

IMAGING PERFORMED BYSVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.comEDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com**PATIENT**

Prince Phillip Doty

PRESENTING CLINICAL SIGNSVomiting - not eating well
Abnormal PE/Chem/CBC/UA Results: x-rays - colon has gas - not painful - sdma is normal**SPECIES**

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

BREED

DLH

SEX

Neutered Male

Kidneys are bilaterally small, mildly irregular and diffusely echogenic with mildly decreased corticomedullary distinction and decreased visualization of normal internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 3.35 cm. The right kidney measures 2.95 cm.

AGE

5 Years

Adrenal Glands

The right adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

8.7 Pounds

The left adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM**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.

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Amy Mayhew, LVT

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.

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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.

REFERRING VET

Dr. Amy Kallin

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.

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The visible small intestine demonstrates areas of 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. In the left mid abdomen, there is a loop of small bowel that appears mildly corrugated, more consistent with hyperperistalsis or potentially some irritation/gastroenteritis than plication associated with a foreign body.

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

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Pancreas

Feline

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Neutered Male

The mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

AGE

5 Years

- **Mild Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

WEIGHT

8.7 Pounds

- **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.

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- Acute pancreatitis
- **Reactive mesenteric and medial iliac lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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SECONDARY FINDINGS

- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, chemistry panel with electrolytes and urinalysis are recommended for further evaluation of the kidneys.

Additionally, 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.

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In the meantime, supportive/symptomatic medical management of mild acute pancreatitis/gastroenteritis is recommended with antiemetics, gastroprotectants, an appetite stimulant if necessary, etc.

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Given the appearance of the small bowel, however, clinical signs are predicted to persist even beyond management of pancreatitis due to suspected infiltrative or inflammatory bowel disease. If that is the case, ultimately biopsies of the GI tract, being sure to include ileum, if possible, will be necessary to definitively diagnose and therefore manage the bowel disease.

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If and when the patient is eating well, a transition to a hydrolyzed protein diet could be considered, knowing that some patients respond better to one brand versus the other, so sometimes several trials are necessary.

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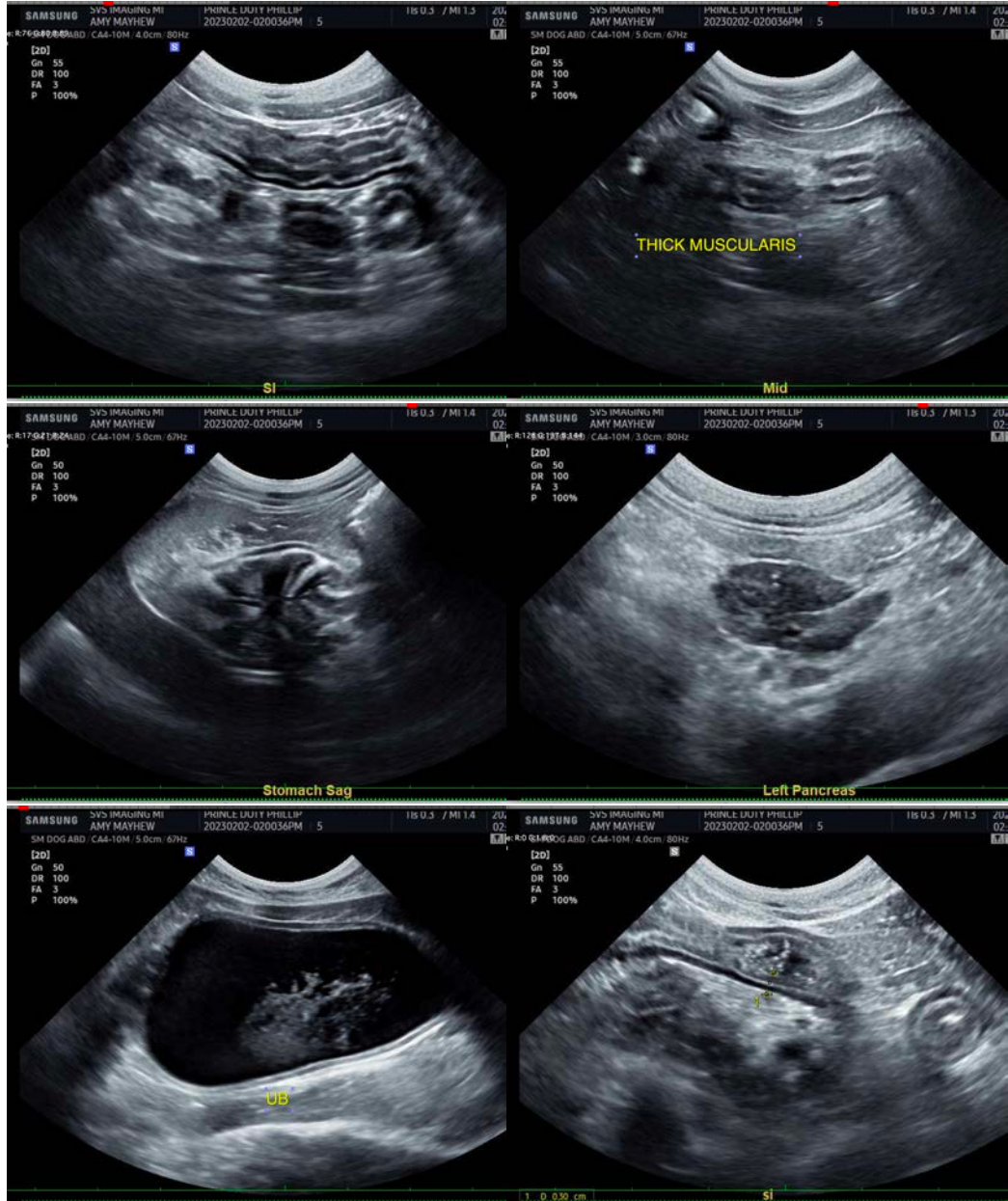
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Additionally, empirical deworming with a 5-day course of Panacur is recommended.



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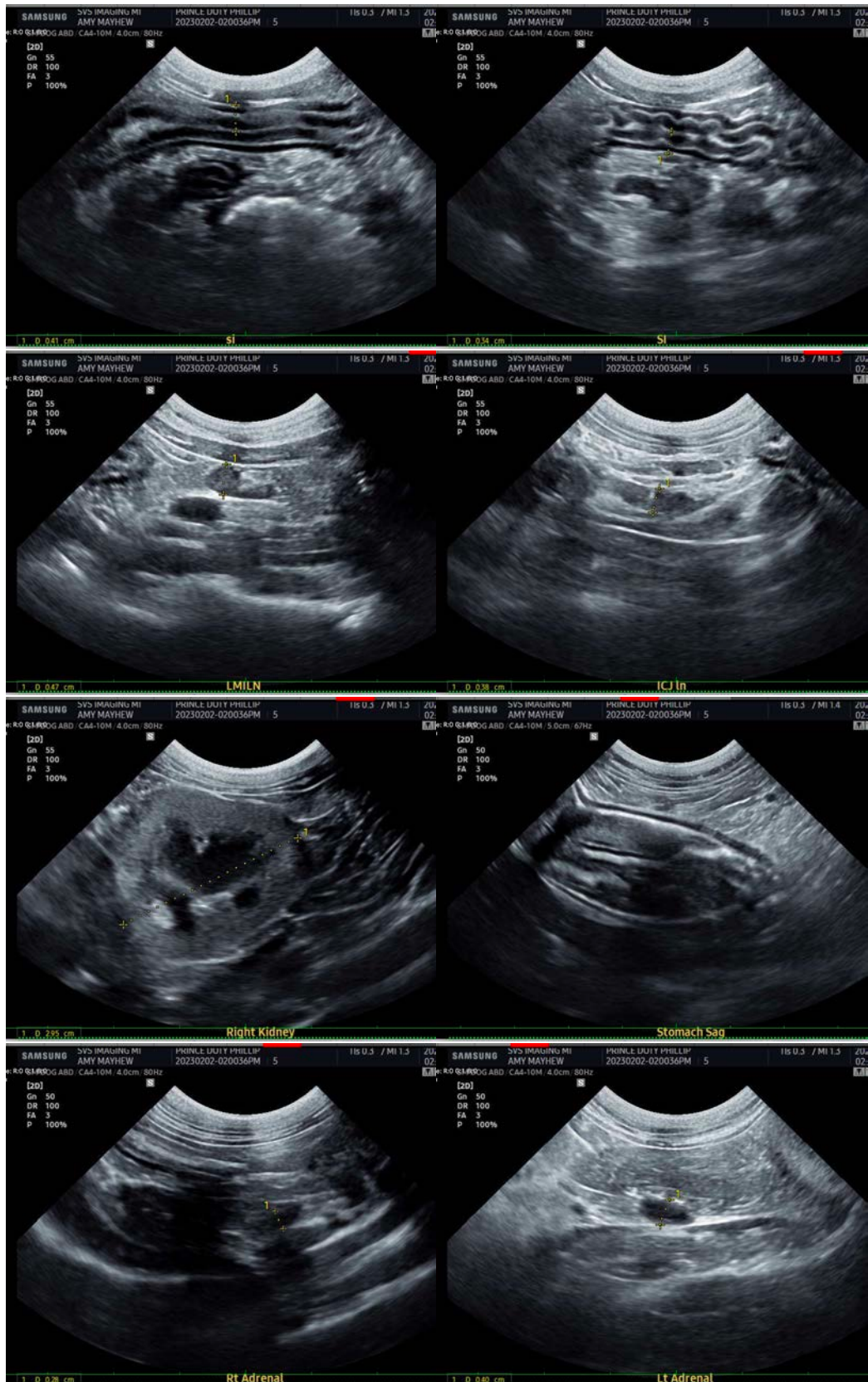
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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