

**DATE PRESENTING CLINICAL SIGNS**

8/1/23

Has a history of chronic, foul-smelling loose stool and vomiting (which has resolved in the past month). In the past year she has lost 2#. Bloodwork at previous vet in June was normal. She was started prednisone. It might have helped a little at the twice daily dose but then it didn't seem to help. on PE 7/27 revealed a thin cat with possibly thickened intestines. Suspect inflammatory bowel disease/intestinal LSA +/- EPI.

**PATIENT**

Heather Scarborough

**SPECIES**

Feline

Current Medications: Prednisone 5mg twice daily x 7 days, then once daily x 7days then eod. She just started the eod Monday, July 24th. It was stopped in preparation for the ultrasound.

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

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

3/13/12

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Non-obstructive dystrophic mineralization is noted in both kidneys. The left kidney measures 3.5 cm. The right kidney measures 3.87 cm.

**WEIGHT**

6.85 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**Cat Sense Feline  
Hospital

The left adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. 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.

**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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

44540

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 and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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***

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

### ***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Enhanced mesenteric fat is noted, primarily around the ileocecolic junction.

### **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.
- Pancreatic age-related remodeling/chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Lack of definitive evidence for infiltrative gastrointestinal disease does not rule it out, and given the enhanced mesenteric fat around the ileocecolic junction, mild or emerging bowel disease is possible.

### **SECONDARY FINDINGS**

- Age related kidney changes with non-obstructive dystrophic mineralization bilaterally

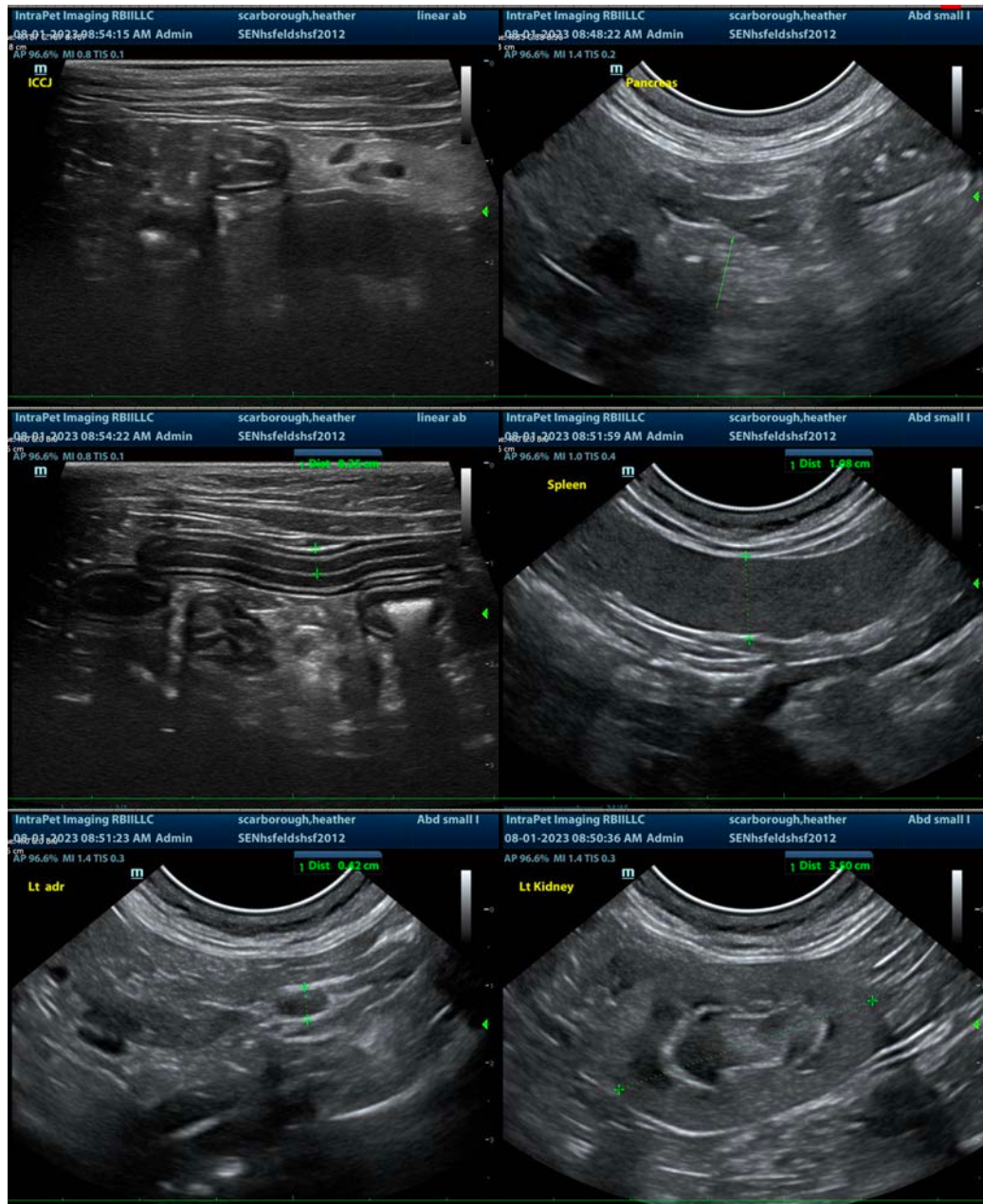
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

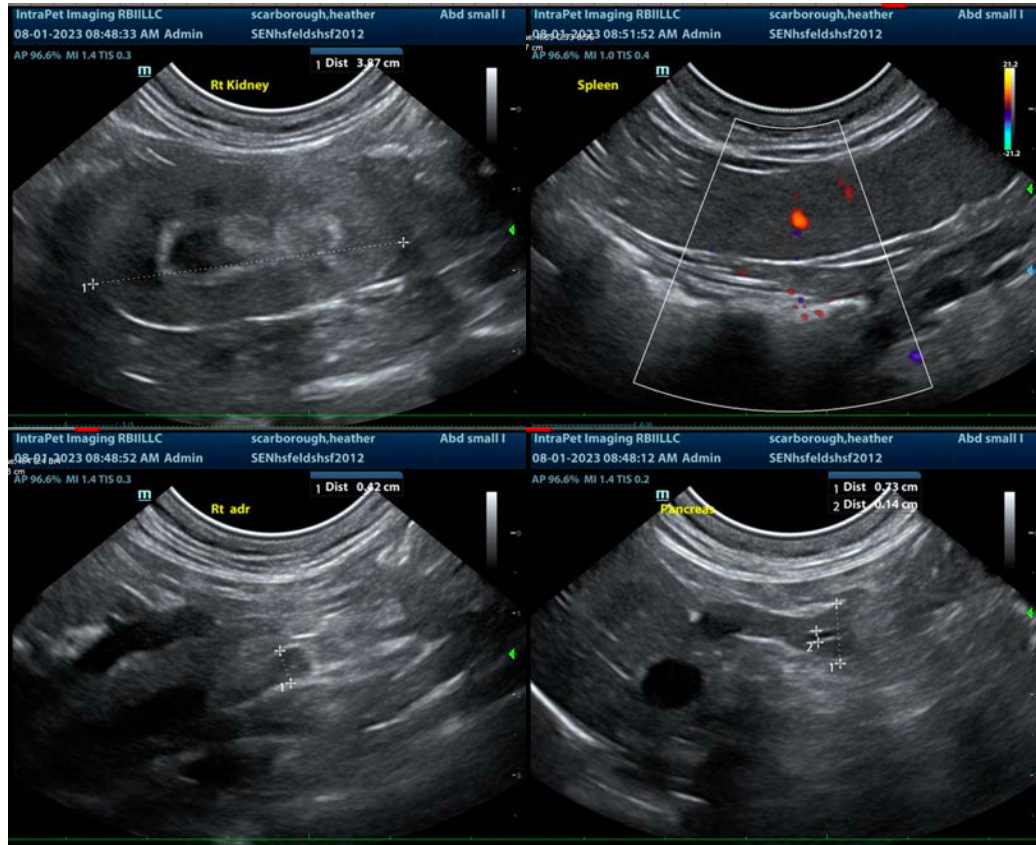
A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate.

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.

Further recommendations are dependent on results of the maldigestive/malabsorptive panel and whether or not a diagnosis of EPI is obtained.

In the meantime, empirical deworming with a 5-day course of Panacur could be considered, as could a probiotic such as Visbiome or Provable in addition to supportive/symptomatic medical management with antiemetics and gastroprotectants, appetite stimulants, etc. if necessary.





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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