

**DATE**

6/6/22

PRESENTING CLINICAL SIGNS

Fever -- 105.3 on presentation /vomiting, Lymphocytes--10,000
Rads- thickened bunched intestines.

PATIENT

Gizmo Wolff

Current Medications: Maropitant, ampicillin, protonix, buprenex

Lab Results: See attached.

Radiographs: renoliths, SI are bunched, thickened and have abnormal gas pattern

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Neutered male

Left kidney is normal in size (3.28 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

AGE

8/1/07

Right kidney is normal in size (4.64 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

WEIGHT

12.2 lbs

Adrenal Glands

Bilaterally uniformly plump egg-shaped adrenals and hypoechoic in echogenicity. The left adrenal gland measured 0.57 cm and the right adrenal gland measured 0.78 cm.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Animal Emergency
Hospital

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. King

Gastrointestinal**INVOICE**

30855

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

There is an anechoic area near the pylorus that could be intraluminal fluid or a mural lesion, swelling, mass.

The visible small intestines are normal in overall wall thickness. However, the muscularis layer is diffusely thick relative to the mucosal layer and there appears to be early or emerging disruption of the submucosal layer in several areas. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

The pancreas is mildly prominent in size and mildly irregular in shape with a diffusely coarse echotexture and hypoechoic echogenicity. There is some enhanced, hyperechoic fat in the cranial abdomen around the body and right pancreas. No pancreatic duct dilation is appreciated.

Free Abdomen

Mesenteric lymphadenopathy is noted. No free fluid is noted.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Anechoic area near pylorus that doesn't change position and is suspicious for a mural mass – r/o infiltrative neoplasia vs inflammation vs edema vs other
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Early emerging irregularities/loss of layering is concerning for emerging infiltrative neoplasia such as lymphoma.
- Mesenteric lymphadenopathy, which could be reactive. However, given concurrent bowel changes infiltrative lymphoma is considered possible as well.
- Age related pancreatic changes with some enhanced fat concerning for acute on chronic or mild chronic smoldering pancreatitis cannot be ruled out.

SECONDARY FINDINGS:

- Non-obstructive nephrolithiasis.
- Age related adrenomegaly – likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

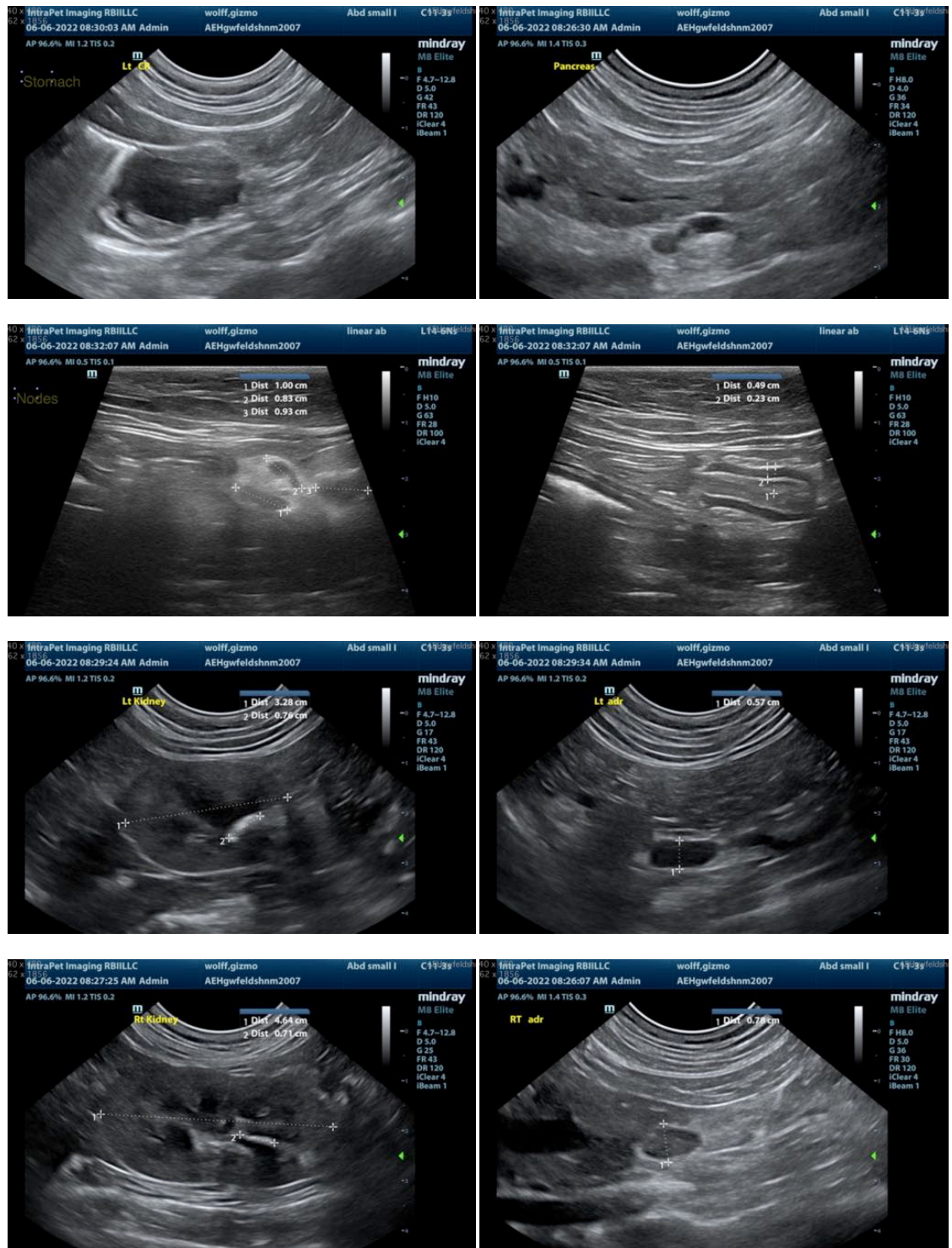
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

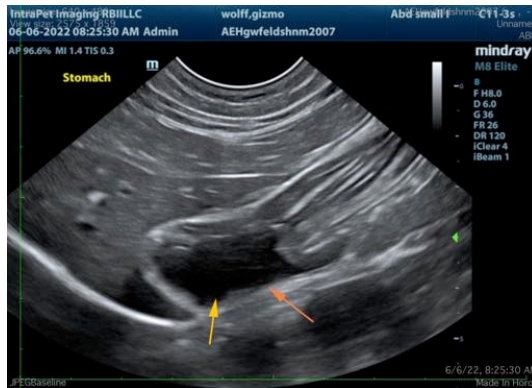
Given the unknown status of the gastric lesion – recommendations for it include power Doppler to determine tissue vs fluid or recheck ultrasound (empty stomach) followed by FNA of area, if still present, in a week or two.

Given the bowel and pancreatic changes a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended for further assessment of bowel and pancreatic health.

The marked lymphocytosis is concerning for lymphoma given the ultrasound changes. However, given the concurrent fever, if suspected based on lifestyle, infectious disease testing could be considered. If desired a FNA of the enlarged mesenteric lymph nodes, if the patient's coagulation status is appropriate could be considered prior to biopsies to try to less invasively diagnose lymphoma.

In the meantime, medical management of possible acute or acute on chronic pancreatitis is recommended.





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

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