

PATIENT PRESENTING CLINICAL SIGNS

Larry Magas Presents with 6.5 lbs weight loss since May 2022, diarrhea persisting over the past several weeks, appetite loss, and lethargy. Lab work obtained at Morrison Vet Clinic was WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic shorthair

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of suspended echogenic 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 1-2 cm, are normal.

SEX

Male, neutered

The left kidney is normal size (3.90 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. Renal vasculature is normal.

AGE

2/6/2010

The right kidney is normal size (3.62 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. Renal vasculature is normal.

WEIGHT

9.1 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is upper limits of normal in size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. Using the linear probe, a light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

Liver

HOSPITAL NAME

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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 portal vein to caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.43 cm in width).

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Gastrointestinal

DATE

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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 segmentally fluid distended (mild). The



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small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

The left limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

BREED

Domestic shorthair

Free Abdomen

There is no obvious evidence of free fluid. A 0.80 cm lymph node is observed in the cranial abdomen. A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.71 cm in length.

SEX

Male, netuered

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. An intermittent arrhythmia was visualized during the study.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic pancreatitis.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*Regarding the patient's clinical signs, differentials include microscopic gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, infectious parasitic disease), chronic pancreatitis, underlying metabolic issue, occult neoplasia, other.

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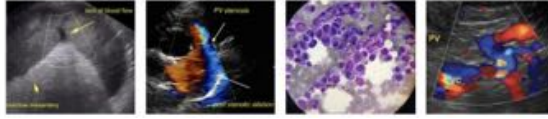
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova, Giardia and Tritrichomonas.
- Consider prophylactic deworming with Fenbendazole.
- Also consider a fecal PCR infectious disease panel.
- Malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
- Consider transitioning to a limited antigen or hydrolyzed protein diet.



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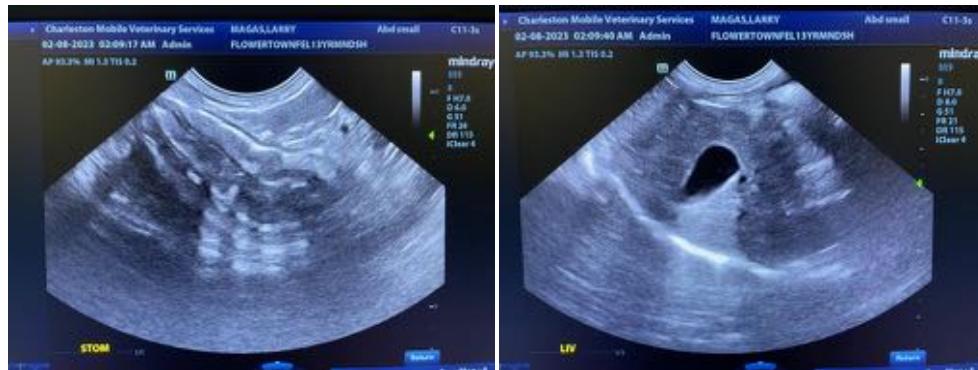
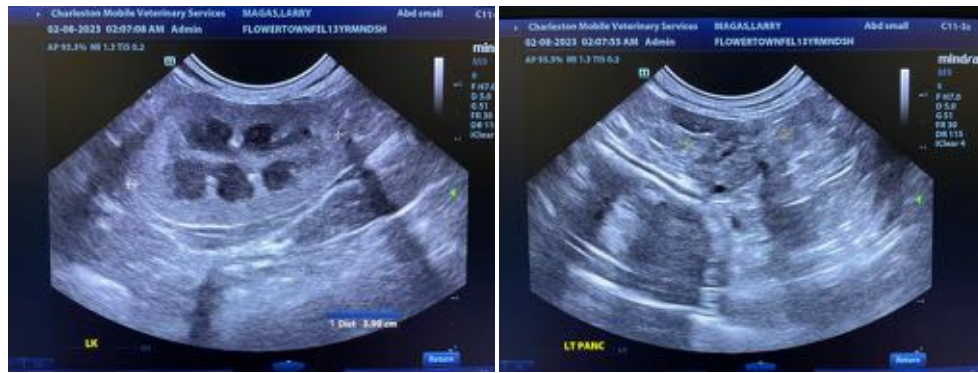
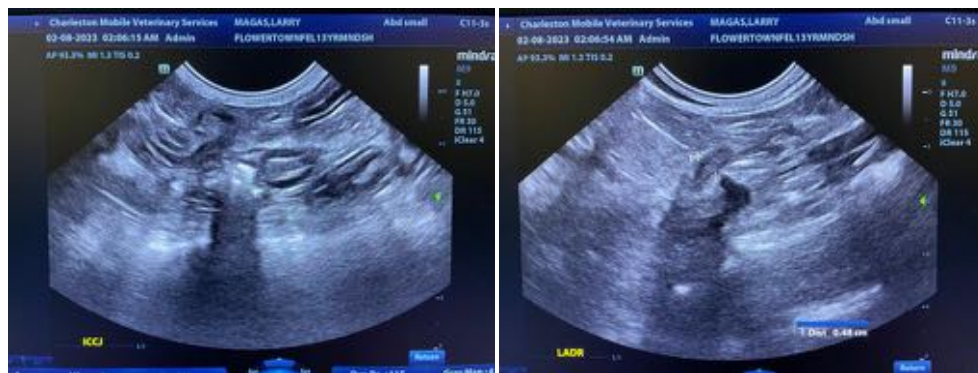
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- Initiation of a probiotic and fiber supplement is also recommended.
- Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Given the patient's age, thoracic radiographs are recommended prior to any anesthetic event.
- Given the suspected arrhythmia, consider an echocardiogram, thoracic radiographs, ECG and blood pressure measurement.





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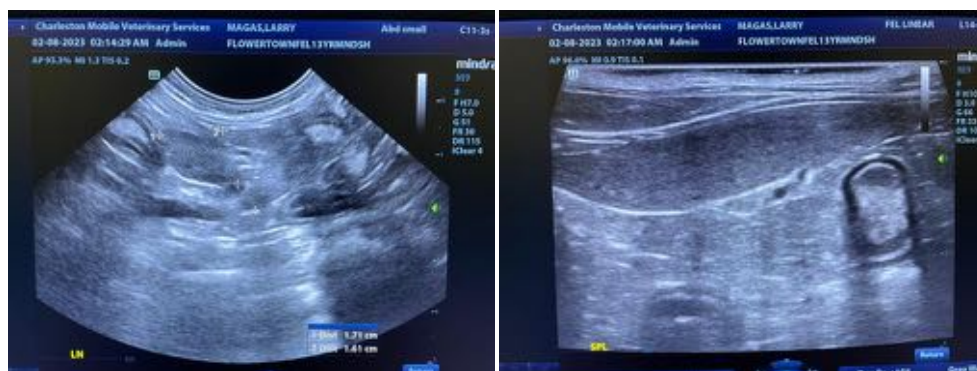
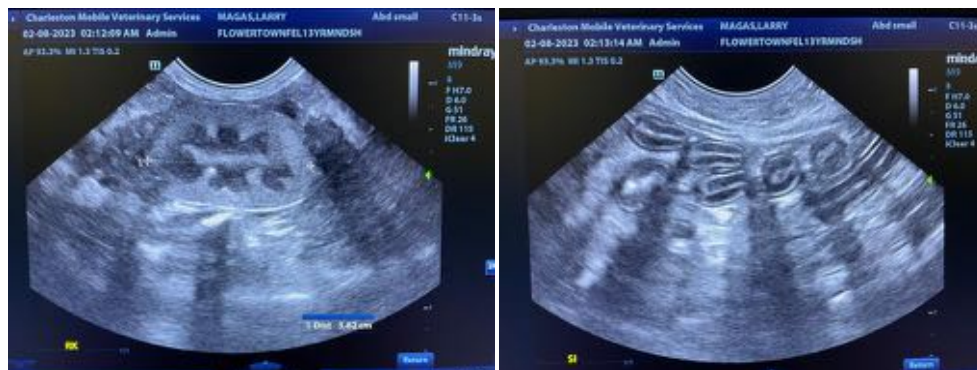
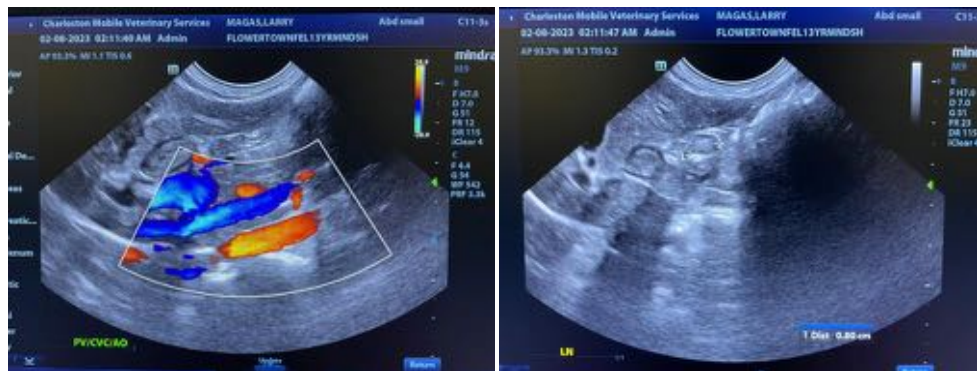
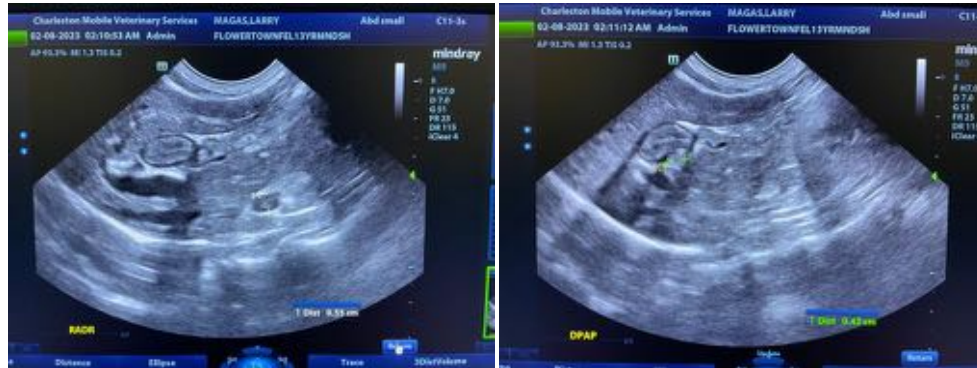
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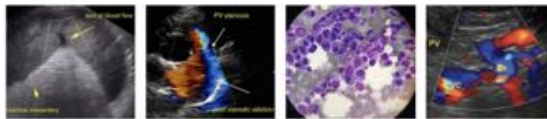
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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