SonoPath
Clinical Sonography & Telecytology
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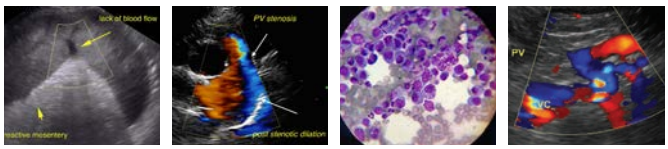

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1-800-838-4268 info@sonopath.com

PATIENT
Clyde Ream

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 Years

WEIGHT
12 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Jack Reese

HOSPITAL NAME
Willow Run VC

REFERRING VET
Dr. Jack Reese

INVOICE
46443

DATE
4/5/23

PRESENTING CLINICAL SIGNS

Chronic history of diarrhea unresponsive to treatment. P has been on prednisolone long-term, recent dose increase ~8mg BID due to worsening symptoms at home. Pendulous abdomen. Recently evaluated at rDVM, found to be sensitive to abdominal palpation. Radiographs (chest and abdomen) taken and sent for interpretation.

Abnormal PE/Chem/CBC/UA Results: Radiographs - hepatomegaly, scant abdominal effusion; moderate cardiomegaly, concern for cranial mediastinal mass vs. fat deposition No recent bloodwork available

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.

The right kidney is normal in size (4.4 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 (4.2 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 (0.62 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The area of the left adrenal gland is examined without evident adrenal gland pathology. Complete visualization was limited by patient discomfort.

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.

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.

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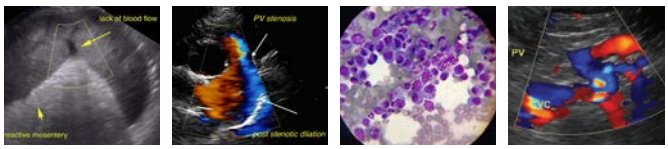

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Gastrointestinal

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, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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, with subtle emerging hazy appearance to the mural detail/loss of layering suspected. The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is a very scant amount of anechoic free fluid.

There is no apparent lymphadenopathy noted in these images.

The mesentery is diffusely enhanced/hyperechoic, primarily in the cranial abdomen.

PRIMARY 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.

- Concurrent mild acute pancreatitis suspected, given the appearance of the pancreas combined with the free fluid and the enhanced hyperechoic mesentery.

SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's radiograph report, further evaluation of the heart +/- the cranial mediastinal mass is recommended, beginning with an echocardiogram, potentially followed by a thoracic CT with tissue sampling if there is a mass present.

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.

Ultimately, sampling of this patient's gastrointestinal tract via biopsies may be necessary to definitively diagnosis and therefore manage the chronic diarrhea. If biopsies are not possible and progressively increasing doses of Prednisone are no longer effective, an additional medication to allow lowering of the Prednisone does (i.e., chlorambucil versus other) may be considered empirically if there are no contraindications, given patient's clinical status.

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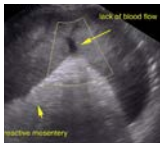
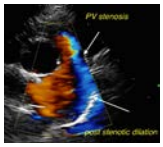
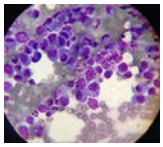
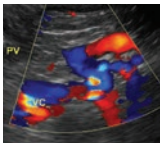

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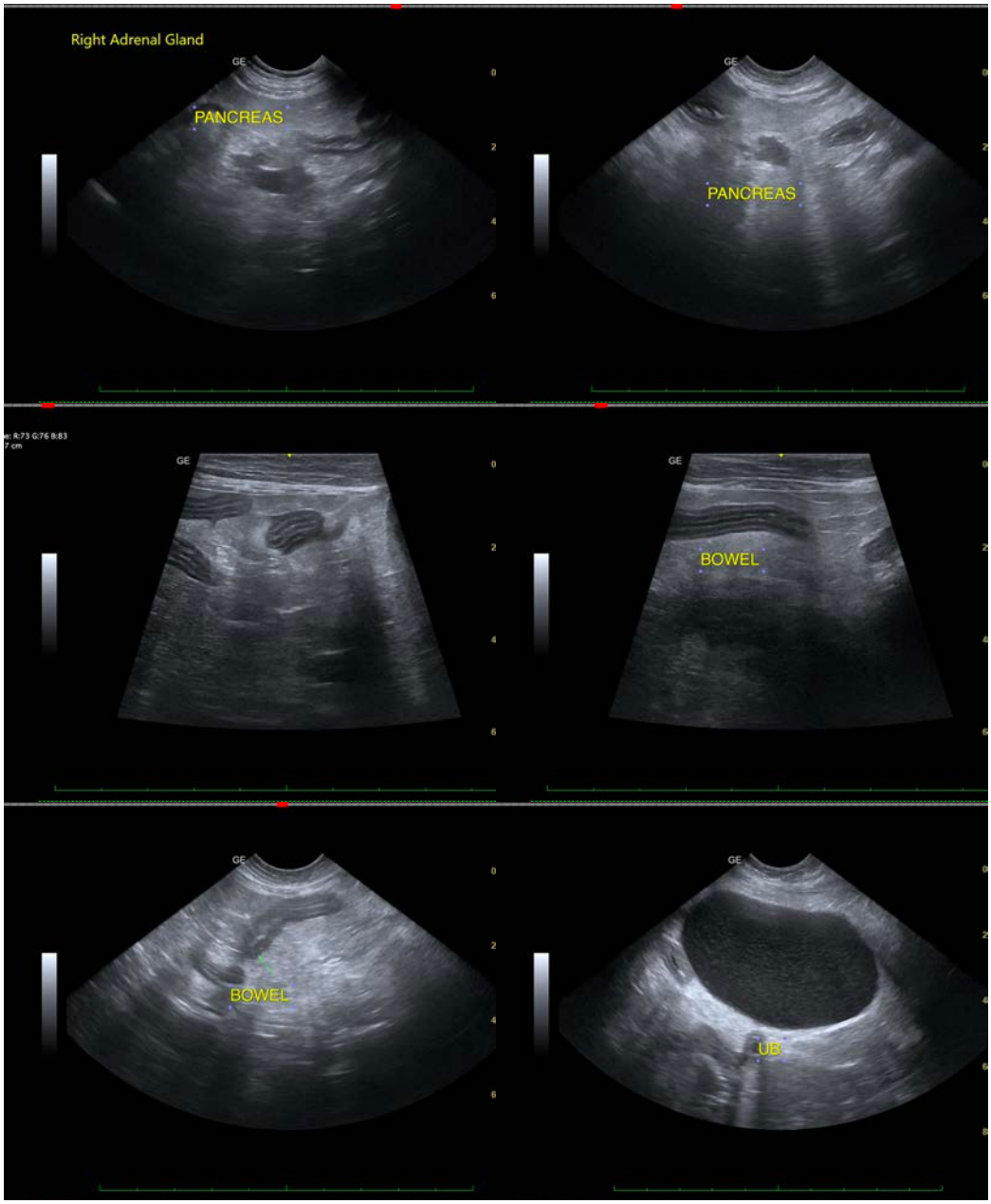
Additionally, empirical deworming with a 5-day course of Panacur is recommended. A probiotic such as Visbiome or Proviable may be helpful, and potentially transition in diet to a hydrolyzed protein diet if tolerated.



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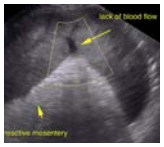
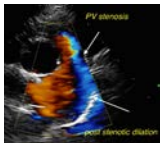
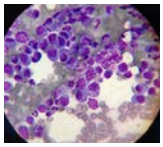
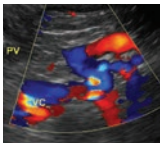

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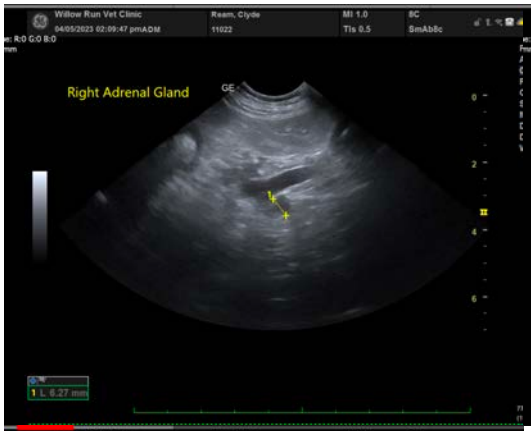

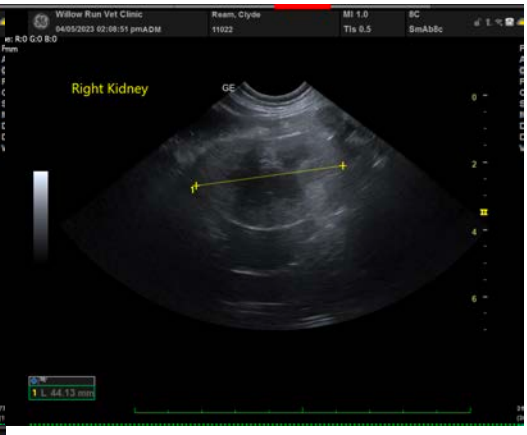

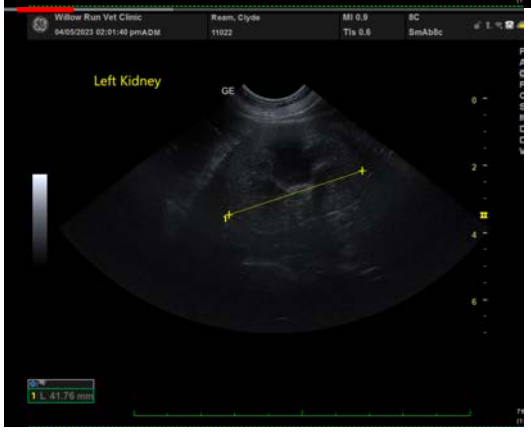

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com