**DATE PRESENTING CLINICAL SIGNS**

10/19/22

History: diagnosed with IBD via ultrasound at Mountainside. CC: had two bouts of very bloody diarrhea August 26. Increased prednisone dose from 5 mg SID to 5 mg BID and issue went away. PE: NSF

**PATIENT**

Jaxson Olsen

Current Medications: Prednisolone 5mg SID for two years. Increased to 5mg BID for about a week then back down to 5mg SID.

Date of Previous IntraPet Ultrasound: See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

DLH

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.

**SEX**

Neutered Male

**AGE**

5/13/13

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left is small, measuring 2.9 cm. The right is compensatory, measuring at upper limits of normal limits for size at 4.47 cm. Pyelectasia is noted in the left kidney at 0.43 cm in the transverse view.

**WEIGHT**

12 Pounds

**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.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (0.24 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**Stephanie Warga  
RDCS, RVT**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.

**HOSPITAL NAME**

Harborside Mobile VC

**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.

**REFERRING VET**

Dr. Hawkins

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.

**INVOICE**

42199

**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 mildly 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.

## **PRIMARY 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. This change is very mild but may be partially masked by the patient's current treatment.
- Chronic active pancreatitis
- **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

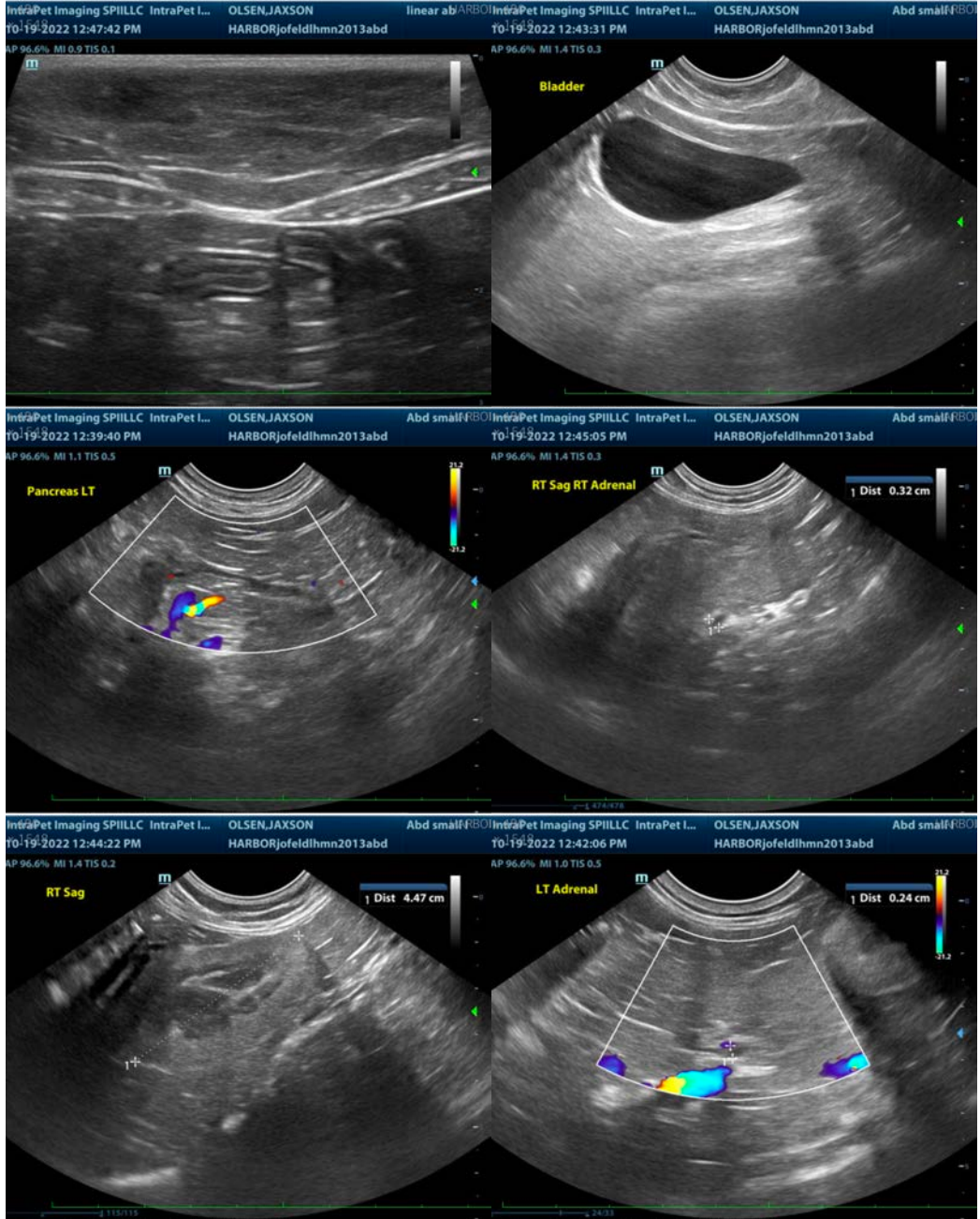
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

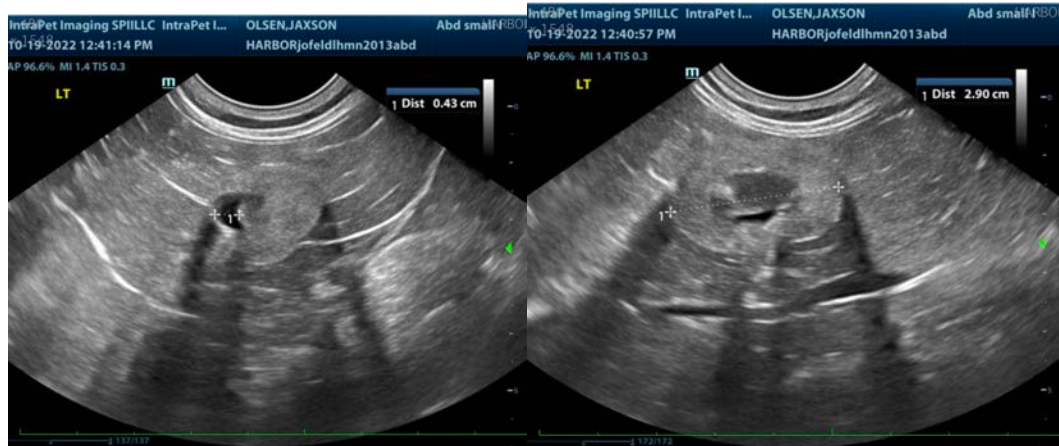
Given this patient's reported hematochezia, recommendations are to look for comorbidities associated with possible inflammatory bowel disease with a fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.

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, if not recently evaluated.

In the meantime, if not already in place, in addition to steroid therapy, other therapies can include a diet transition to a hydrolyzed protein diet, empirical deworming with a 5-day course of Panacur, and a probiotic such as Provable or Visbiome, which may ultimately allow tapering Prednisone to the lowest tolerate or effective dose.

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.





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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