

**DATE PRESENTING CLINICAL SIGNS**

2/6/23

History: Chronic murmur - 3/6 systolic loudest at left mitral valve; Gr 2 PD chronic on/off diarrhea, per o since they got him in 2019 stools were always a little soft but has been diarrhea on / off the past 6 m; diarrhea somewhat responsive to probiotic

PATIENT

Johnny Cash Cruit

Current Medications: Probiotics.

Lab Results: cbc/chem on 2/2//23 - nsf

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

Norwegian Forest

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Neutered Male

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.

AGE

7/8/15

WEIGHT

13.45 Pounds

Left kidney is normal is size (3.73 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Right kidney is normal is size (4.04 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.

HOSPITAL NAME

Banfield Towson

Adrenal Glands

Left adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Mike

Right adrenal gland is normal in size (0.35 cm), 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.

INVOICE

21040

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.

The visible small intestines are normal in wall thickness and layering. 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 diffusely at the upper end of normal thickness, measuring 0.2 cm thick with a subjectively prominent/thick submucosal layer.

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

Primary Findings

- A diffusely, mildly thick colon with prominent submucosal layer is suggestive of an infiltrative colonic disease. Parasitic and/or other infectious diseases often result in this appearance. Other infiltrative inflammatory or even neoplastic conditions can but are considered less likely.

Secondary Findings

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

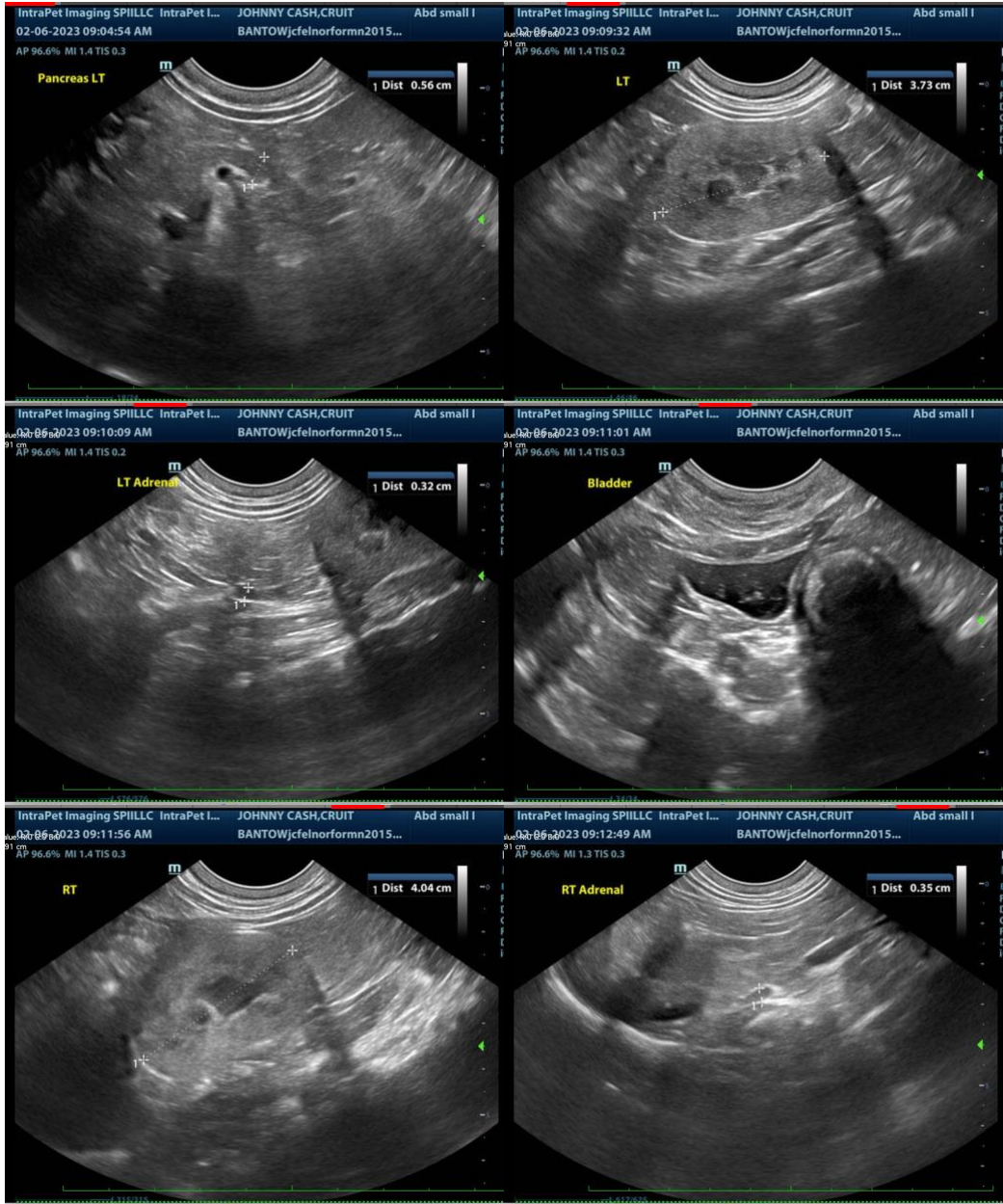
A fecal exam is recommended if not recently evaluated.

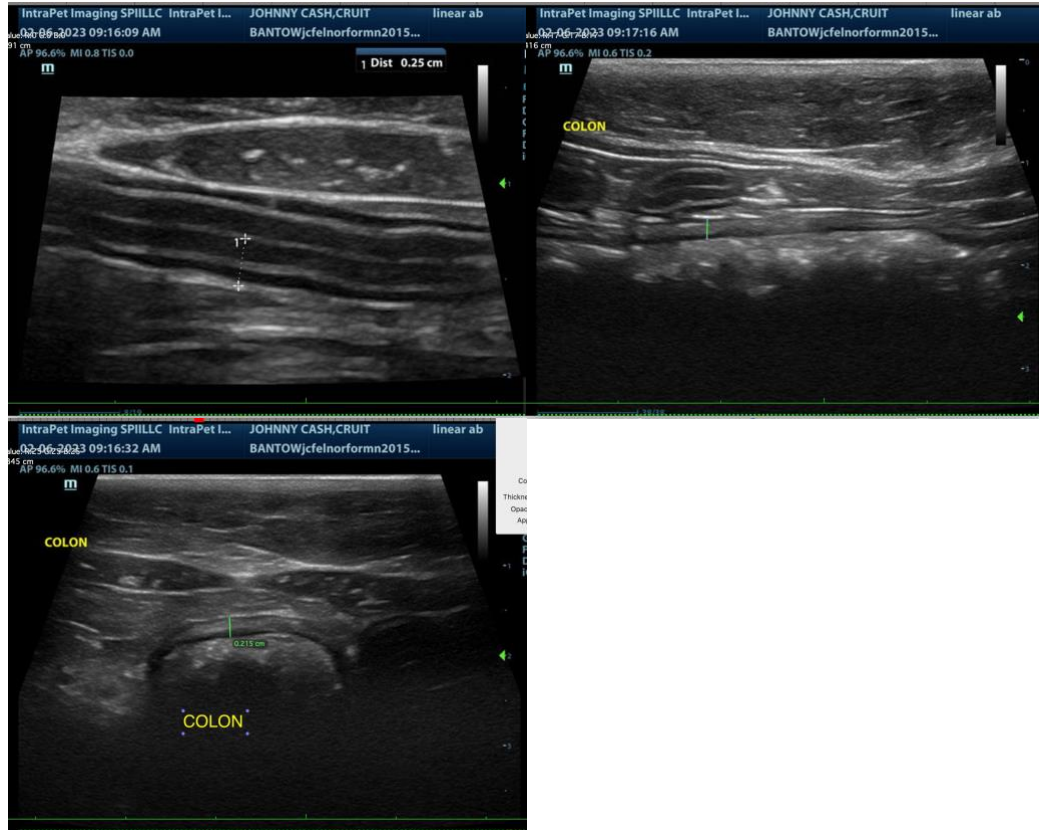
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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.

If geographically appropriate, additionally, histoplasmosis could be considered and a histoplasma antigen (to Mira Vista) could be submitted.

Ultimately, a colonoscopy for further evaluation and biopsies may be warranted. In the meantime, however, empirical deworming with a 5-day course of Panacur is recommended, as is continued probiotic therapy, such as Visbiome or Provable, and potentially, transition in diet to a fiber response or colitis diet.





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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