

**DATE PRESENTING CLINICAL SIGNS**

3/24/22 Crouching esp after eating for several months. Seems to be increasing in freq. Vomiting almost daily. BW 9/21 WNL.

PATIENT

Black Jack Glasso

Current Medications: Cerenia 3/18, Bup for pain.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

SEX

Neutered Male

AGE

10/13/10

WEIGHT

13 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Whitley

INVOICE

36454

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. There is some echogenic debris that appears to be adhered to the non-dependent wall. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.38 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.

The left kidney is normal in size (4.44 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.

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. 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 mildly distended with anechoic bile and both gravity dependent and suspended, echogenic sediment. The wall is smooth but mildly hyperechoic and mildly thick, measuring 0.17 cm thick. The cystic and common bile duct are visible and mildly tortuous, however not overdistended for a cat. There is no evidence of effusion or inflammation.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal

ingesta. There is 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 except at the ileocecolic junction, where the ileum is thick, measuring up to 0.70 cm with some early loss of layering noted. 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 pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogeneous, hyperechoic echogenicity.

Free Abdomen

There is no evidence of peritoneal effusion. Mesenteric lymphadenopathy is noted with mesenteric lymph nodes with examples measuring 1.5 cm x 0.8 cm and 1.5 cm x 0.5 cm.

PRIMARY FINDINGS

- Thick ileum with early loss of layering – concerning for emerging neoplasia with both infiltrative round cell neoplasia such as lymphoma as well as adenocarcinoma, other considered differentials. Benign inflammatory change is possible, but considered lower on the list of differentials.
- Lymphadenopathy is present – Differentials include both reactive as well as infiltrative neoplastic lymphadenopathy in the area of the thick ileum.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS

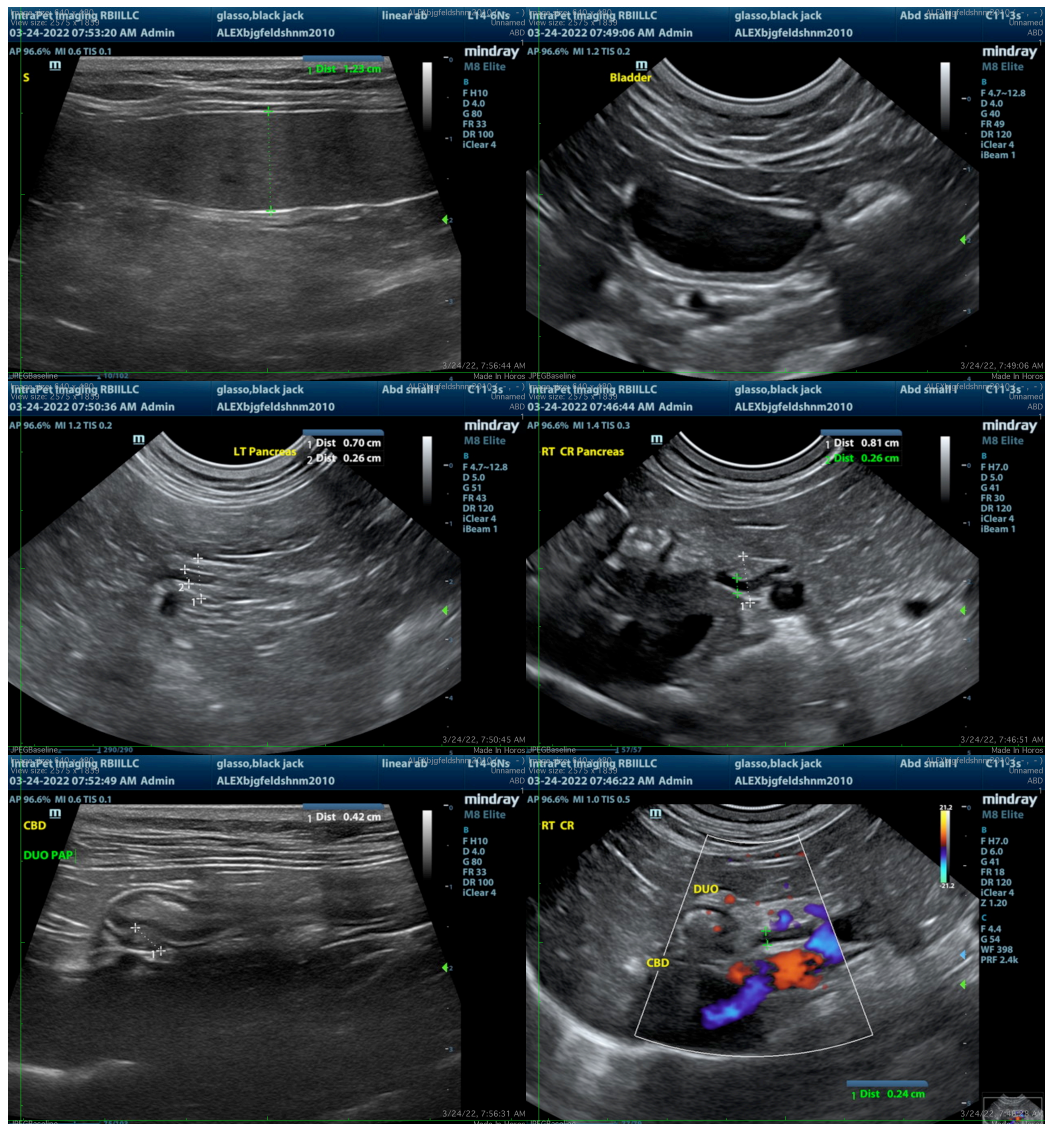
- Chronic pancreatitis and cholecystic debris of unknown clinical significance – Changes that when combined are suggestive of possible “Triaditis”.
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

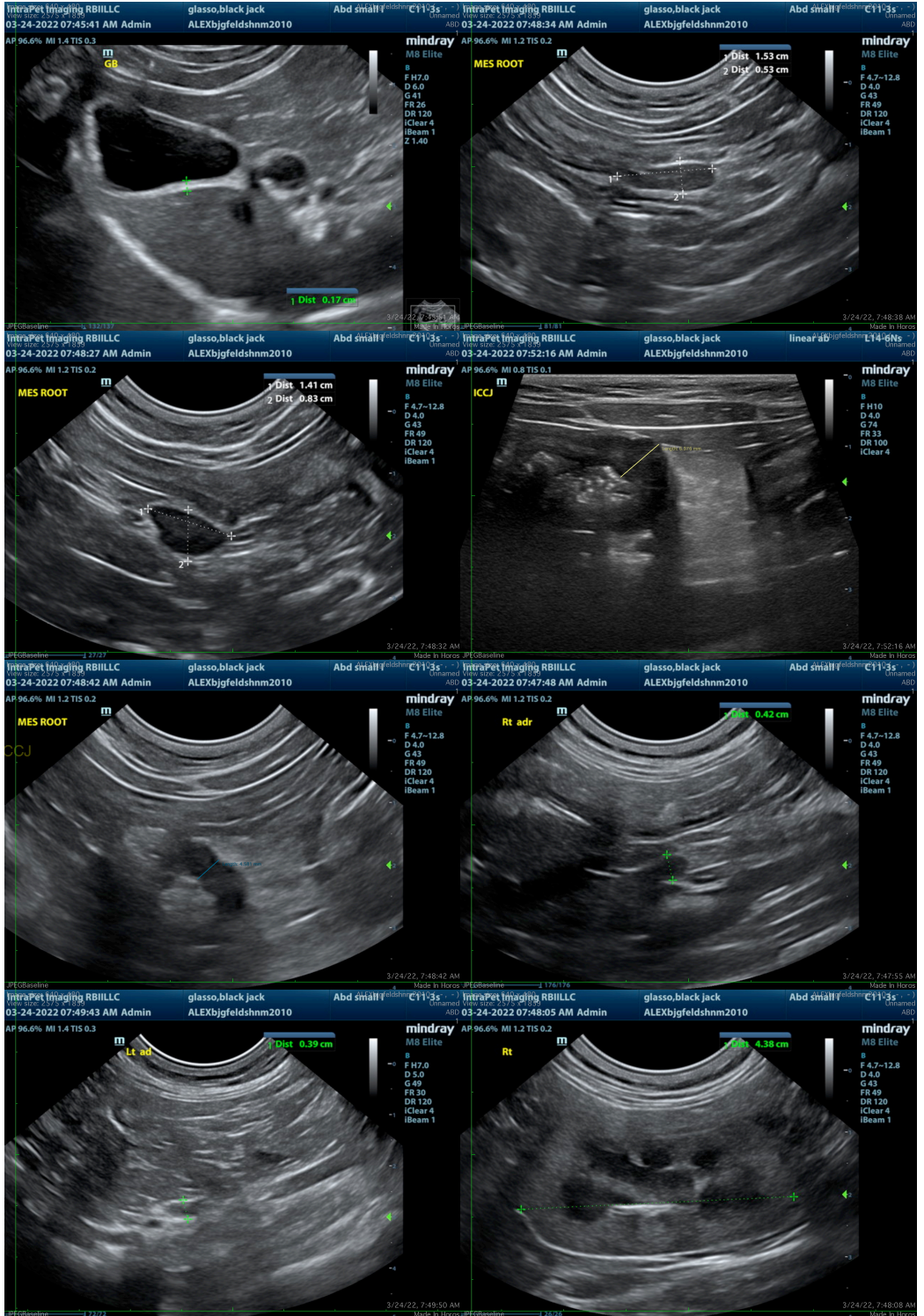
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

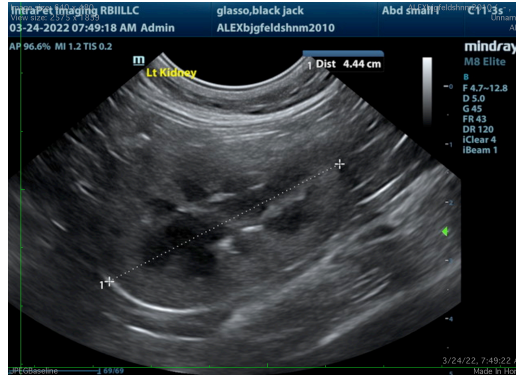
The most concerning change in this ultrasound and likely contributing to the chronic and progressive gastrointestinal signs are the thickened ileum with loss of layering and concurrent lymphadenopathy. Therefore, recommendations include fine needle aspirate of the lymph nodes as well as the ileum if possible and if patient’s coagulation status is appropriate. A fine needle aspirate of the spleen could be considered at the same time to look for evidence of infiltrative neoplasia.

In the meantime, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended for further assessment of gastrointestinal function, as well as further evaluation of the pancreas. Recheck serum chemistry panel is recommended to look for evidence of

increased liver enzymes and/or total bilirubin that may indicate an active concurrent cholangitis. If present, empirical antibiotics and liver protectants such as Denamarin, Ursodiol, etc. could be considered combined with supportive management of the gastrointestinal signs with antiemetics, pain management, appetite stimulants, etc. If not recently evaluated, a urinalysis is recommended, and urine culture if indicated based on urinalysis results. Ultimately, gastrointestinal biopsies being sure to include the ileum if possible and the enlarged lymph nodes may be necessary to diagnosis and therefore manage this patient's underlying disease.







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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