

**DATE PRESENTING CLINICAL SIGNS**

2/1/22

PATIENT

Eva Fried

History: Went to Pet ER 1 week ago for coughing and retching. X-rays showed bronchial pattern and gas dilation of the SI. She wasn't treated with anything except sq fluids. Coughing resolved on its own, but she continued to make retching noises and would vomit intermittently. X-ray on Friday showed too much food for add-on u/s and she also had a lot of gas dilation. Quick u/s drive-by showed no obvious obstruction so started on Cerenia, Simethicone and Gabapentin. She has improved.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/15/15

WEIGHT

7 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAMECat Sense Feline
Hospital**REFERRING VET**

Dr. Sinclair

INVOICE

35346

Current Medications: Gabapentin 50mg Tiny Tabs- Give 1/2 tablet twice daily if needed to decrease abdominal discomfort, Cerenia Tablet 16mg- Give 1/4 tablet orally once daily, Simethicone- 0.3ml orally three times daily.

Lab Results: Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 (3.24 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 (3.33 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 (0.48 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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 moderately distended with anechoic bile and gravity dependent, echogenic sediment. The wall is smooth without visible thickening. The cystic duct is prominent and mildly tortuous. However, it is

within normal limits for a cat in terms of dilation, and it tapers normally. There is no evidence of effusion inflammation.

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. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. 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 visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas is prominent in size with a smooth normal contour. Parenchyma is diffusely mildly coarse in echotexture and mildly hypoechoic to surrounding tissue. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

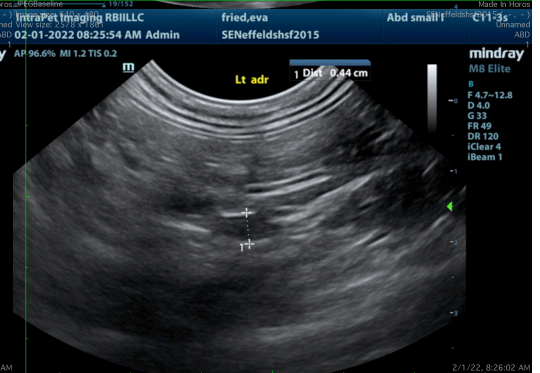
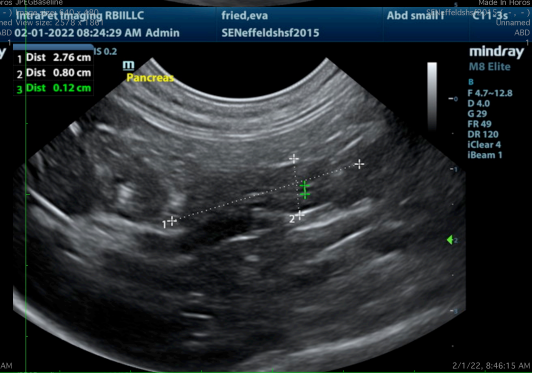
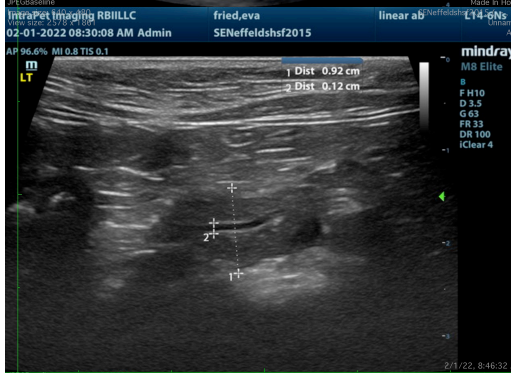
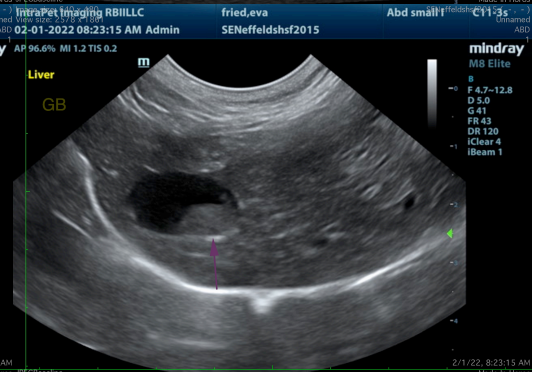
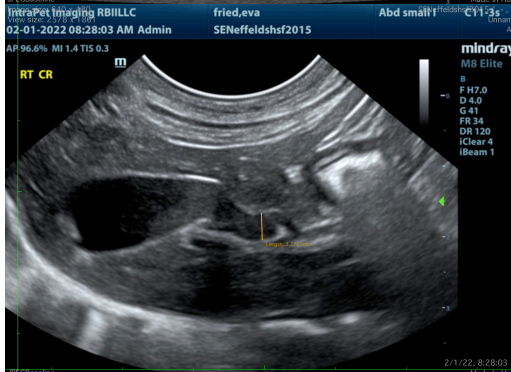
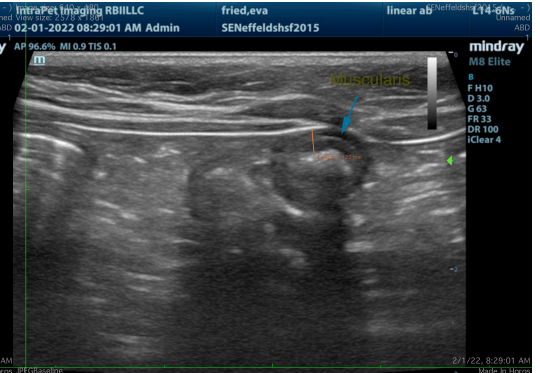
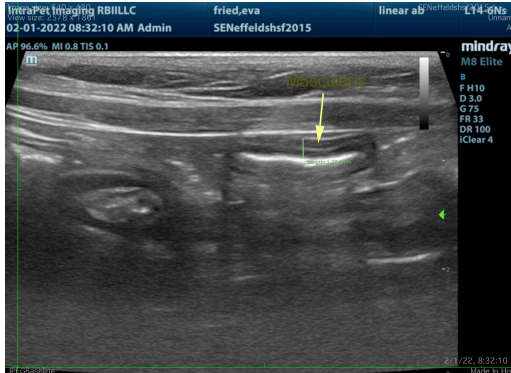
ULTRASONOGRAPHIC FINDINGS

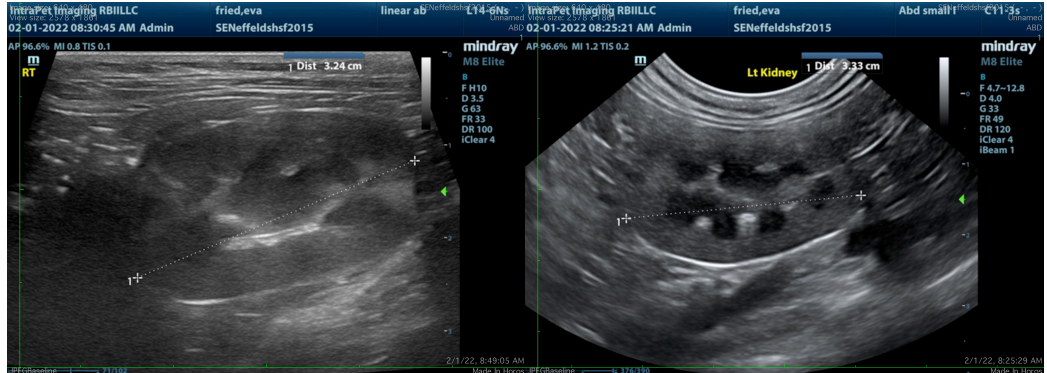
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Prominent, heterogeneous pancreas –consistent with normal variant and mild age related remodeling versus chronic pancreatitis.
- Cholecystic debris of unknown clinical significance – This can be seen with biliary stasis from fasting or illness. However, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort, and/or laboratory changes such as increased Alk Phos and/or increased total bilirubin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the clinical gastrointestinal signs and ultrasound findings, recommendations include gastrointestinal malabsorption panel to include PLI, TLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the gastrointestinal tract and pancreas. Empirically therapies in the meantime could include a transition to a different diet with decision based on clinical response in a trial and error fashion, beginning with a low-fat diet, and if not successful, transitioning to a novel or hydrolyzed protein diet, etc.

Other empirical therapies that may be beneficial include a probiotic, empirical deworming with a 5-day course of Panacur +/- Ursodiol. Ursodiol is likely unnecessary given the mild changes and the normal liver enzymes and total bilirubin. However, if diet isn't successful, it can be tried empirically. Ultimately, if clinical signs persist, biopsies of the gastrointestinal tract (being sure to include ileum if possible) may be warranted.





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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