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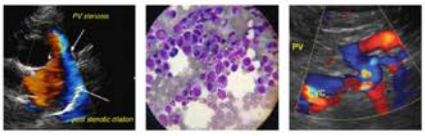

SonoPath
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**PATIENT**

Ally Wesley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

15.8 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Mitten Animal Hospital – Dr. Neil Coleman

**INVOICE**

44296

**DATE**

1/18/23

## PRESENTING CLINICAL SIGNS

Patient has struggled with chronic vomiting. A GI Panel to Texas A&M University was consistent with pancreatitis and distal or diffuse small intestinal disease. Patient was started on gabapentin and Cerenia SID x 4 days along with Vitamin B12 Injections 250mcg SC once weekly for six weeks beginning on 12/20/2022 based on the GI Panel results. With cerenia, patient's symptoms are well controlled but without cerenia patient returns to vomiting clear liquid with a poor appetite. Patient has a history of mild left atrial enlargement and mild left ventricular hypertrophy, but no current treatments recommended by cardiologist. Owner struggles to feed patient an exclusively prescription diet due to a large multicast household.

GI Panel to Texas A&M performed on 12/17/2022: - Cobalamin Fasting: 274 ng/L (290-1500 ng/L) Interpretation: Consistent with distal or diffuse small intestinal disease or EPI. Folate Fasting: 18.4 µg/L (9.7-21.6 µg/L) Interpretation: Result is within the reference interval. - TLI Fasting: 32.2 µg/L (12-82 µg/L) Interpretation: Result is within the reference interval. - Pancreatic Lipase Immunoreactivity Fasting: 6.3 µg/L (=3.5 µg/L) Interpretation: Consistent with pancreatitis. Total Health with T4 to Idexx performed on 10/29/2022: - Mildly elevated MCV - Mild elevated MCH - Mild monocytosis - Mild hypertriglyceridemia - All else WNL.

Abdominal Radiographs performed on 10/17/2022: - Radiographic Conclusions: 1. There is no evidence of gastric outflow or small intestinal mechanical obstruction. Gastroenteritis +/- mucosal ulceration, underlying systemic disease, intestinal infiltrative disease (i.e. inflammatory bowel disease, alimentary round cell neoplasia), pancreatitis, or toxin ingestion cannot be excluded from the study. 2. On the ventrodorsal projection in the left mid to caudal abdomen, there is a tubular soft tissue opacity consistent with a "spaghetti sign." The tubular soft tissue structure in the left mid to caudal abdomen is most consistent with a splenosystemic shunt. This is of unknown clinical significance and may be seen incidentally in older female spayed cats.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.23 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.51 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### *Spleen*

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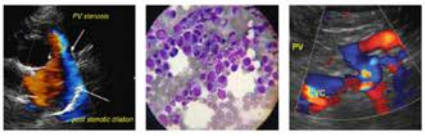

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The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *Liver*

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### *Gastrointestinal*

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### *Pancreas*

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

### *Free Abdomen*

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- **Inflammatory bowel disease (IBD) pattern –** Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- Chronic active pancreatitis

**The portal vein to vena cava ratio is 1:1 with visible portal vein branching and no visible suggestion of a portosystemic shunt affecting portal vein size or liver in these images. That does not rule out an incidental, asymptomatic splenosystemic shunt as suspected on radiographs.

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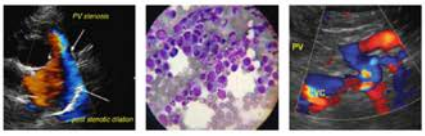

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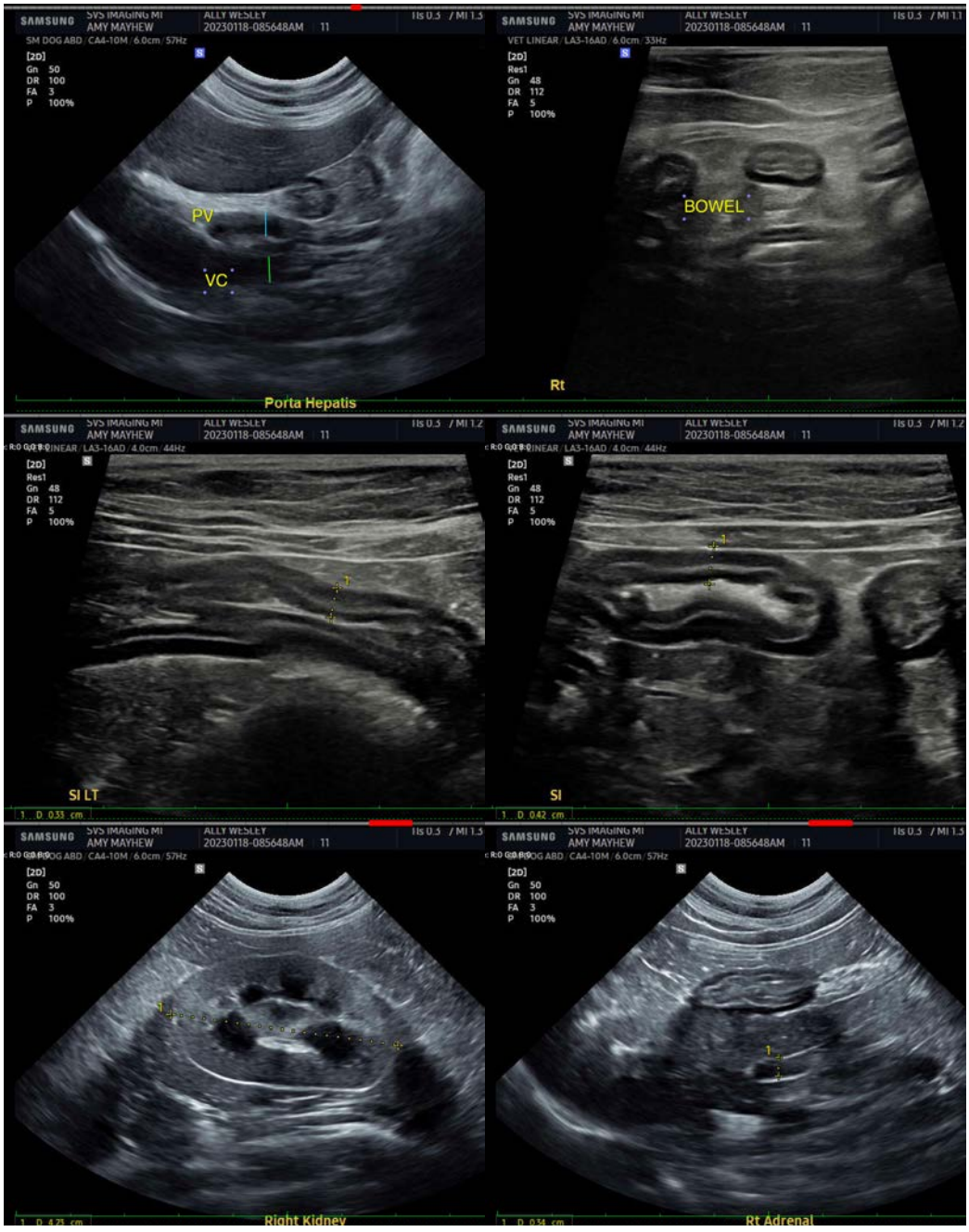
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported history of inflammatory bowel disease and lack of full response to empirical medical management, recommendations include either biopsies of the gastrointestinal tract to further evaluate the infiltrative process and guide management, or, if biopsies are not an option, empirical Prednisolone could be added to the current therapeutic plan. Having said that, consultation with a cardiologist is recommended prior to considering Prednisolone, given this patient's reported cardiac history.

Additionally, given the suspicion of a splenosystemic shunt, which can be incidental and non-clinical in senior female cats, bile acid testing could be considered to help determine whether there may be some mild hepatic encephalopathy contributing to clinical signs.



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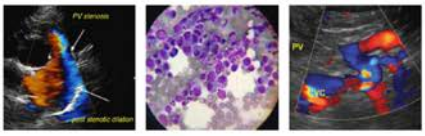

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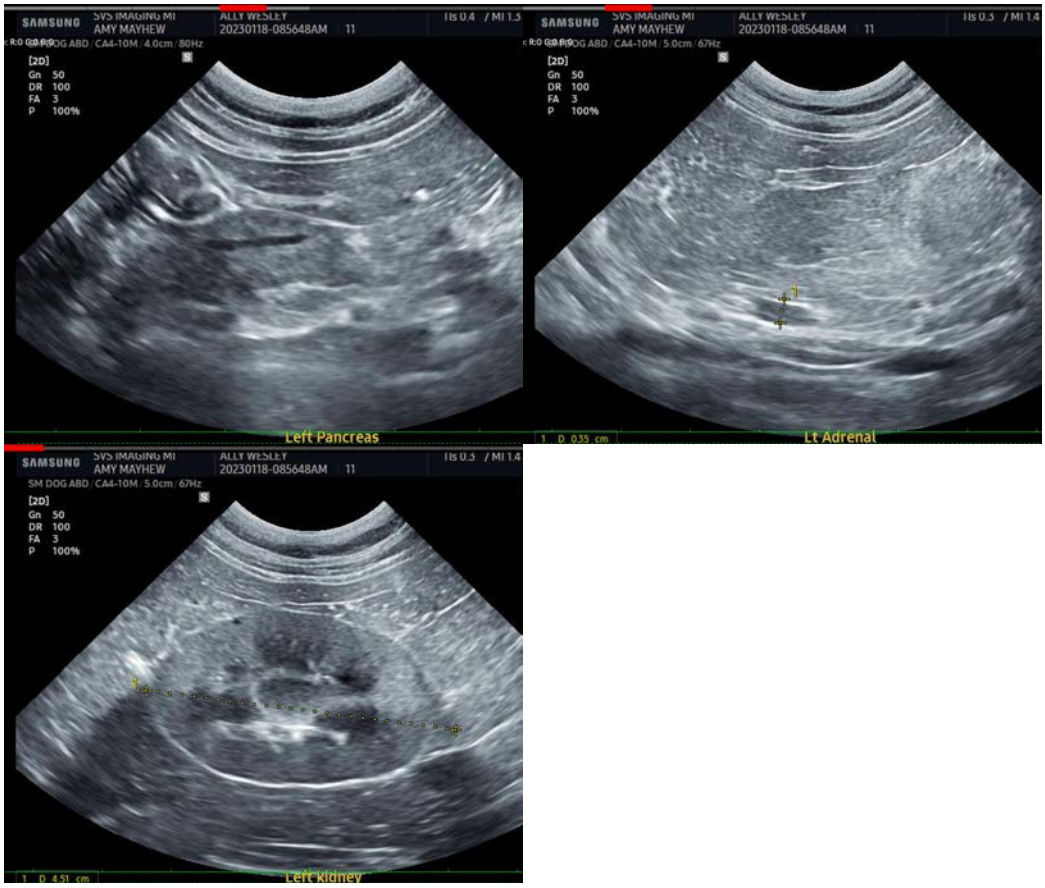


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Beth Johnson**, DVM, DACVIM
Beth.Johnson@sonopath.com