megacolon.

PATIENT

Allie Dicara

SPECIES

Feline

Allie was started on MiraLAX, lactulose, and cerenia which resolved the constipation but did not change anything with appetite. She has seemed to like wet food over dry food since this visit. In early June, Allie presented again, but for diarrhea and going to the bathroom outside of the litter box. We dispensed Provable which returned things to normal for approximately two weeks, but when the owner stops the Provable paste Allie begins to have severe diarrhea again.

BREED

DSH

Current Medications: No current medications.

Lab Results: BUN 14 (16-36) Eosinophils 1.96 (0.1-0.79). Remainder of lab-work wnl.

Radiographs:

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.

Sedation: DKT.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

2/20/17

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

8.81 lbs

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.

INTERPRETED BY

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

The left kidney is normal size (3.45 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.85 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 hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Everhart VH

Adrenal Glands**REFERRING VET**

Dr. Kerr

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

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

INVOICE

11093

Spleen

The spleen is normal in size (0.74 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

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. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 0.37 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a > 1:1 ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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, mesentery lymph nodes are visualized, the largest measuring 1.04 cm in length.

ULTRASONOGRAPHIC FINDINGS

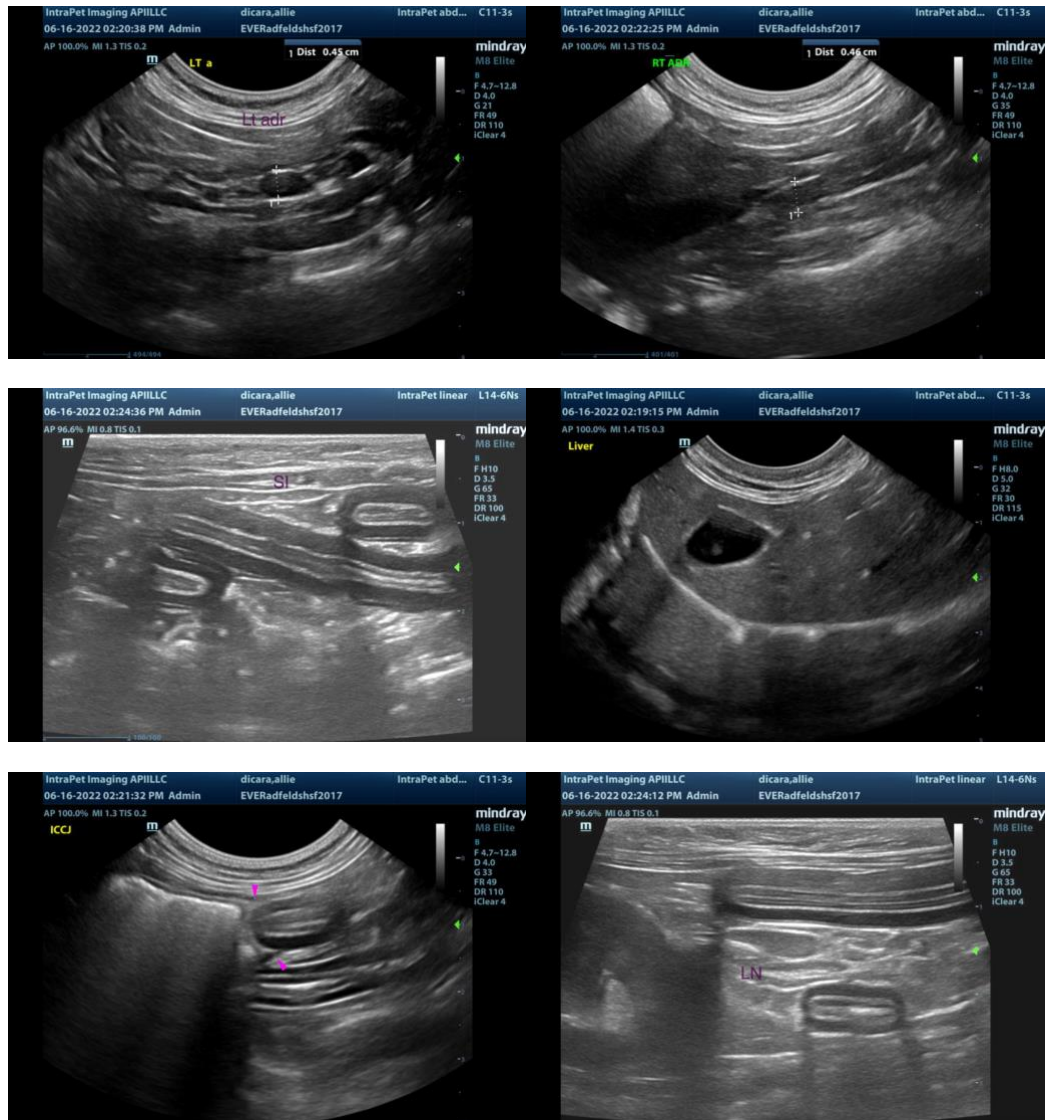
Primary Findings

- Bowel pattern could be consistent with inflammatory bowel disease (IBD) or emerging lymphoma. Eosinophilic enteritis (a form of IBD) is also a possibility.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- GI panel including serum cobalamin and folate, TLI and PLI
- A 6-week limited antigen diet trial to assess for food allergies
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

- If biopsies are pursued, thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status and to evaluate for occult esophageal disease.
- If biopsies are not pursued, empirical treatment for IBD (i.e., corticosteroids, hypoallergenic 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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com