

**DATE PRESENTING CLINICAL SIGNS**

8/15/23

Owner got patient in 2022 and pet was a very nervous kitty. We started him on Prozac at a dose of 5 mg SID. Pet had symptoms of chronic soft stool which we first tried treating with a simple course of metronidazole (Sept 22) which had no effect. In Nov of 2022 we started on Royal Canin HP as a diet trial to help with chronic soft stool. In March of 2023 pet was still having soft stool and owner reports he must have BM immediately after eating usually. We did a course of Proviabio for 30 days which did not help. Pet has recently started licking his penis more 08/23 so a urinalysis was checked which was normal. Since pet is still having chronic soft stool we are at this point screening for IBD with ultrasound.

PATIENT

Bunsen Lough

SPECIES

Feline

Current Medications: No longer on prozac as it didn't seem to help with diarrhea, gabapentin 50mg/ml to use as needed (relief vet dispensed 8/08/23 to use for help with anxiety, owner not giving currently)
Lab Results: Neg fecal 08/08/23. urine had 1+ blood but concentrated urine, UPC ratio was normal - 08/08/23.

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.

SEX

Stat Report: Not requested.

Neutered Male

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

8/22/17

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.

WEIGHT

17.6 Pounds

The right kidney is normal in size (4.15 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 BYBeth Johnson, DVM
DACVIM

The left kidney is normal in size (4.28 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.

HOSPITAL NAME

Essex Middle River VC

Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology.

REFERRING VET

Dr. Beizavi

The left adrenal gland is normal in size (0.53 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INVOICE

44681

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.

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.

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 colon is mildly thick (0.30 cm) with intact layering but a subjectively prominent submucosal layer. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Mildly thick colon** – likely represents an inflammatory change secondary to parasitic, infectious, or dietary related disease. There are no criteria of malignancy to support infiltrative neoplasia. However, infiltrative neoplasia cannot be definitively ruled out.
- **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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fecal exam is recommended if not recently evaluated.

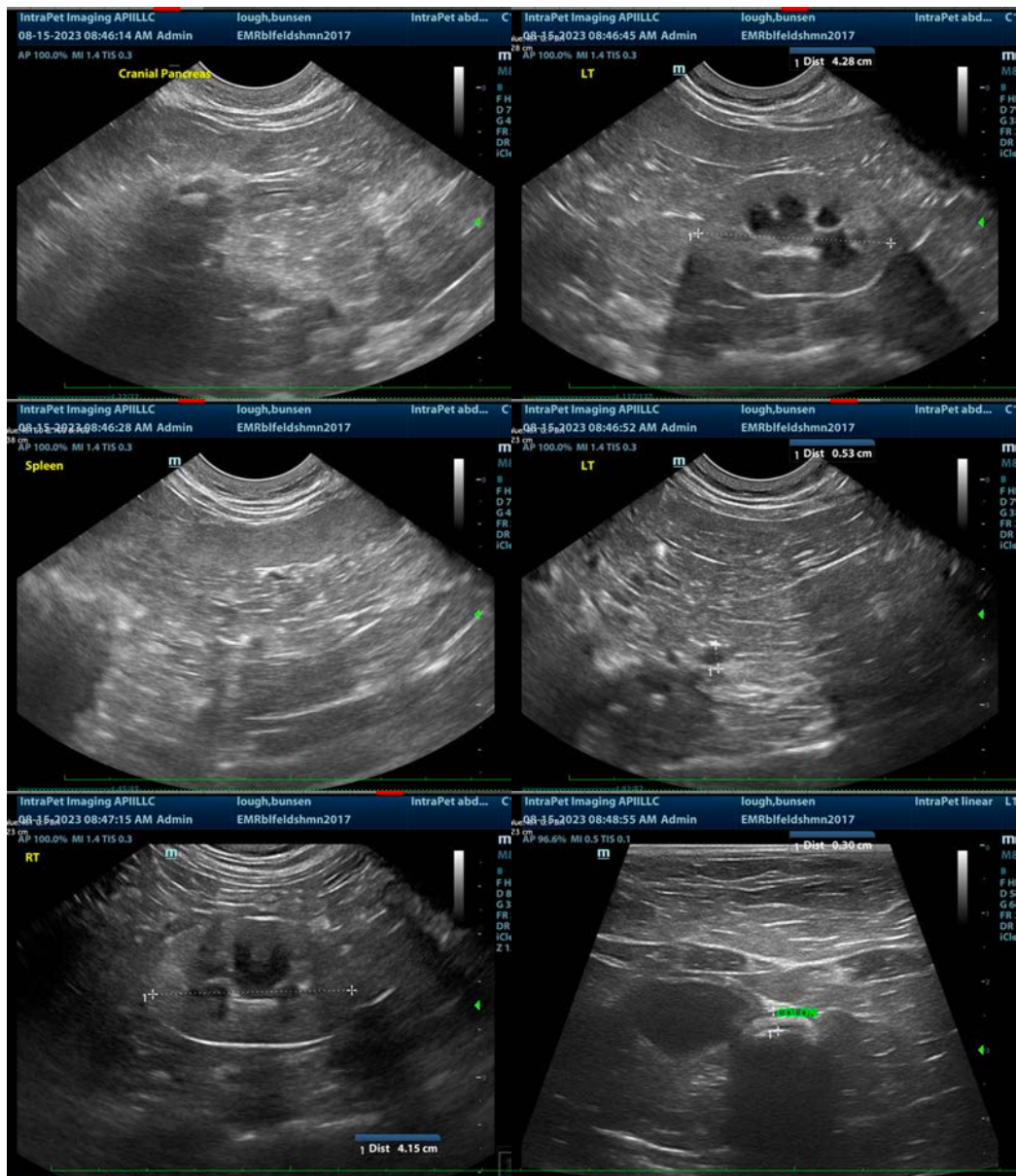
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics prior to obtaining a stool sample for PCR submission.

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, colonoscopy for further visualization and biopsies may be necessary for a definitive diagnosis to help guide medical management. Prior to biopsies, a less invasive tissue sampling approach could be considered via a fine needle aspirate of the spleen if patient's coagulation status is appropriate to look for

evidence of round cell neoplasia prior to being more invasive with biopsies. Lack of round cell neoplasia in the spleen, however, does not rule out round cell neoplasia elsewhere.

In the meantime, in addition to the probiotic therapy that has been administered in the past, empirical deworming with a 5-day course of Panacur is recommended, and transition in diet could be considered from the currently in place hydrolyzed protein diet potentially to a fiber response or colitis diet.





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
info@sonopath.com