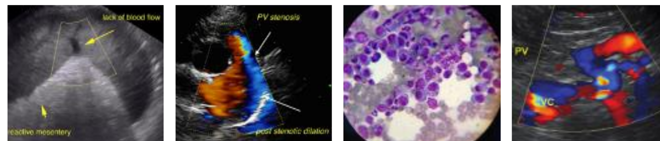
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Bandit Drennan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 5 Months

WEIGHT

7.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

21054

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: Friday (3 days prior) he stopped eating and an eye discharge that was treated with tobramycin at Christmas returned. He vomits on and off, but multiple times this afternoon on the way here- not usually carsick. Unknow urination and defecation history.

Abnormal PE/Chem/CBC/UA Results: PE: 10% dehydration, (sunken eyes, increased skin turgor, mildly pale gums), thick green discharge from dry looking eyes, lethargic. 1 # weight loss since mid-November. CBC: Normal Chem: Sodium 166mmol/L, Globulin 6 g/dL UA: Cysto at scan, after 50ml fluid bolus. SG >1.050, pH 7.0, quiet sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Kidneys are normal in size (left kidney measures 3.34 cm, right kidney measures 4.08 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely.

Adrenal Glands

Left adrenal gland is normal in size (0.94 cm long x 0.39 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.13 cm long x 0.37 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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.

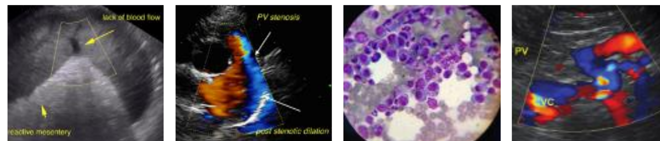
Liver

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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness 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 of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- 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.

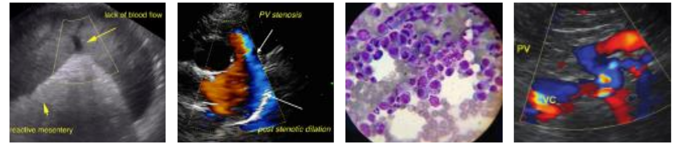
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Patient stabilization/rehydration is recommended, combined with empirical supportive/symptomatic medical management of gastrointestinal signs, including antiemetics, possibly gastroprotectants, a probiotic such as Visbiome or Proviable (if diarrhea is present), and when patient is more stable and eating, etc., potentially empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless not warranted based on gastrointestinal malabsorption panel results), and a diet transition to a hydrolyzed protein diet could be considered.

Ultimately, however, biopsies of the GI tract, being sure to include ileum, if possible, are recommended to definitively diagnose and therefore manage the suspected infiltrative bowel disease as the likely cause of this patients gastrointestinal signs and weight loss, etc.

Additionally, management of the reported ocular disease is recommended.



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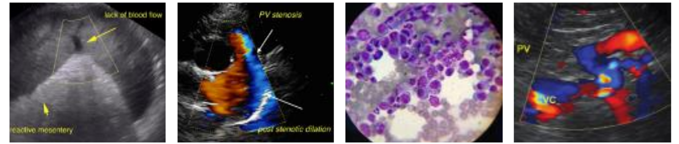
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM



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