**DATE PRESENTING CLINICAL SIGNS**

6/7/22

Bubba is FIV positive. The owner started fostering him in February 2022 and has since adopted him. He has been increasing in his frequency of vomiting and now it is daily even with cerenia on board. The vomit is projectile and is mostly digested food but sometimes is liquid and sometimes it has hairballs in it. He was presumptively diagnosed with pancreatitis prior to the owner fostering him. Bloodwork was wnl.

PATIENT

Bubba Dencler

SPECIES

Feline

Current Medications: Cerenia 6mg SID.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

1/25/11

The right kidney is normal in size (4.39 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

15 Pounds

The left kidney is normal in size (4.47 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

Adrenal Glands

The right adrenal gland is normal in size (0.67 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAMECat Sense Feline
Hospital

The left adrenal gland is normal in size (0.38 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Sinclair

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.

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.

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

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. 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 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 heterogeneous to hypoechoic echogenicity. There is no noted duct dilation. Mildly enhanced hyperechoic fat is noted around the right limb of the pancreas.

Free Abdomen

There is no evidence of peritoneal effusion. Enlarged, hypoechoic lymph nodes are noted around the ileocecolic junction.

PRIMARY FINDINGS

- 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.
- Mild mesenteric lymphadenopathy – most likely reactive. Infiltrative neoplasia cannot be ruled out, but is considered less likely.
- Chronic pancreatitis with some concern for acute on chronic smoldering pancreatitis.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS

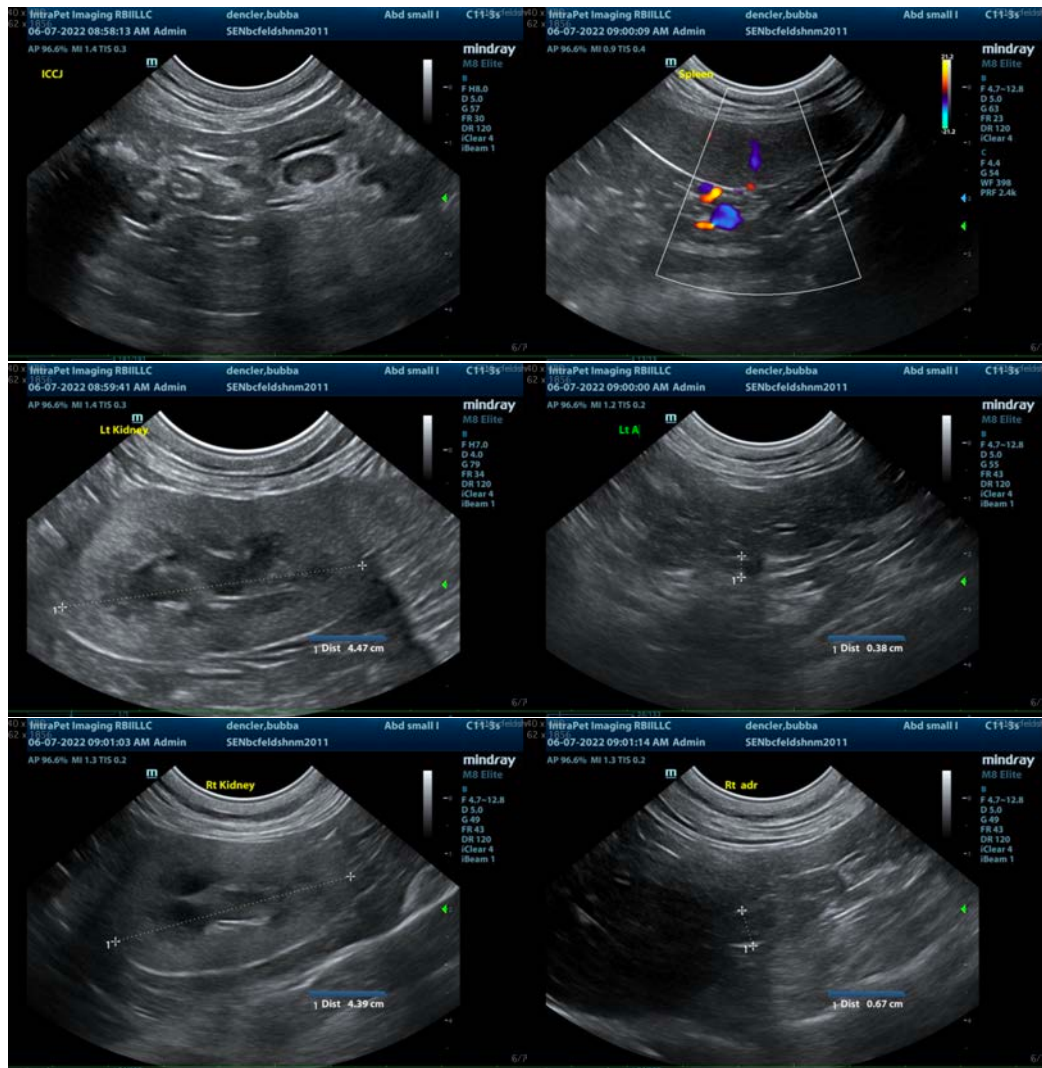
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

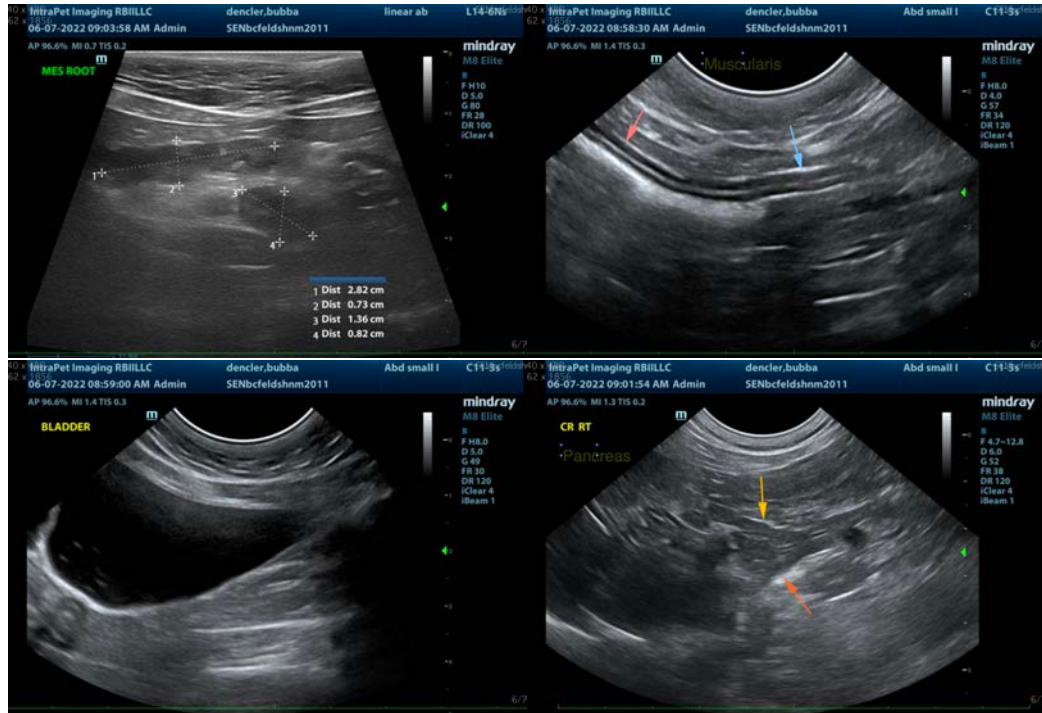
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

1. Gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended for further assessment of the GI tract and pancreas.

2. Ideally, biopsies of the bowel, being sure to include ileum, if possible, would be evaluated to definitively diagnosis and therefore medically manage the infiltrative bowel process evident in these images.
3. A fine needle aspirate of the spleen could be considered for evaluation of possible round cell neoplasia, if patient's coagulation status is appropriate.
4. A urinalysis is recommended if not recently evaluated, with urine culture if indicated based on urinalysis results.
5. In the meantime, pending diagnostic results, a transition to a low-fat diet may help alleviate clinical signs if the increased vomiting is secondary to the mild pancreatitis.





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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