

**DATE PRESENTING CLINICAL SIGNS**

5/10/22

Has had several exams since May 2021 - Chronic weight loss and recently chronic diarrhea. April 2022 presented for inappetence, vomiting, and lethargy, improved w/ supportive care. Has been on HA for several weeks; not vomiting, but continues to have soft diarrhea.

PATIENT

Desi Martin

Current Medications: HA diet, Panacur 1.4mL PO SID x 5 days

Metronidazole 25mg PO BID

Lab Results: April 2022 Amylase 2,000, P 2.7; rest of BW/fecals have been WNL

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Main coon

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 amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

AGE

2/1/2014

The left kidney is normal size (3.41 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

6.25 lbs.

The right kidney is normal size (3.74 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 of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal in size (0.37 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

HOSPITAL NAME

Pleasantville AH

Spleen

The spleen is normal in size (0.67 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. Gounaris

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The portal vein: caudal vena cava ratio is approximately 1:1. 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

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Gastrointestinal

The gastric lumen is mildly distended with ingesta and small shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small

intestinal lumen is diffusely and mildly fluid distended and hypomotile. The small intestinal wall is normal to mildly thickened (up to 0.30 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. There is also evidence of mucosal fogging throughout the bowel. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb and base is enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.29 cm in diameter).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is present. Several cranial and mid-abdominal lymph nodes are visualized, the largest measuring 1.80 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

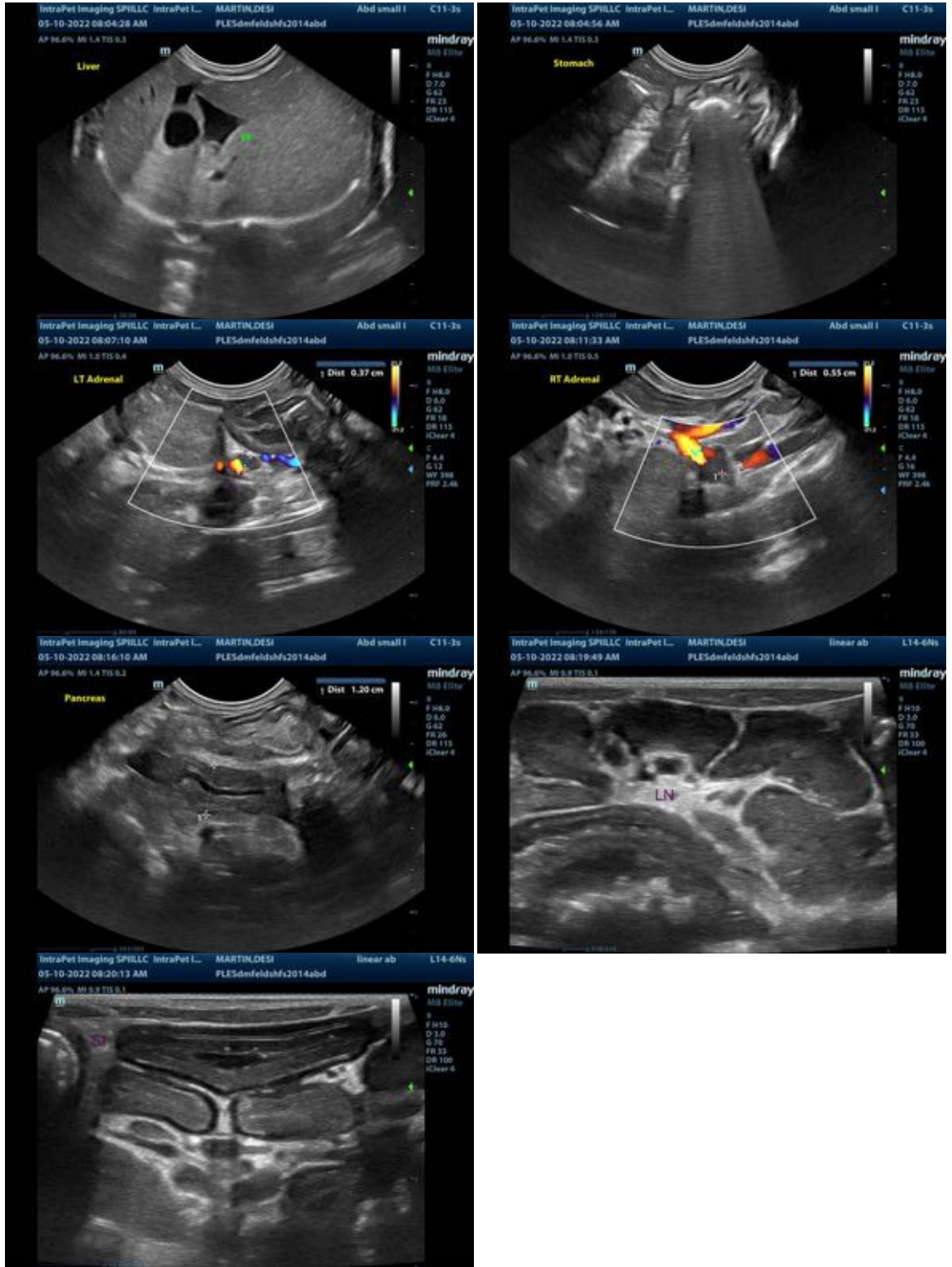
- Bowel pattern suggestive of inflammatory bowel disease with potential for emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma).
- Diffuse peritonitis is present, likely secondary to bowel pathology.
- The pancreatic changes are consistent with chronic pancreatitis.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- Minor, bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A malabsorption panel including serum cobalamin, folate, TLI and PLI is recommended.
- Ultimately, gastrointestinal biopsies (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis. Surgical biopsies are preferred in that all areas of bowel can be accessed and abdominal lymph nodes and liver can also be biopsied concurrently.
- Given the hepatic changes and the concern for the development of hepatic lipidosis, nutritional support (i.e., via temporary feeding tube) should be considered.
- Thoracic radiographs are recommended prior to any anesthetic event.



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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