

**DATE PRESENTING CLINICAL SIGNS**

2/24/22 Pet is ravenous, excessive eating. Not gaining weight.

**PATIENT**

Current Medications: None.  
Lab Results: See attached.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

Butterscotch Fallom

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**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.

**SEX**

Neutered Male

The right kidney is normal in size (3.69 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**

9/21/13

The left kidney is normal in size (3.93 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**

8.17 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (0.34 cm thick), 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 (0.41 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**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**

White Marsh AH

**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. Brennan

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**

35893

**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 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**

The pancreatic parenchyma is hypoechoic to surrounding tissue and mildly coarse. The 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. Mild hypoechoic lymphadenopathy is appreciated in the area of the ileocecolic junction.

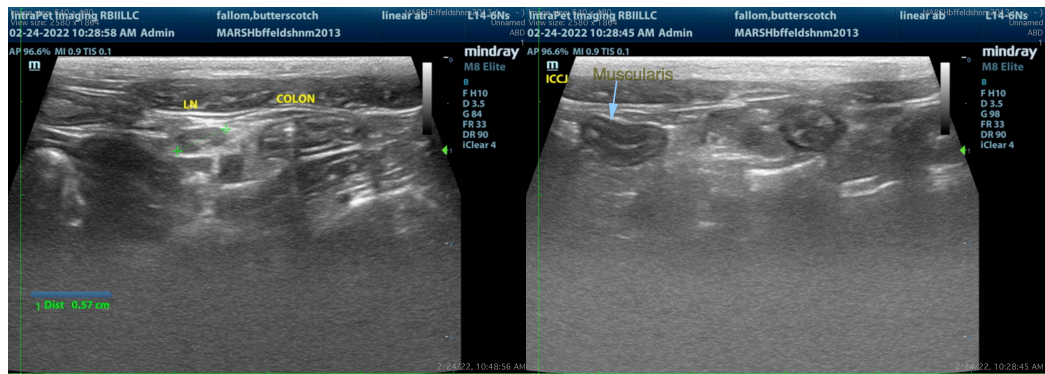
## **ULTRASONOGRAPHIC FINDINGS**

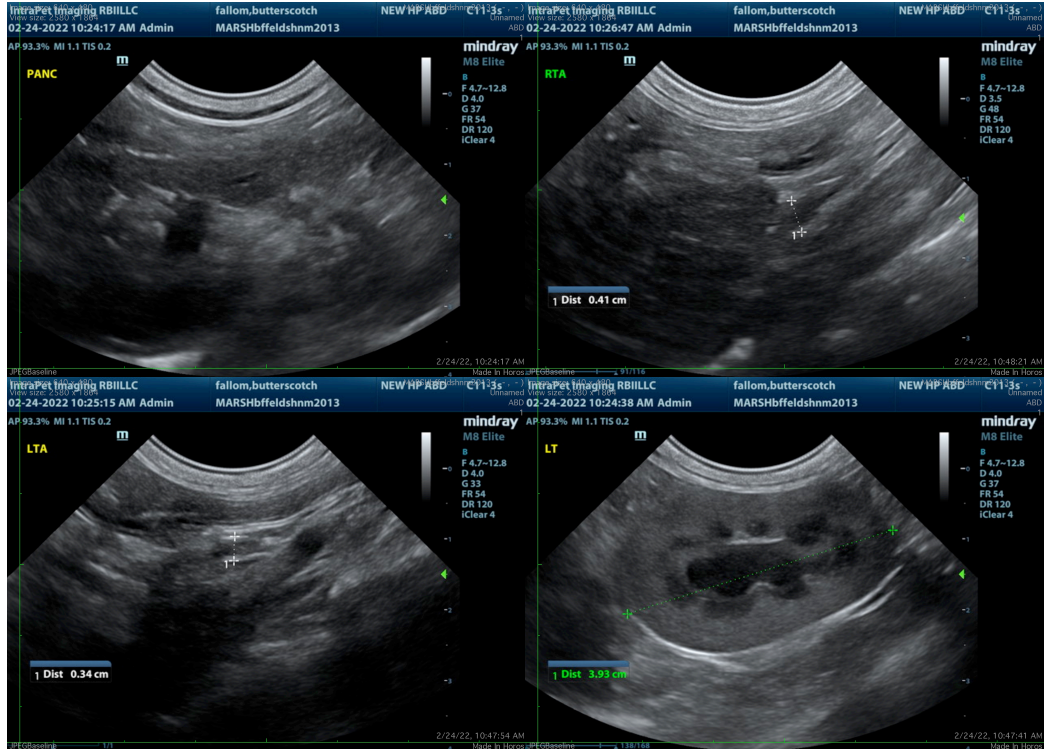
- Prominent, coarse pancreas – Rule out normal age remodeling versus chronic pancreatitis.
- Mildly thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Likely reactive mesenteric/colonic lymphadenopathy – Infiltrative neoplasia cannot be ruled out but is considered less likely.

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

Given the ravenous appetite with progressive weight loss, and given that the top differential is infiltrative gastrointestinal disease, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the gastrointestinal tract and pancreas is recommended.

Ultimately, biopsies of the bowel (being sure to include ileum if possible) may be necessary to definitively diagnose and therefore medically manage the infiltrative bowel disease. However, if biopsies are not an option, empirical therapies could include a diet change to a novel and/or hydrolyzed protein diet, cobalamin supplementation, and steroids. If a less aggressive therapy is elected as a trial prior to biopsies, the diet change, +/- empirical deworming with a 5-day course of Panacur is recommended followed by biopsies if clinical signs don't resolve.





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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com