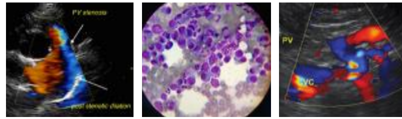

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DATE

4/3/23

PATIENT

Bing Clawsby Wildey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/17/13

WEIGHT

8.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Rubinstein

INVOICE

21858

PRESENTING CLINICAL SIGNS

History: Pt presents for intermittent diarrhea for years. Pt has lost 1 lb since last visit in October. Recent bloodwork in October showed mild neutrophila. Has tried prescription diet and probiotics. Metro works periodically. Intestines ropey.

Current Medications: Metronidazole liquid 100mg/mL PER 1oz 3/8/2023, PROVIABLE FORTE CAT/SM DOG 3/8/2023
Lab Results: mild neutrophilia 10/2022. Normal thyroid/glucose at that time
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IM sedation.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
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.

Kidneys are normal in size (Left 3.89 cm, Right 3.81 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 (0.46 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.53 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen
Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. 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, except two focal curvilinear foci with acoustic shadowing were noted, that may represent nonobstructive gastric foreign bodies.

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 normal. Diffusely liquid stool was noted, but focally, in the mid to caudal abdomen, there is an area of colon that is thick, measuring 0.4 cm thick with a bright hyperechoic irregular mucosa. This focal area is adjacent to a scant amount of anechoic free fluid.

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

A scant amount of free fluid was noted adjacent to the thick colon as described above. Colonic lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

- Focally thick colon wall with layering intact could represent a benign infiltrative process, secondary to parasitic or infectious disease vs benign inflammatory disease, or especially given the concurrent lymphadenopathy, infiltrative neoplasia cannot be ruled out without tissue sampling.

- Colonic lymphadenopathy- Both reactive lymphadenopathy, as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

- The possible/suspect nonobstructive gastric foreign bodies may be an incidental and nonclinical finding, potentially medications, pills, etc., and should be interpreted in combination with supporting clinical signs, etc.

Secondary Findings

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fecal exam is recommended, if not recently evaluated.

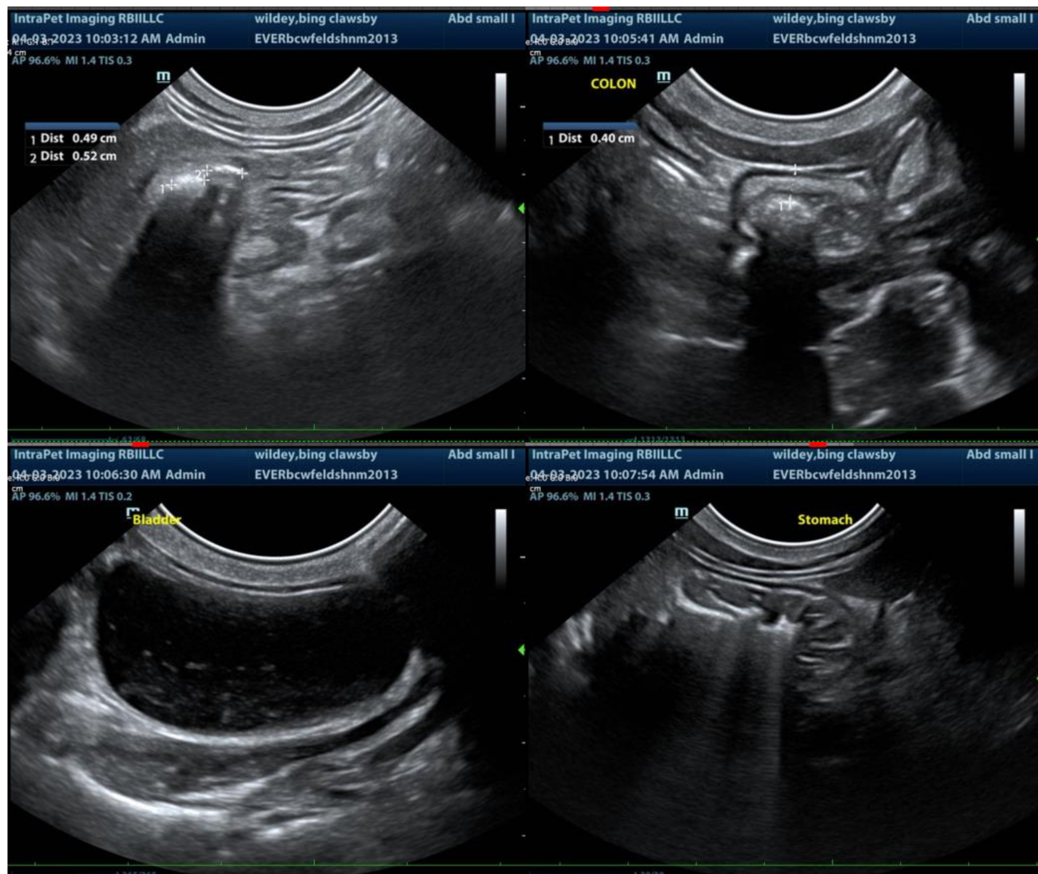
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation

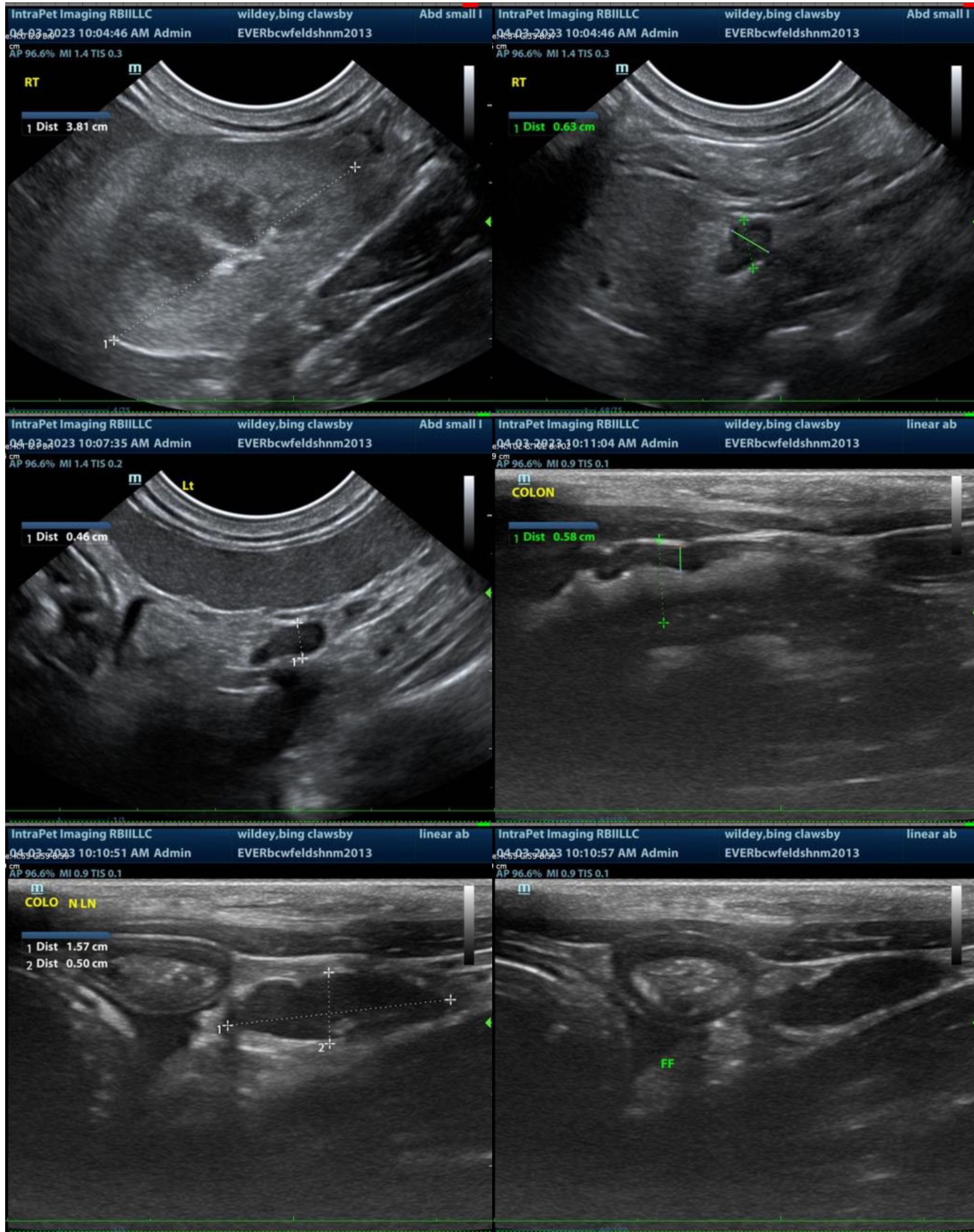
of possible infectious disease.

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.
Pending results up above, if a diagnosis is not obtained, tissue sampling is recommended, beginning potentially with a fine needle aspirates of the spleen +/- colonic lymph nodes, if they can safely be reached and if patient coagulation status is appropriate, as a less invasive tissue sampling option, or ultimately, proceeding to colonoscopy for further visualization, as well as biopsies of the colon may be necessary to definitively make a diagnosis.

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

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic, such as Visbiome or Proviable, and if tolerated, transition in diet to a colitis or fiber responsive diet may be considered.





IntraPet Imaging RBIILLC
wildey,bing clawsby
Abd small l
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1 Dist 3.81 cm
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wildey,bing clawsby
Abd small l
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Abd small l
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linear ab
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2 Dist 0.50 cm
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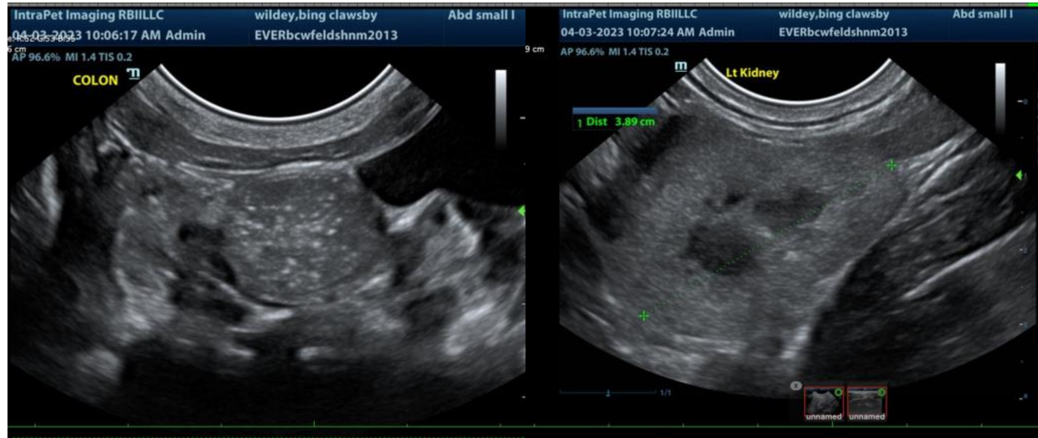
AP 96.6% MI 0.9 TIS 0.1
FF



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
Beth.Johnson@SonoPath.com