



**PATIENT**

Sparky Strom

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

5.06 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Saum Hadi

**HOSPITAL NAME**

Bethany Family PC

**REFERRING VET**

Saum Hadi

**INVOICE**

17020

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

History: P presents for progressive weight loss, hyporexia, and recent diarrhea. An ultrasound was performed for similar symptoms in April and revealed pancreatic changes consistent with chronic pancreatitis, subtle increase in hepatic portal markings, and trace ascites. P was switched to a high fiber diet and the symptoms were controlled until recently. Chest rads at that time were WNL.

Abnormal PE/Chem/CBC/UA Results: Chem 27, CBC, UA were performed 8/23 and NSF were found.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. The left kidney measures 3.3 cm. The right kidney measures 3.07 cm.

**Adrenal Glands**

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

Right adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

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.

**Liver**

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. Mildly increased portal markings are appreciated. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



**PATIENT**

Sparky Strom

The visible small intestine demonstrates areas of very mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

**SPECIES**

Feline

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

**BREED**

***Pancreas***

DSH

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.

**SEX**

Neutered Male

***Free Abdomen***

A scant amount of anechoic free fluid is noted. Mesenteric lymphadenopathy is appreciated, characterized by large, rounded hypoechoic cystic mesenteric lymph nodes, primarily around the ileocecolic junction.

**AGE**

14 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.06 Pounds

**Primary Findings**

- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Cystic mesenteric lymphadenopathy is appreciated, differentials for which include both infiltrative neoplasia (such as lymphoma), as well as benign reactive lymphadenopathy.
- Chronic active pancreatitis
- Hepatobiliary changes can be consistent with acute cholangiohepatitis but can also be seen with resolved chronic cholangitis or hepatitis and should be interpreted in combination with clinical signs and/or laboratory changes to indicate an acute process.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Saum Hadi

**HOSPITAL NAME**

Bethany Family PC

**Secondary Findings**

- Urinary bladder debris

**REFERRING VET**

Saum Hadi

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the changes observed in this study compared to the previous ultrasound, namely the enlarged mesenteric lymph nodes, an infiltrative gastrointestinal disease is suspected as the cause of this patient's clinical signs. Therefore, recommendations include 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, biopsies of the GI tract may be necessary to obtain a definitive diagnosis, however, a fine needle aspirate of the enlarged lymph nodes is recommended as a less invasive option, if patient's coagulation status is appropriate.

**INVOICE**

17020

**DATE**

8/24/22

In the meantime, a diet transition to a novel or hydrolyzed protein diet could be considered. If biopsies cannot be obtained, empirical therapy with prednisolone, if not contraindicated based on patient



**PATIENT**

Sparky Strom

contraindications, comorbidities, etc., could be considered. In addition, empirical deworming with a 5-day course of Panacur and cobalamin supplementation, unless cobalamin levels are evaluated and supplementation is not warranted.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

5.06 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Saum Hadi

**HOSPITAL NAME**

Bethany Family PC

**REFERRING VET**

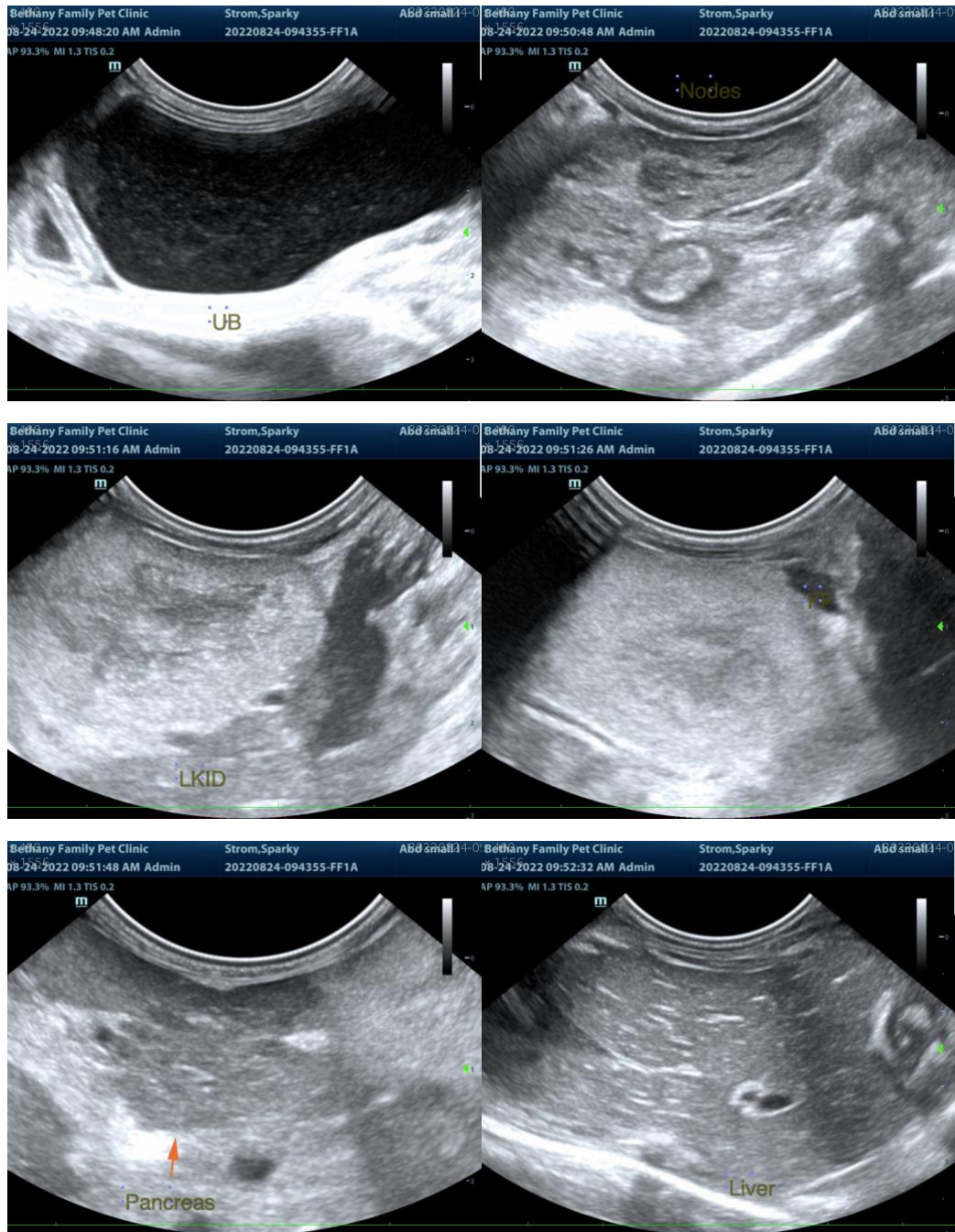
Saum Hadi

**INVOICE**

17020

**DATE**

8/24/22





**PATIENT**

Sparky Strom

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

5.06 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Saum Hadi

**HOSPITAL NAME**

Bethany Family PC

**REFERRING VET**

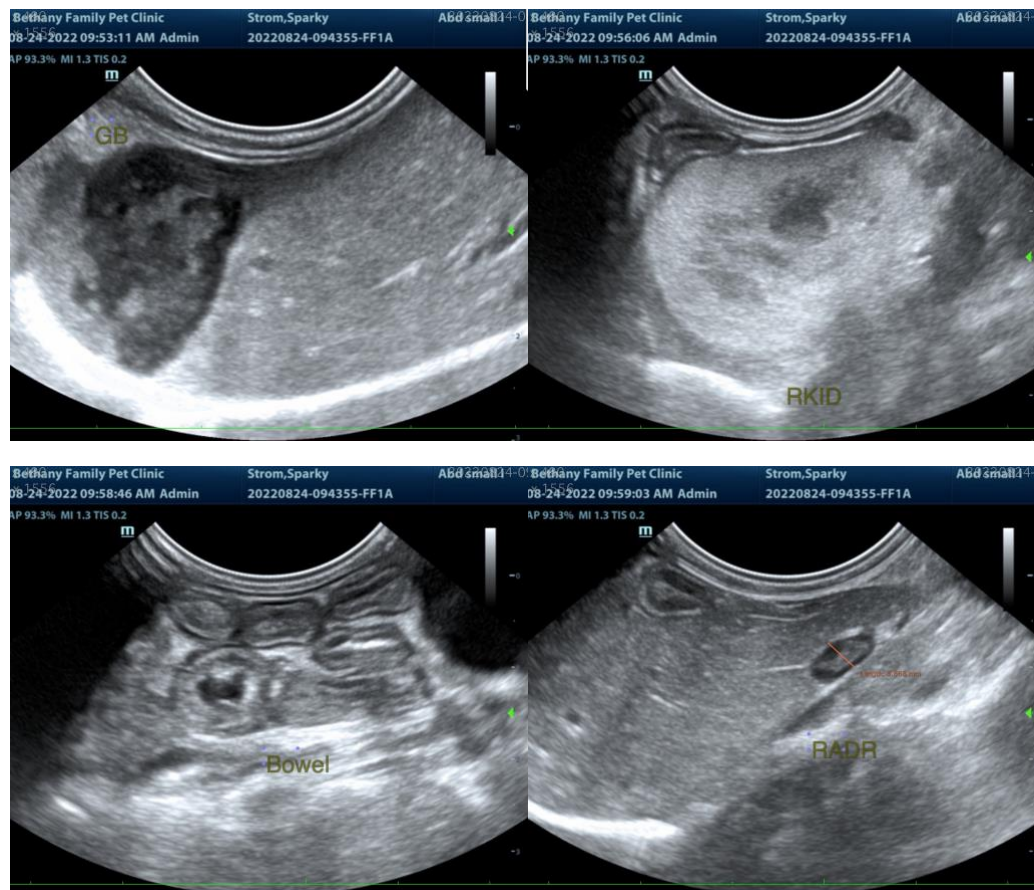
Saum Hadi

**INVOICE**

17020

**DATE**

8/24/22



**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**

Beth.Johnson@SonoPath.com