

**DATE PRESENTING CLINICAL SIGNS**

1/24/23

About 1 month ago P started pooping outside of the litter box and stool was soft, some blood; resolved with Rx Hills Biome diet. Attempted to return to OTC sensitive system diet (hills otc with active biome), about 4 days ago, P started having liquid, frank blood feces (almost all blood with minimal feces present). Restarted Biome diet and added fortiflora, stool is forming up, but frank blood still present.

PATIENT

Theo Borrison

SPECIES

Feline

Current Medications: Biome diet and Fortiflora.

Lab Results: Blood work (superchem, CBC, FPL) nsf and fecal negative 1/20

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Gabapentin PO.

Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

5/1/11

WEIGHT

8.4 Pounds

Kidneys are normal in size but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measures 4.25 cm. The left kidney measures 3.83 cm. There are multiple small chronic infarcts in the left kidney.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Banfield Timonium

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

REFERRING VET

Dr. Borrison

Spleen

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.

INVOICE

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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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The distal colon is mildly thick, ranging from 0.36 cm to 0.55 cm, with an irregular mucosal appearance but intact layering.

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. There is a small amount of hyperechoic mesenteric fat surrounding the left pancreas, indicating a potential acute on chronic process.

Free Abdomen

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

Colonic lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- **Distal colonic thickening** – consistent with colitis caused by parasitic, infectious, benign inflammatory, or infiltrative neoplastic disease.
- **Aggressive colonic lymph nodes** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Chronic active pancreatitis with some suggestion of mild acute on chronic inflammation of the left side
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

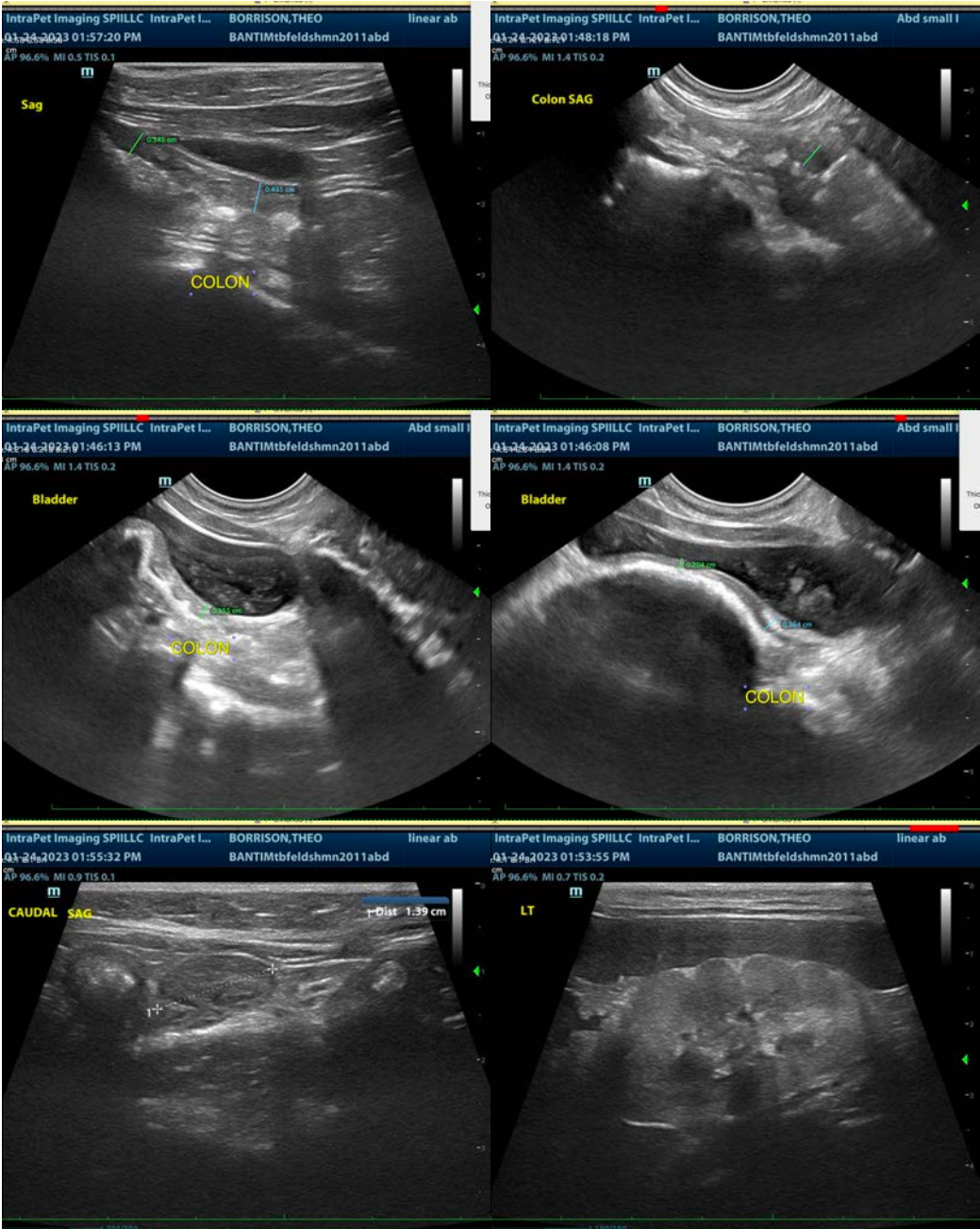
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

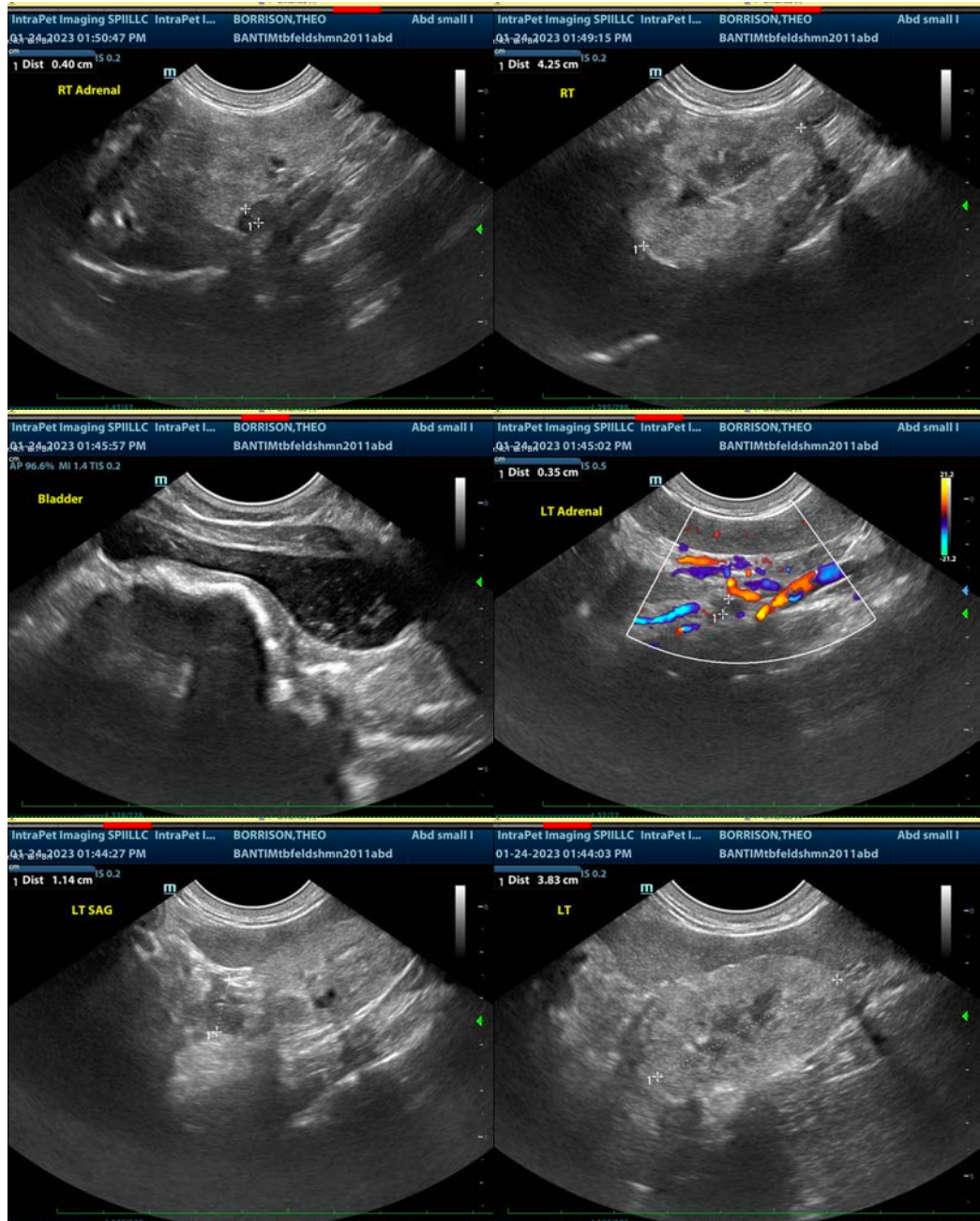
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

In addition to the Biome diet and probiotic that are already resulting in clinical improvement, and empirical course of Panacur for 5 days is also recommended.

Pending above results, and if clinical signs continue to improve versus persist, next diagnostic steps could include a fine needle aspirate of the colonic lymph node (if it can safely be reached and patient's coagulation status is appropriate), or colonoscopy for further visualization of the colon as well as biopsies.

Additionally, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.





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.

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