

**DATE**

8/8/22

PRESENTING CLINICAL SIGNS

History: Over the last month P has been having V and D again. P having inappropriate defecation but always D. Medication seemed to help at first (cerenia and metro) as well as changing the diet in April 2022. One of the other cats seems to be targeting P more than normal but has been with same cats since kitten. Doesn't seem to happen when O is home. Overall, PE WNL.

PATIENT

Jaq Fogelquist

SPECIES

Feline

BREED

N/A

SEX

Neutered Male

AGE

5/25/15

WEIGHT

7.9 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**

Warm & Fuzzy VC

REFERRING VET

Dr. Weber

INVOICE

16798

Current Medications: 8/5/22 - cerenia 16mg - 1/2 tab PO SID for 5 days, then EOD until gone Metro 50mg - 1/2 tab PO q12hrs for 7 days.

Lab Results: 3/23/22 - total health plus – WNL.

Date of Previous IntraPet Ultrasound: No previous

Sedation: Torbugesic IV.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

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.

Left kidney is normal is size (3.57 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.

Right kidney is normal is size (3.74 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.

Adrenal Glands

Left adrenal gland is normal in size (0.35cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.52 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. 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.

The visible small intestine demonstrates areas of 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.

The visible colon is diffusely thick, measuring 0.52 cm thick with a primarily thickened hyperechoic submucosal layer appreciated.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

The sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. No appreciable free fluid is noted in these images.

ULTRASONOGRAPHIC FINDINGS

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. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- A thick colon with a primarily thickened hyperechoic submucosal layer, differentials for which include the same infiltrative processes mentioned for the small bowel changes, however, submucosal thickening specifically, is often noted with parasitic disease.
- Reactive sublumbar lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

Secondary Findings

- Urinary bladder debris
- Gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

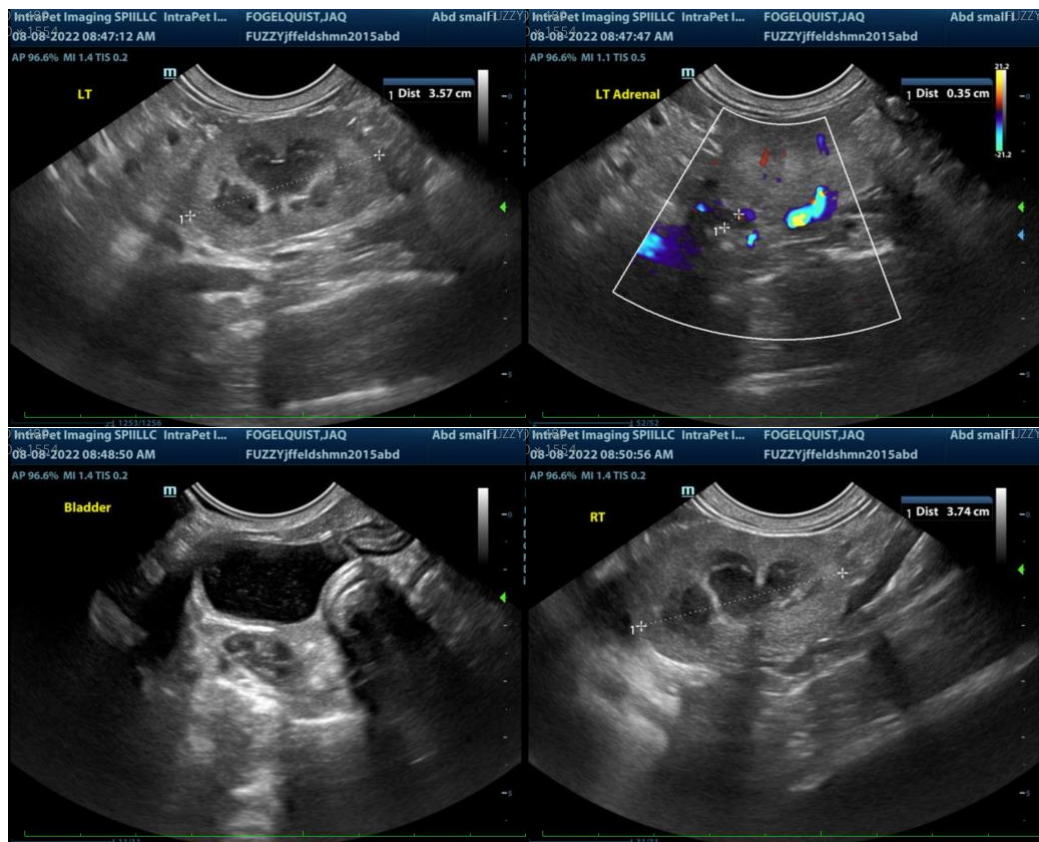
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

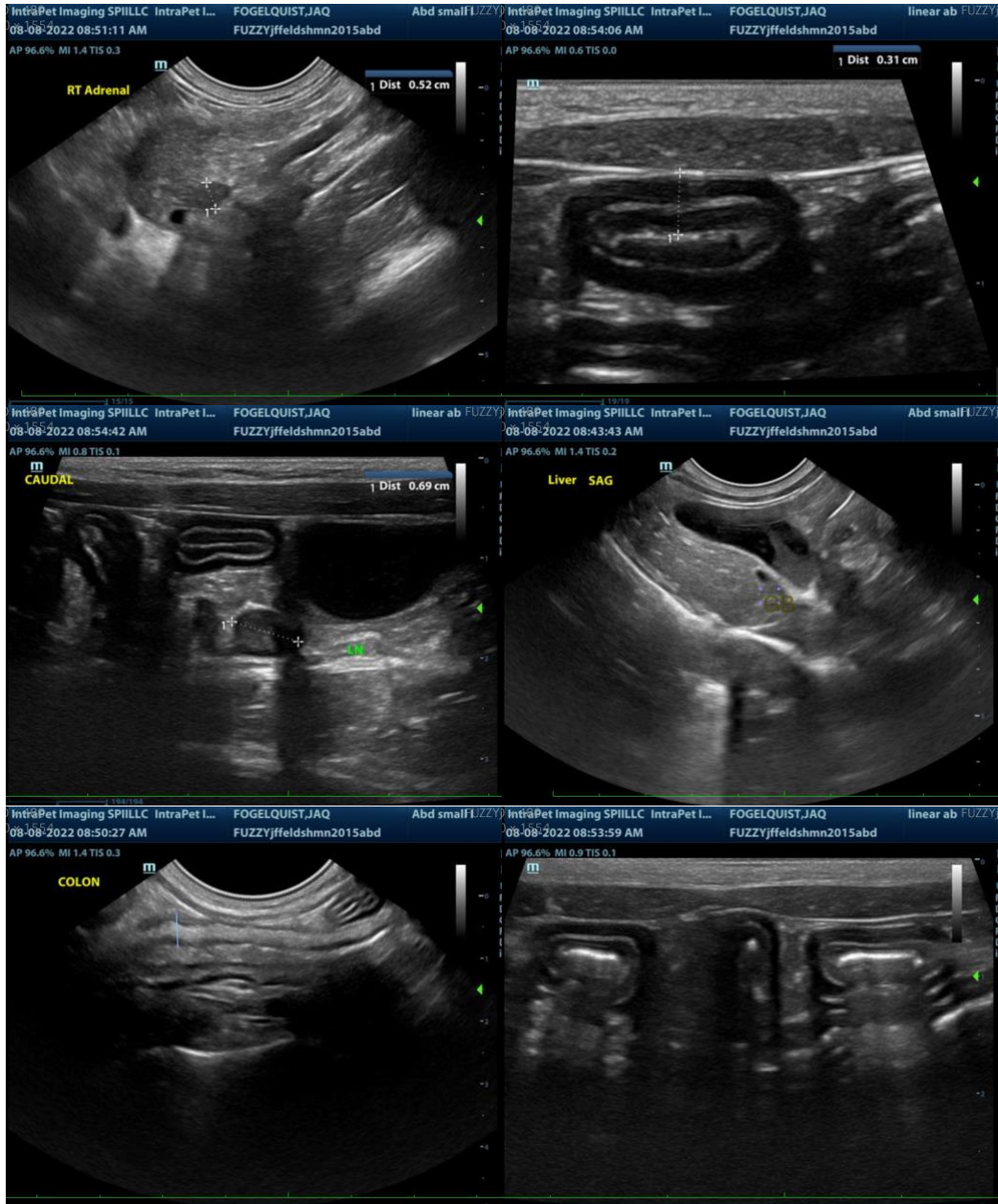
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Given the colon changes, a fecal exam is recommended, if not recently evaluated, as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

If a parasitic and/or infectious disease is not diagnosed, ideally, biopsies of the GI tract, being sure to include colon and ileum (if possible) are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended if not recently evaluated. A diet transition to a novel or hydrolyzed protein diet could also be considered. A probiotic is also recommended if not already being administered.







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