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Clinical Sonography & Telecytology
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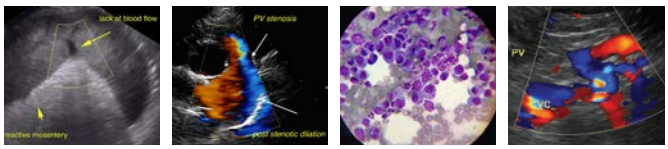

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1-800-838-4268 info@sonopath.com

PATIENT
Isabella Segretto

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
14 Years

WEIGHT
7.28

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Miranda Fritz

HOSPITAL NAME
Waterbury Vet Hospital

REFERRING VET
Dr. Miranda Fritz

INVOICE
45577

DATE
2/28/23

PRESENTING CLINICAL SIGNS

P was diagnosed with IBD and hyperthyroidism with a previous veterinarian many years ago. IBD diagnosed based on abdominal ultrasound and endoscopic biopsies. P's thyroid disease was not well controlled with oral or transdermal medication, so p had I-131 treatment done April 2022. In Nov 2022 p diagnosed with hypothyroidism (consistently low T4, low thyroid panel, and clinical for hypothyroidism - lethargy, decreased app, weight gain, poor hair coat). P placed on levothyroxine 0.1mg - 1/2 tab PO SID. P's thyroid has been better controlled since that time. However, p still lethargic, waxing and waning GI signs (decreased app, vomiting, constipation), very needy according to o and losing weight. On cerenia 8mg every 3rd day, B12 injection once a month, fortiflora SID, occasional Miralax, and occasional mirtazapine transdermal. Recheck ultrasound to re-evaluate GI tract. P has never been on hydrolyzed protein food and has not been on steroids in many years.
Abnormal PE/Chem/CBC/UA Results: PE – weight loss, improving haircoat/dandruff CBC – HCT 36%, mild neutropenia Chem – wnl T4 – 2.6 ug/dL Xrays – microcardia due to hypovolemia, mild constipation, turgid appearance of SI tract UA – USG 1.044, protein 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is only mildly distended (empty). However, a large amount of echogenic suspended debris is visible within the lumen. No visible masses or cystoliths are observed. The walls of the bladder, trigone, and visible pelvic urethra appear to be within normal thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 3.43 cm. The left kidney measures 2.99 cm.

Adrenal Glands

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

The left adrenal gland is normal in size (0.37 cm), 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 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.

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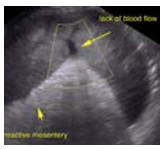
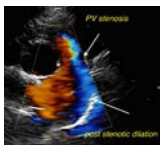
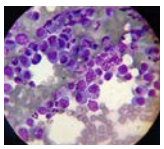
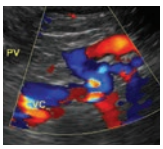

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Gastrointestinal

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 intestine demonstrates areas of mildly 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.

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 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Mild 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.

SECONDARY FINDINGS

- Age related kidney changes
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious ultrasonographic evidence for this patient's recurrence of clinical signs. Given the reported constipation versus the more classically associated weight loss, diarrhea, etc. expected with inflammatory bowel disease, therapeutic recommendations could include the addition of a stool softener to this patient's therapeutic plan and/or a fiber supplement, or transition to a colitis diet, etc.

Alternatively, if that does help, and clinical signs are believed to be secondary to the previously diagnosed inflammatory bowel disease, transition to a hydrolyzed protein diet could be considered. Some patients respond better to one brand of hydrolyzed protein diet versus another, so several trials are sometimes warranted.

Additionally, if not very recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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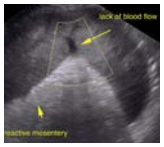
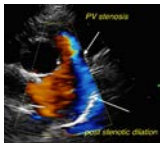
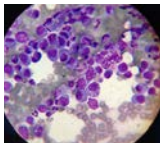
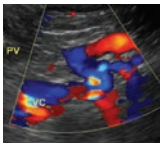

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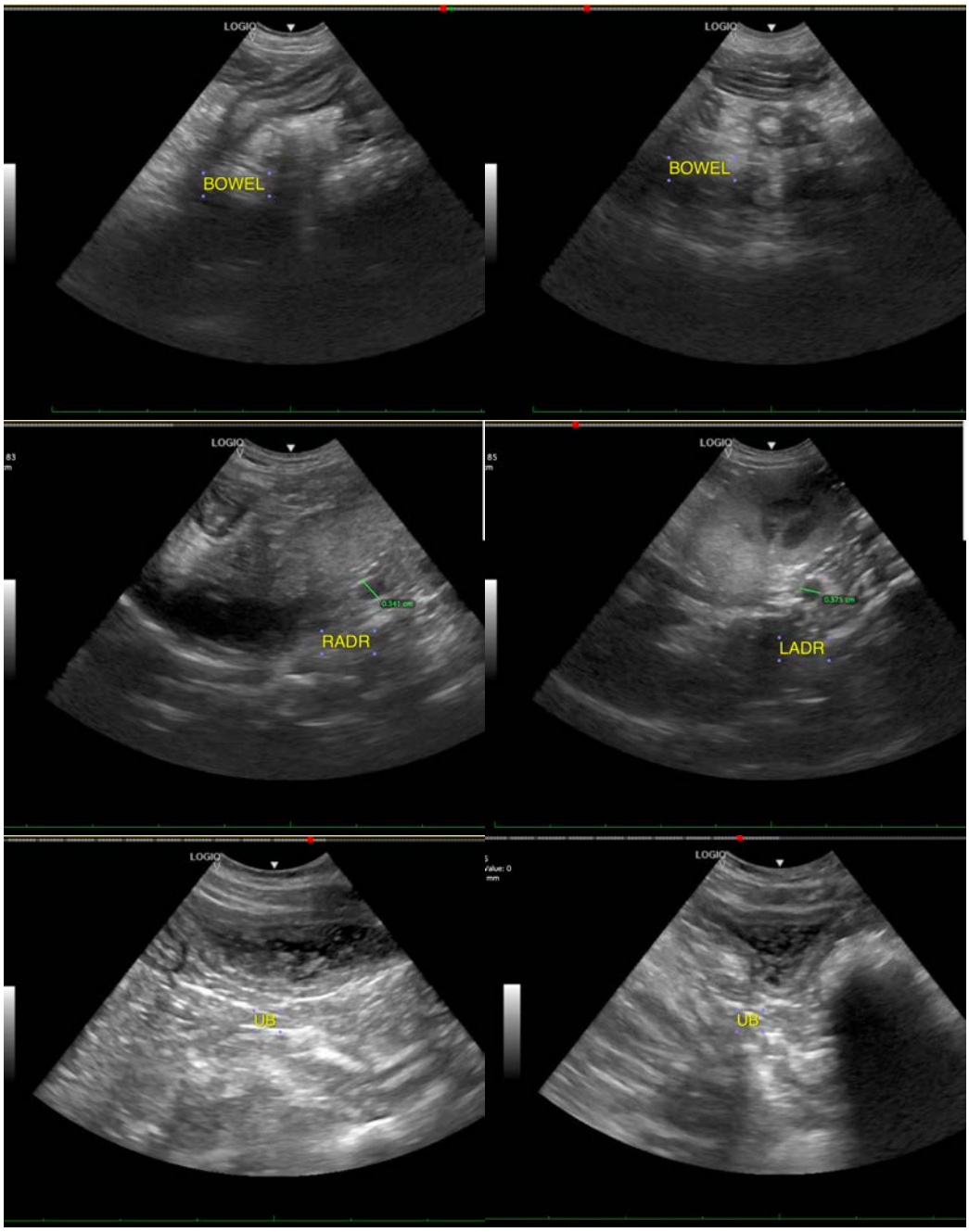

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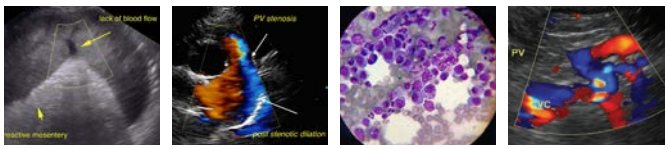

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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