

**DATE**

1/31/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea for years; recently more urgent and liquid, with occasional blood. 2/6 Heart Murmur. unkempt haircoat. Improved slightly on prednisolone and metronidazole; subsequent trial on prednisolone alone did not improve symptoms. Sneezing, thick mucoid nasal discharge first noted 1/27. Current Medications: Metronidazole 50mg BID resumed giving on 1/27. Prednisolone 5mg BID started 1/19/21, discontinued 1/27 to reduce impact on ultrasound. Convenia 0.4mL SQ 1/27 for URI.

PATIENT

Peridot VonGohren

Lab Results: CBC/Chem/T4 to Idexx 1/27/22.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Neutered male

Left kidney is normal in size (4.29 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

10/30/07

WEIGHT

8.8 lbs

Right kidney is normal in size (4.2 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

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

Bilaterally uniformly plump egg-shaped adrenals (left adrenal measured 0.68 cm thick and the right adrenal gland measures 0.7 cm thick), hypoechoic in echogenicity.

HOSPITAL NAME

Bay Country VH

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. McLean

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

INVOICE

95664

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines; however, near the

ileocecolic junction there is a focal area of bowel that is very mildly thick measuring 0.4 cm. This area is surrounded by mildly enlarged hypoechoic lymph nodes.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

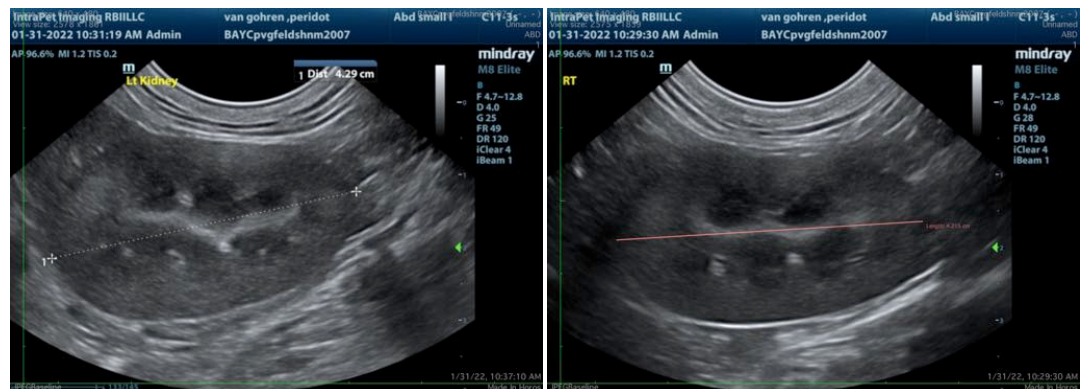
Pancreas is diffusely prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to slightly hypoechoic echogenicity.

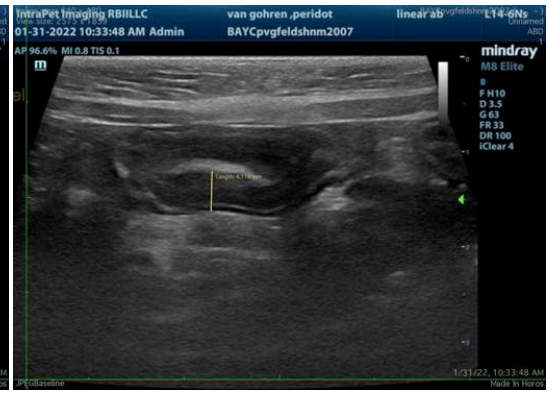
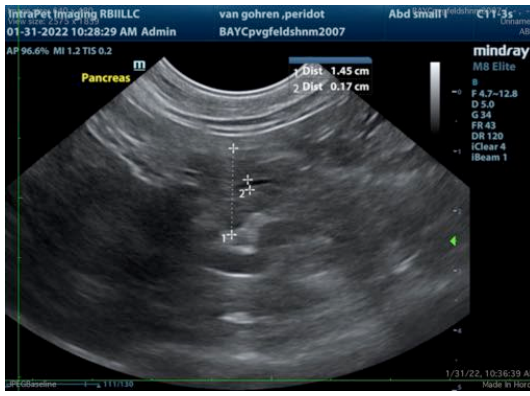
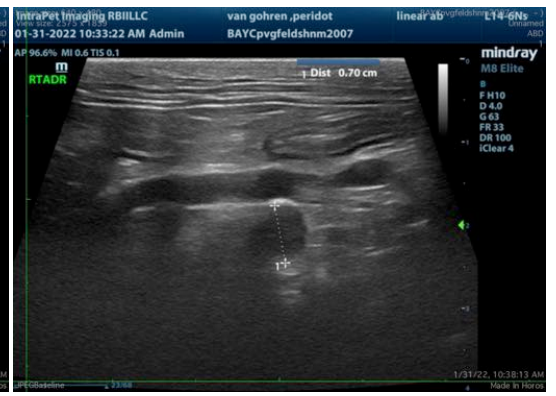
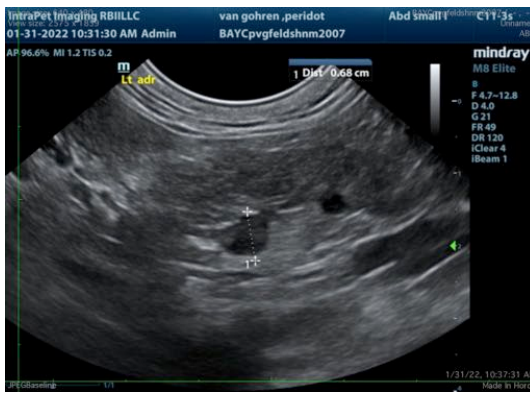
ULTRASONOGRAPHIC FINDINGS

- Feline age related adrenomegaly – likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.
- Age related kidney change– This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Focal bowel thickening in the area of the ileocecolic junction. Differentials include both benign inflammatory disease as well as infiltrative neoplasia.
- Enlarged lymph nodes. The lymph nodes appear likely reactive; however, infiltrative neoplasia cannot be ruled out.
- Heterogenous pancreas. Most consistent with age related pancreatic remodeling versus mild, chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient given the clinical signs and ultrasound findings include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the gastrointestinal tract and the pancreas. If possible and if the patient's coagulation status is appropriate a FNA of the thickened bowel can be considered or surgical biopsies could be performed including biopsies of the thickened bowel and the lymph nodes. In the meantime, empirical therapy beyond what has been tried could include adding a probiotic for the diarrhea as well as a transition to a novel or hydrolyzed protein diet.







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.

Beth Johnson, DVM DACVIM

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