**DATE PRESENTING CLINICAL SIGNS**

4/14/23

PATIENT

Berrie Byrd

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4/21/2021

WEIGHT

2.8 kg

Diagnosed with IBD (mild-moderate lymphoplasmacytic) via endoscopy 12/2022. Had severely thickened colon prior to scope that perforated during colonoscopy. Emergency Surgery followed and required removal of entire colon and part of ileum due to severity of disease in colon. Biopsy of colon- severe ulcerative colitis. Suspected to be mechanical/traumatic over infectious though I suspect it may be atypical inflammatory disease. Initially did well with Prednisolone but now progressive weight loss, vomiting, some issues with appetite.

Current Medications: Fortiflora, Prednisolone 2.5mg/day, B12 0.25mL once monthly, just started Cyclosporine 10mg BID.

Lab Results: Updated labs pending, previously low normal albumin of 2.7.

Date of Previous IntraPet Ultrasound: 10/20/22. See attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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.

The right kidney is normal in size (3.23 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 (3.25 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 (0.22 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.33 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**Nexus Veterinary
Specialists**REFERRING VET**

Dr. Steele

INVOICE

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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.

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 or foreign material.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The colon is shorter than normal due to previous surgical removal. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent/enlarged in size, slightly hypoechoic to surrounding tissue, and mildly irregular in shape with a mildly underlying contour. The parenchyma is diffusely coarse and mildly heterogeneous in echo texture. Mildly enhanced hyperechoic ill-defined surrounding fat is noted. 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 free peritoneal effusion noted in these images.

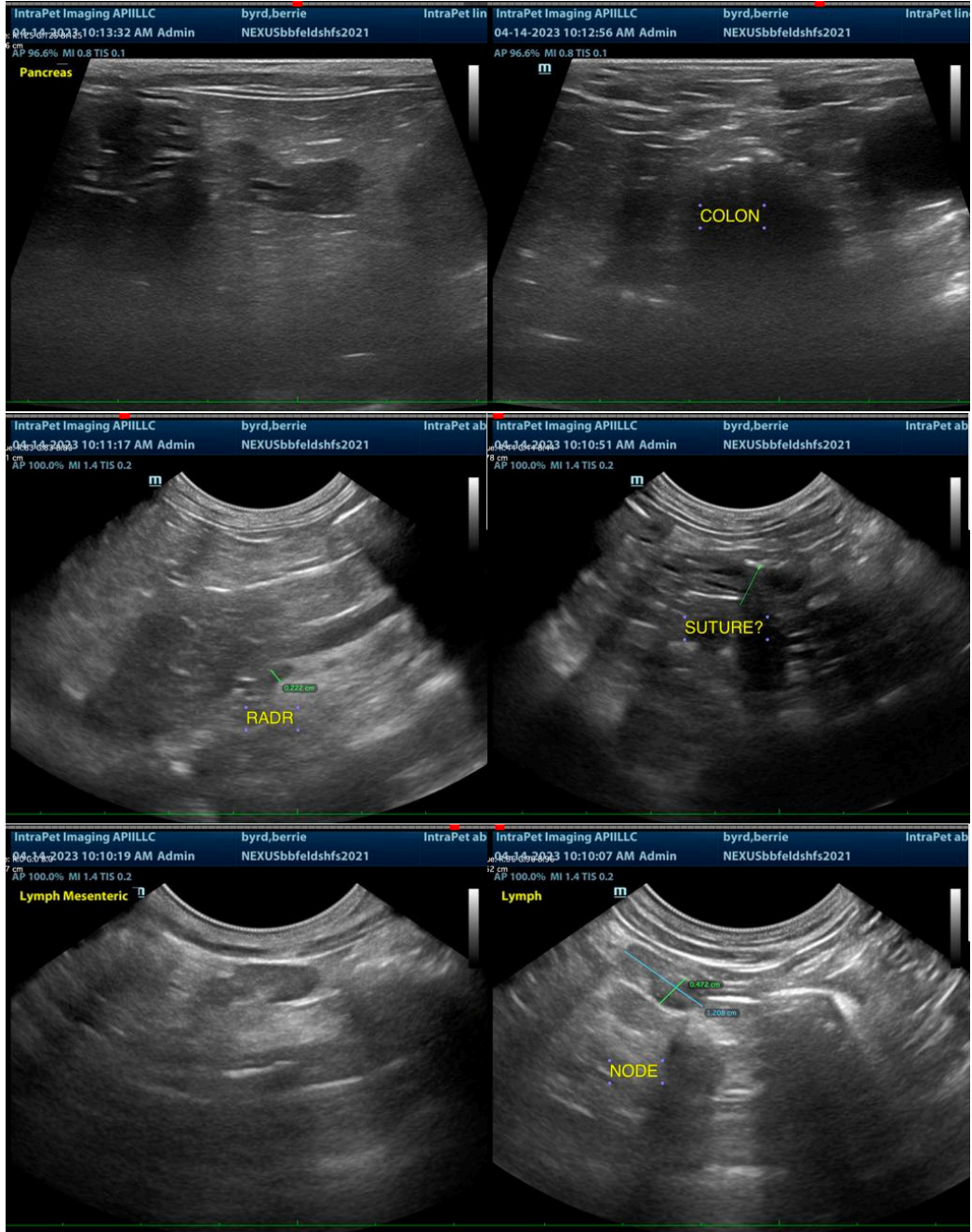
The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length-to-width ratio) is maintained. There is no loss of parenchymal detail.

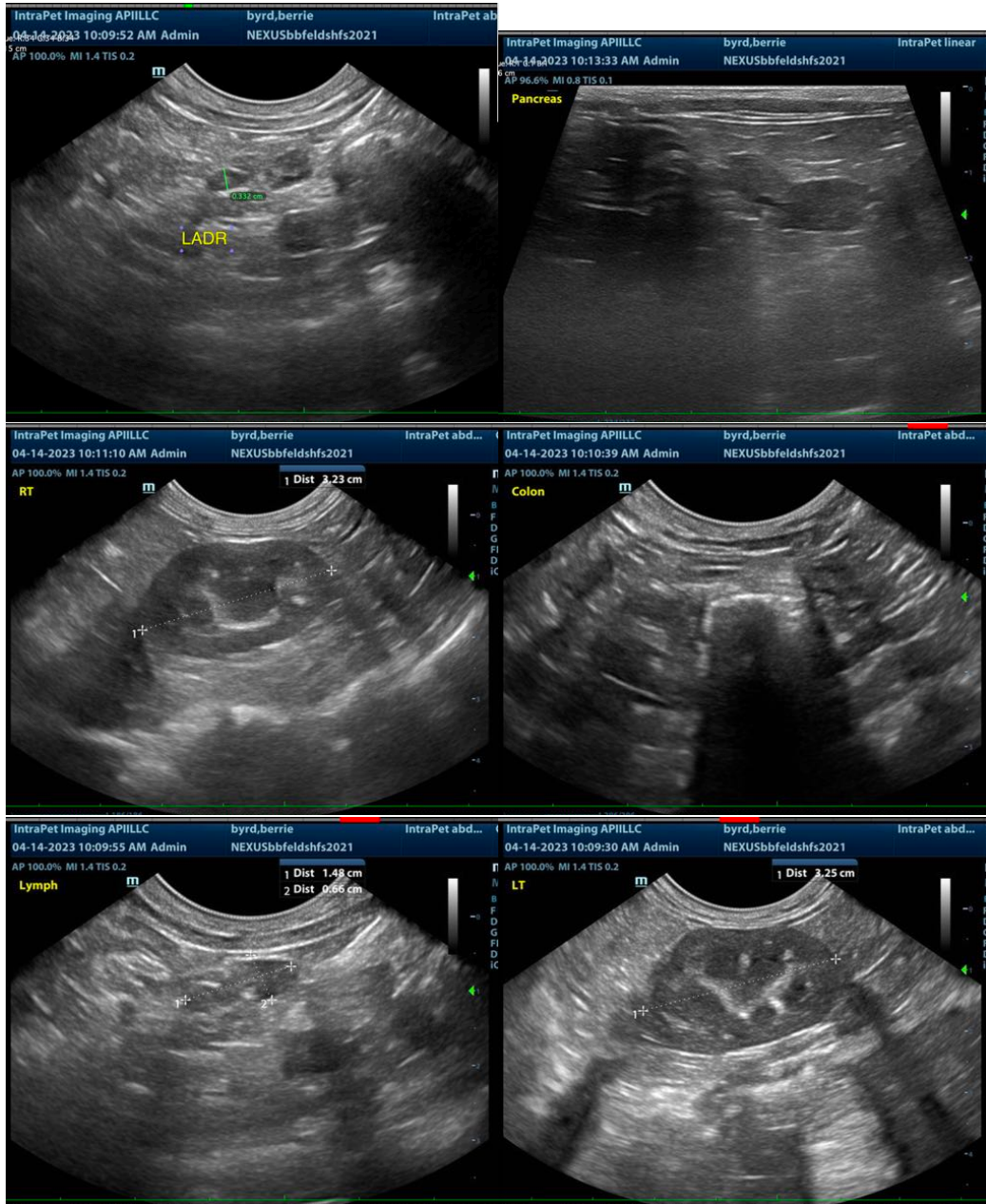
ULTRASONOGRAPHIC FINDINGS

- Pancreas is prominently visible with mildly enhanced surrounding fat, which is suggestive of potentially mild pancreatitis. However, resolving pancreatitis or chronic smoldering pancreatitis cannot be definitively ruled out.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely. The lymphadenopathy is markedly improved from the previous exam.
- Reduced colon length due to previous surgery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In summary, this exam is markedly improved from the previous exam. The cause for the progressive clinical signs is likely either the underlying bowel disease or possibility exacerbated by a mild acute pancreatitis flare-up. Recommendations regarding this patient's exam are to be made/implemented by Dr. Cara Steele the attending internist.





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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