



<b>DATE</b>	<b>PRESENTING CLINICAL SIGNS</b>
2/14/22	History: Chronic diarrhea and previously chronic vomiting, weight loss. Patient has had chronic diarrhea since December 2021, previously vomiting as well but has since resolved. Minimally responsive to medical management. Mild dental disease, gassy on abdominal palpation but non painful and no palpable masses, sarcopenia
<b>PATIENT</b>	Current Medications: Diigel twice, Panacur started on 2/7, Prednisolone 1.35 mg q12 hrs started on 2/8, Metronidazole 50mg q12 hrs started on 2/10, Proviabale started on 2/10, Elura started on 2/12.
Teagan Karczmar	Lab Results: ALT 204, Cl 111, Platelets 826000, Neutrophilia 17474, Lymphocytosis 5944, monocytosis 1092. UA - SG 1.057, ph 6, protein 2+, inactive sediment. FeLV/FIV negative.
<b>SPECIES</b>	Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Feline	Sedation: Not required to complete full diagnostic ultrasound.
<b>BREED</b>	Stat Report: Not requested.
Domestic Shorthair	Imaging Performed By: Andi Parkinson, RDMS.
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Spayed Female	<b>Urinary System</b>
<b>AGE</b>	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
2/7/06	Left kidney is normal in size (3.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. A cortical indentation associated with a hyperechoic wedge shaped foci is noted. This is consistent with a chronic infarct. There is no pyelectasia noted. No mineral is observed.
<b>WEIGHT</b>	Right kidney is normal in size (3.53 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
4.88 lbs	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	Left adrenal gland is normal in size (0.39 cm thick), shape and contour. Corticomedullary structure is unremarkable.
Beth Johnson, DVM DACVIM	Right adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Eastern AH	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Cusack	Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
<b>INVOICE</b>	<b>Gastrointestinal</b>
96039	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines have normal layering maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. This is primarily noted in the ileum. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

The colon is moderately distended with sonolucent fluid. This is consistent with the reported diarrhea.

### **Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

### **Free Abdomen**

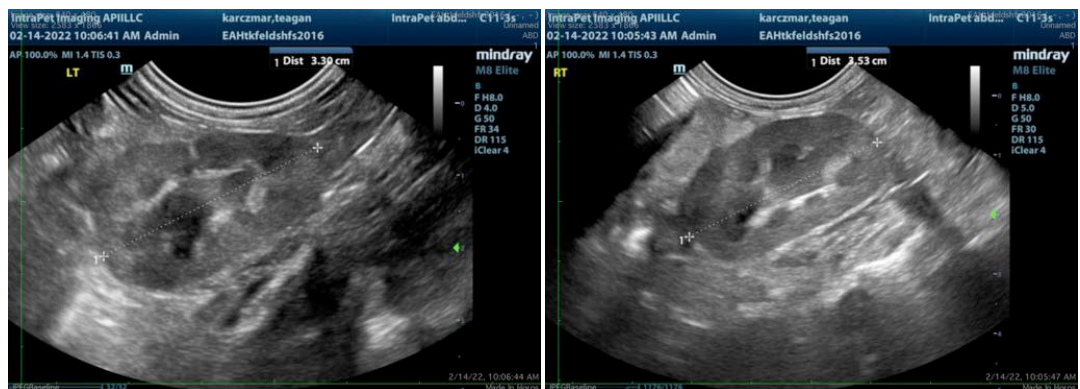
Mesenteric lymphadenopathy is noted with round and oblong hypoechoic homogenous lymph nodes appreciated.

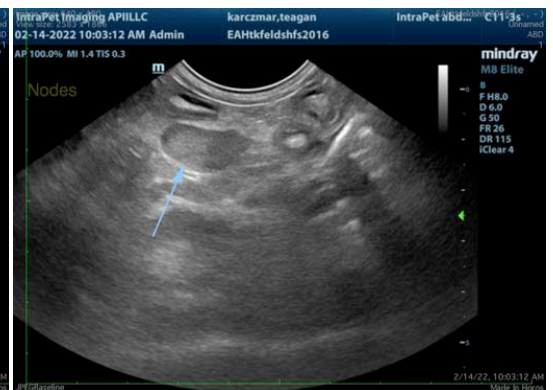
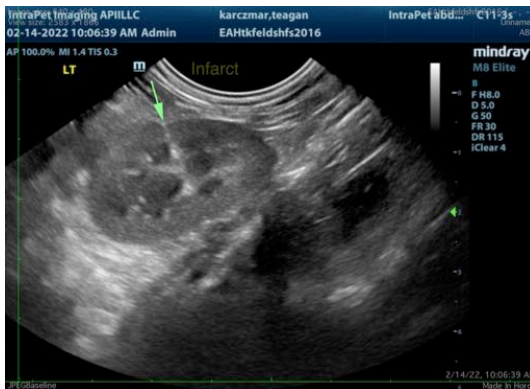
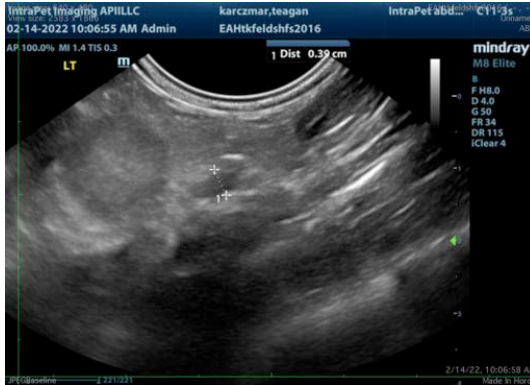
## **ULTRASONOGRAPHIC FINDINGS**

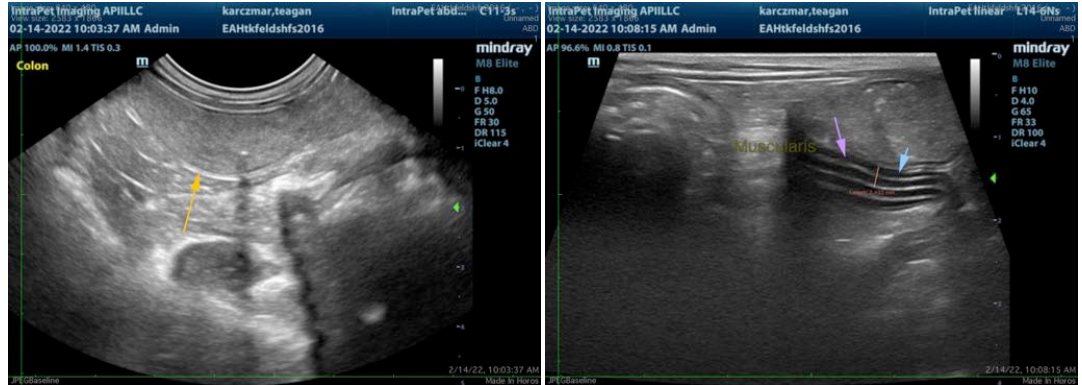
- Hyperechoic hepatomegaly feline – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- An incidental chronic infarct in the left kidney.
- Feline thick muscularis primarily the ileum– This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

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

Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory if not already evaluated as well as a FNA of the enlarged lymph nodes +/- the liver if the patient's coagulation status is appropriate. If round cell neoplasia is not diagnosed via aspirates biopsies of the bowel being sure to include the ileum if possible may be necessary to definitively diagnose and therefore, manage this patient's underlying infiltrative bowel disease. In addition to the current empirical therapy reported transition to a novel or hydrolyzed protein diet may be helpful.







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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