**DATE PRESENTING CLINICAL SIGNS**

8/22/23

Codex has been vomiting almost every day for a couple of years. He has lost 1/2# in the past 7 months. He has a Grade 1/6 heart murmur and also has a 1cm diameter intradermal mass in the inguinal area. Cerenia only decreases the frequency of vomiting but doesn't stop it. Due to financial concerns, no bloodwork has been done.

PATIENT

Codex Pepe

SPECIES

Feline

Current Medications: Cerenia 6mg once daily
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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

1/1/16

The right kidney is normal in size (4.0 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

14.5 Pounds

The left kidney is normal in size (3.87 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**Adrenal Glands**

The right adrenal gland is normal in size (0.33 cm), 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 (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). 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

44837

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. Tortuous cystic and common bile duct are noted without evident pathologic distention. This is often a normal anatomic variant in cats. However, it can also suggest chronic or even resolved cholangitis. This finding should be interpreted in combination with laboratory changes and/or clinical signs that suggest pathology.

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 a mildly prominent, hypoechoic 0.60 cm x 0.80 cm lymph node in the cranial abdomen near the pylorus, potentially a pancreaticoduodenal node.

ULTRASONOGRAPHIC FINDINGS

- Chronic, low-grade smoldering pancreatitis cannot be ruled out and should be suspected, given appropriate clinical signs.
- Concurrent lymphadenopathy is likely reactive. However, infiltrative neoplasia cannot be ruled out without tissue sampling.
- Tortuous cystic and common bile duct should be interpreted in combination with laboratory changes and/or clinical signs that suggest pathology versus normal anatomic patient variant.
- There is no visible ultrasonographic evidence of infiltrative/inflammatory bowel disease. However, normal ultrasound does not rule out emerging concurrent bowel disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, a general metabolic health screen is recommended, paying close attention to hepatobiliary values, to include CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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.

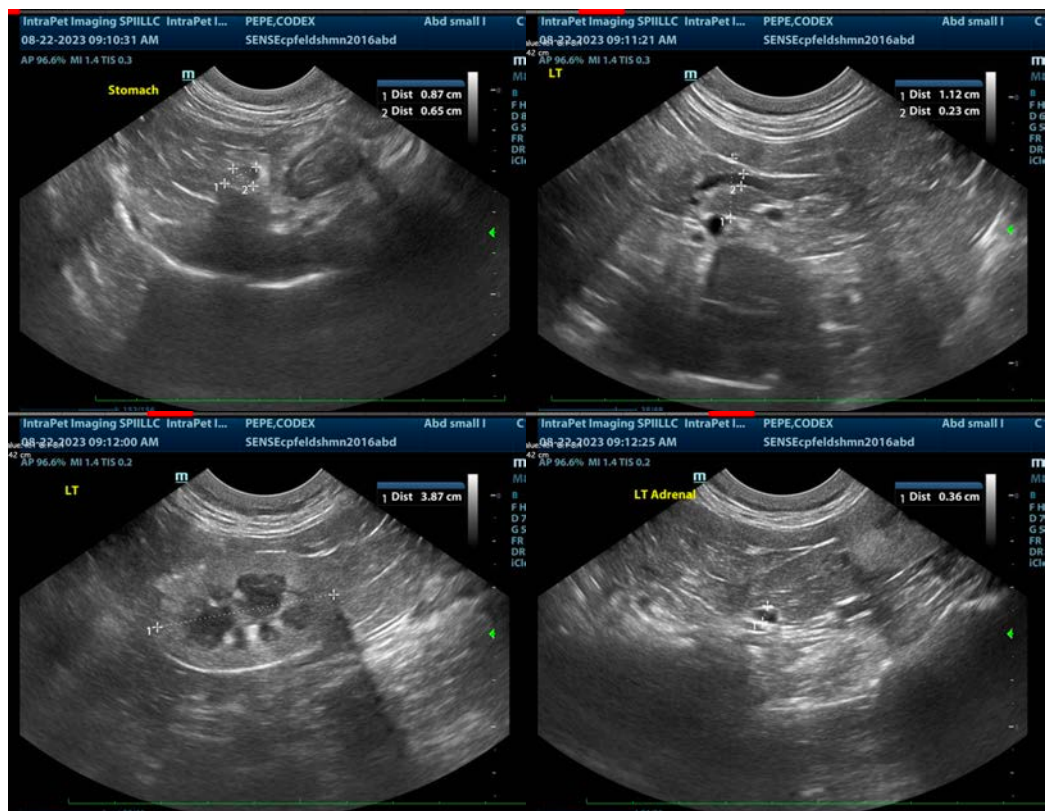
Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

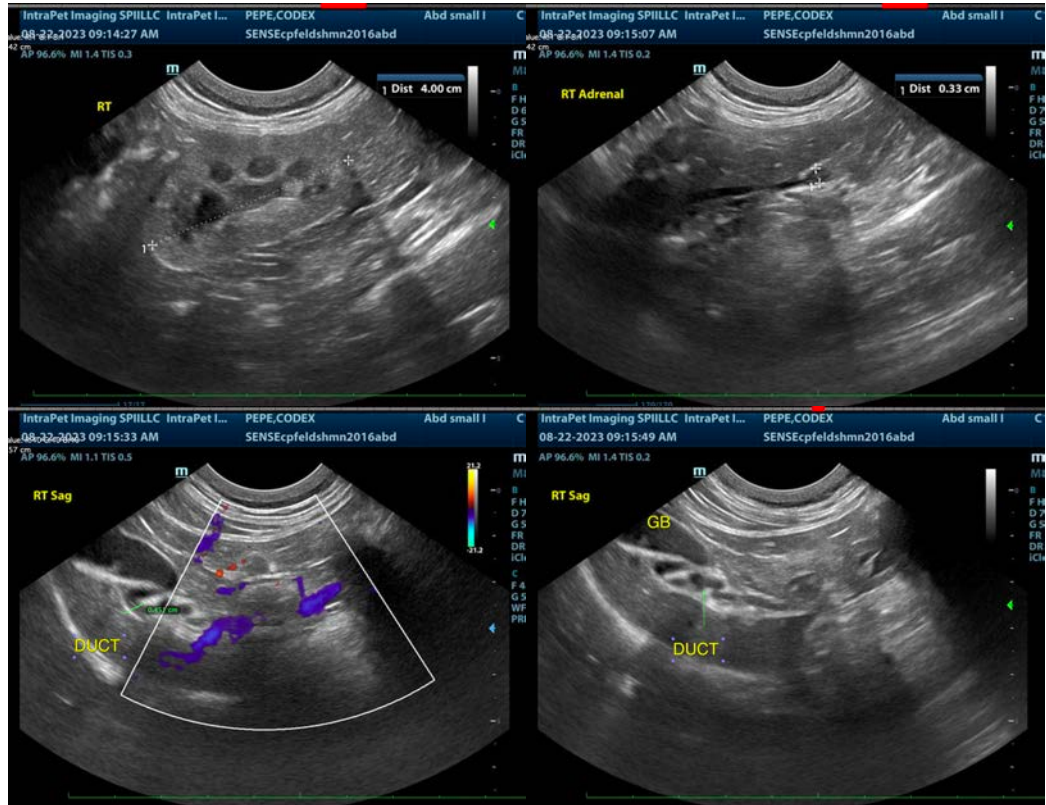
If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.

Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

Additional diagnostic and/or therapeutic recommendations are dependent on results of the above, but could ultimately include further evaluation of the GI tract via biopsies and/or empirical medical management of possible inflammatory bowel disease and/or management of other abnormalities demonstrated via a general metabolic health screen.

In the meantime, regardless of results, empirical deworming with a 5-day course of Panacur is recommended, and in addition to supportive/symptomatic medical management of the vomiting (i.e., antiemetics, gastroprotectants, etc.), a diet change could be considered, if tolerated, beginning with a hydrolyzed protein 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.

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