

**DATE PRESENTING CLINICAL SIGNS**

5/3/22

For the past several days he has not been eating as much as usual. This morning the owner found him in the basement, very lethargic, and there was vomit and diarrhea around the basement. Rads show possibly enlarged spleen, either thickened or fluid-filled SI, fair amount of gas in colon with no solid stool, empty stomach. Bloodwork has elevated wbc with mature neutrophilia and monocytosis.

**PATIENT**

Buddy Hines

**SPECIES**

Feline

Current Medications: 70mg cerenia sq, 62.5mg metronidazole + 0.3ml simethicone po on 5/2/22.

Lab Results: WBC=33,100 with neuts 27,000 and monos 2,000.

Date of Previous IntraPet Ultrasound: 5/25/21. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Neutered Male

**AGE**

3/23/09

The right kidney is normal in size (4.09 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.

**WEIGHT**

15 lb 15 oz

The left kidney is normal in size (4.48 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 BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.56 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**Stephanie Pearce  
RDCS, RVT

The left adrenal gland is normal in size (0.47 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**Cat Sense Feline  
Hospital**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.

**REFERRING VET**

Dr. Sinclair

**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. Multifocal round, discrete, hyperechoic nodules measuring approximately 1.0 cm are present as well as a similar to last year's scan, larger 3.0-3.5 cm round mass in the left lateral caudal liver that is heterogeneous to primarily hyperechoic in appearance and has some small cavitations. Visible vasculature appears normal.

**INVOICE**

37366

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. The biliary tree is tortuous, consistent with normal age variation without overdistention or debris noted.

### ***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 intestines are mildly increased in wall thickness with jejunum measuring between 0.37 and 0.43 cm thick. Normal layering intact except for a markedly thickened muscularis relative to the mucosa. This disproportionate layering appears subjectively progressive from last year's scan.

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 hypoechoic echogenicity. Surrounding tissue is mildly hyperechoic. No peripancreatic free fluid is noted.

### ***Free Abdomen***

There is no evidence of peritoneal effusion. Mild hypoechoic mesenteric lymphadenopathy is appreciated around the ileocecolic junction.

## **ULTRASONOGRAPHIC FINDINGS**

The ultrasound changes relative to last year's scan include:

- Mild acute or potentially acute on chronic smoldering pancreatitis
- Progressively thick small bowel muscularis layer – this has been reported in cats with infiltrative bowel disease, including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

The other changes appear relatively static and include:

- Multifocal hyperechoic and mixed heterogeneous echogenic nodules and larger left liver mass - most consistent with biliary cystadenoma. Again, these changes can be seen with a variety of carcinomas. However, malignant disease is considered less likely, given the lack of progression in a year.
- Mild splenomegaly is static.
- Mild mesenteric lymphadenopathy is static.

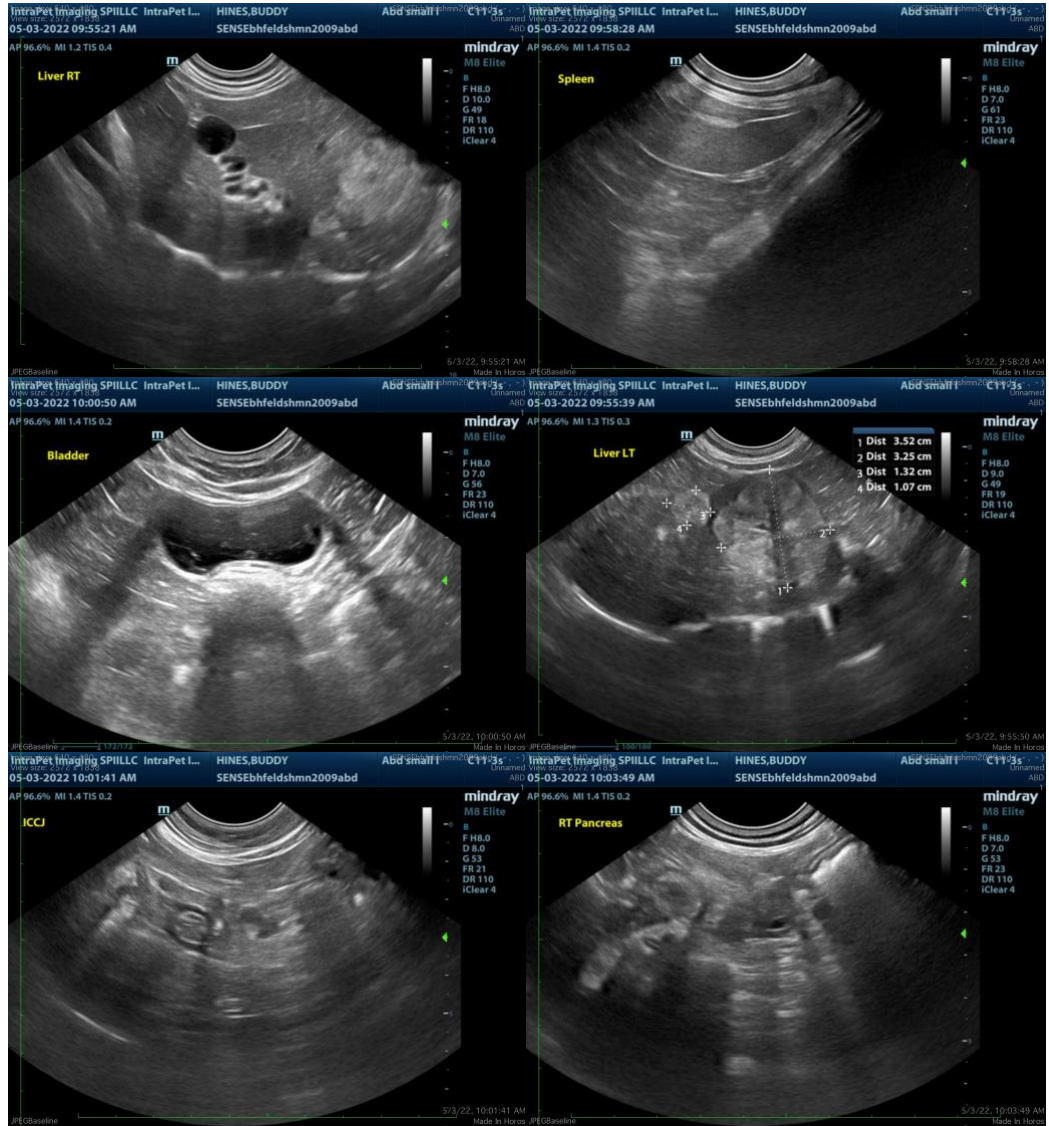
## **SECONDARY FINDINGS**

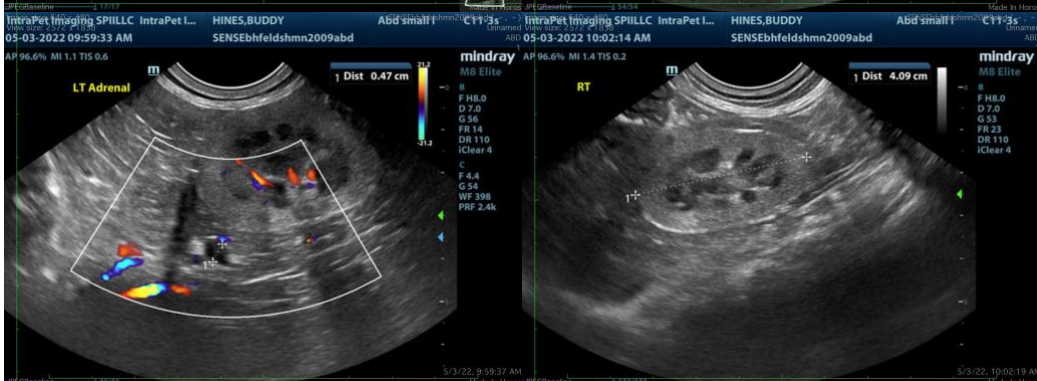
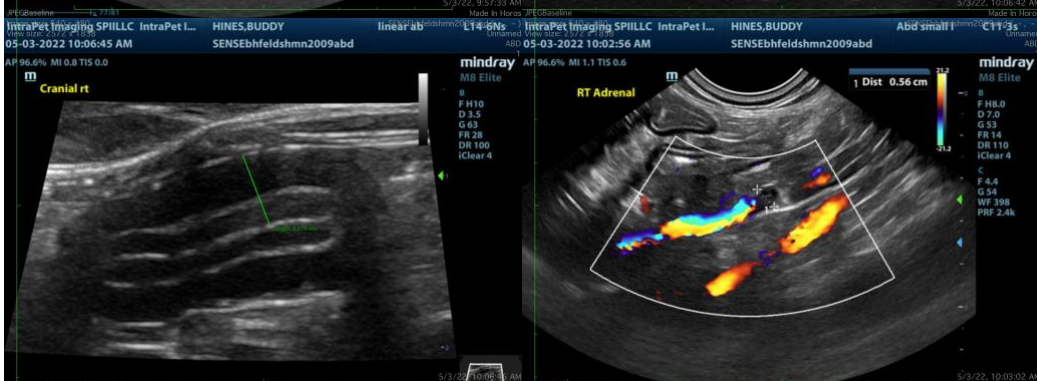
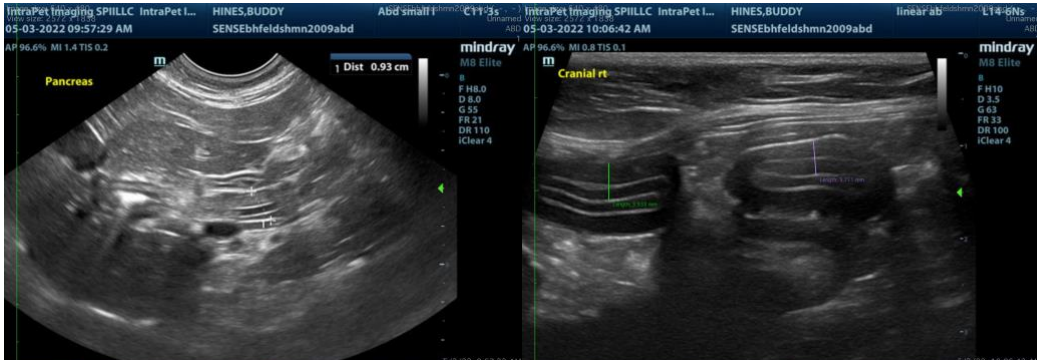
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Therapeutic recommendations for this patient include management of acute pancreatitis/Triaditis with appropriate GI support including antiemetics, gastroprotectants, broad-spectrum antibiotics, hydration, as well as pain management, if necessary. If not recently evaluated, a gastrointestinal malabsorption panel

including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is also warranted for further evaluation of gastrointestinal function and pancreatic health. Ideally, biopsies of the bowel, being sure to include the ileum, if possible, are recommended to definitively diagnose and therefore manage this patient's underlying infiltrative bowel disease. If biopsies are not an option, and recurrent clinical signs persist beyond management of acute pancreatitis, empirical steroids could be considered.





**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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