

**DATE PRESENTING CLINICAL SIGNS**

10/21/21

History: Chronic vomiting, responds well to Cerenia.
Current Medications: Cerenia 16mg, 1/2 tablet PO SID as needed

PATIENT

Lab Results: CBC/Chem/T4 10/15/21 WNL. Full labs e-mailed to intrapetstaff@gmail.com

Paris Grezlik

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Isoflurane.

Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

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.

BREED

DSH

SEX

Spayed Female

Right kidney is normal in size (3.98 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.

AGE

2005

Left kidney is normal in size (3.58 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.

WEIGHT

9.4 Pounds

Adrenal Glands

Right adrenal gland is normal in size (0.43 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.39 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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

Bay Country VH

Liver

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. Multifocal, well defined anechoic structures surrounded by thin echogenic walls with some distal acoustic enhancement noted, consistent with incidental benign liver cysts. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. McLean

INVOICE

26579

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 intestines are normal in wall thickness (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Marked diffuse muscularis thickening is noted relative to the mucosal layer. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

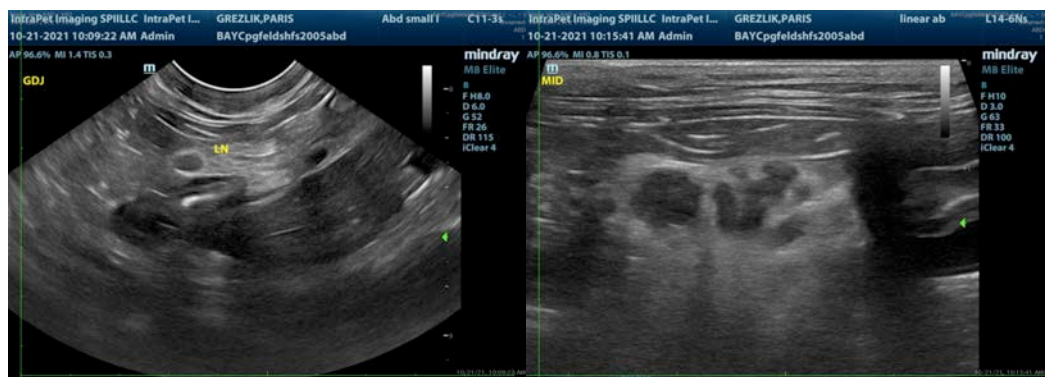
There is no evidence of peritoneal effusion. Diffuse lymphadenopathy of the mesenteric root present, showing evidence of perinodal inflammation characterized by a hyperechoic reactive mesentery.

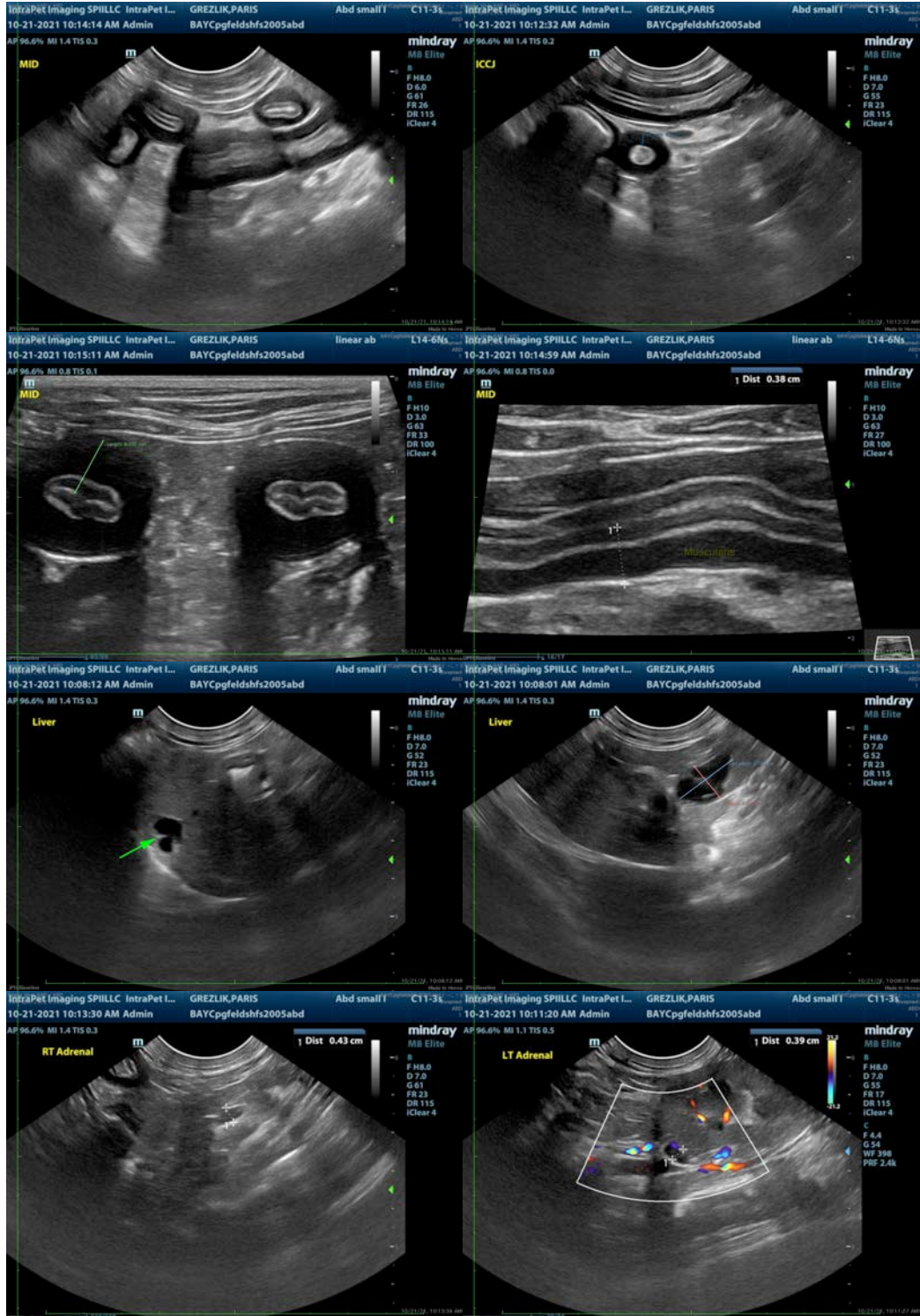
ULTRASONOGRAPHIC FINDINGS

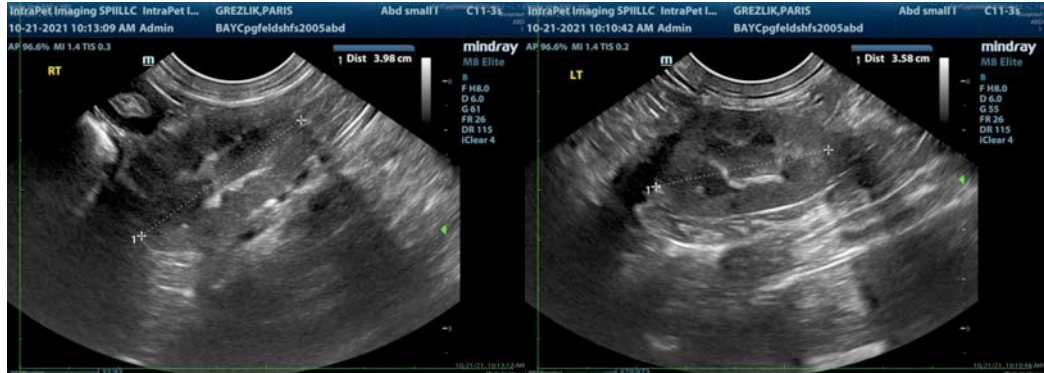
- Incidental benign liver cysts
- Marked diffuse small bowel muscularis thickening and diffuse mesenteric lymphadenopathy – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. These images are most concerning for infiltrative neoplasia such as lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as fine needle aspirate of the lymph nodes and potentially the small bowel muscularis if it can be reached and if patient's coagulation status is appropriate. If lymphoma is not obtained from fine needle aspirates, then recommendations would include full thickness small bowel biopsies, or endoscopic biopsies could be considered, being sure to include the ileum. If biopsies are not pursued, empirical therapy with a diet change to include novel and/or hydrolyzed protein diet, cobalamin supplementation, and empirical steroids could be considered. If this therapy does not work, additional treatment with Chlorambucil could also be considered.







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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