

**DATE**

9/19/22

PRESENTING CLINICAL SIGNS

History: P is having normal stools but dripping both frank and digested blood from ist anus. AGs were full but not normal. Been going on for ~5 weeks.

PATIENT

Einstein Kulkarni

Current Medications: Completed a course of Metronidazole 5 days ago. Currently on Fortiflora. Did get Droncit injectable on 9/12 for tapeworms. Currently on Hill's GI Biome food and Carafate 1gram- ¼ q 4 hours. Will get Gabapentin 100mg PO the night before and 2 hours prior to drop off.

SPECIES

Feline

Lab Results: Mild increase in SDMA.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Alfaxalone 10mg/ml - 1.5ml - 5ml IV

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

5/4/13

Left kidney is normal is size (3.27 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

11.8 Pounds

Right kidney is normal is size (3.51 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**

Left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Eastern AH

Right adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Bottaro

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

17385

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 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 visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A prominent hypoechoic colonic lymph node was noted, surrounded by enhanced hyperechoic fat. No appreciable free fluid is noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Gastric Hairball – similar density soft foreign material cannot be ruled out.
- Pancreatic age-related remodeling – 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.
- Colonic lymphadenopathy with suggestive inflammatory changes

Secondary Findings

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported digested, as well as frank blood in this patient, full evaluation of the patients coagulation status is recommended.

Given the apparently inflamed colonic lymph nodes, evaluation of the large bowel is recommended in the

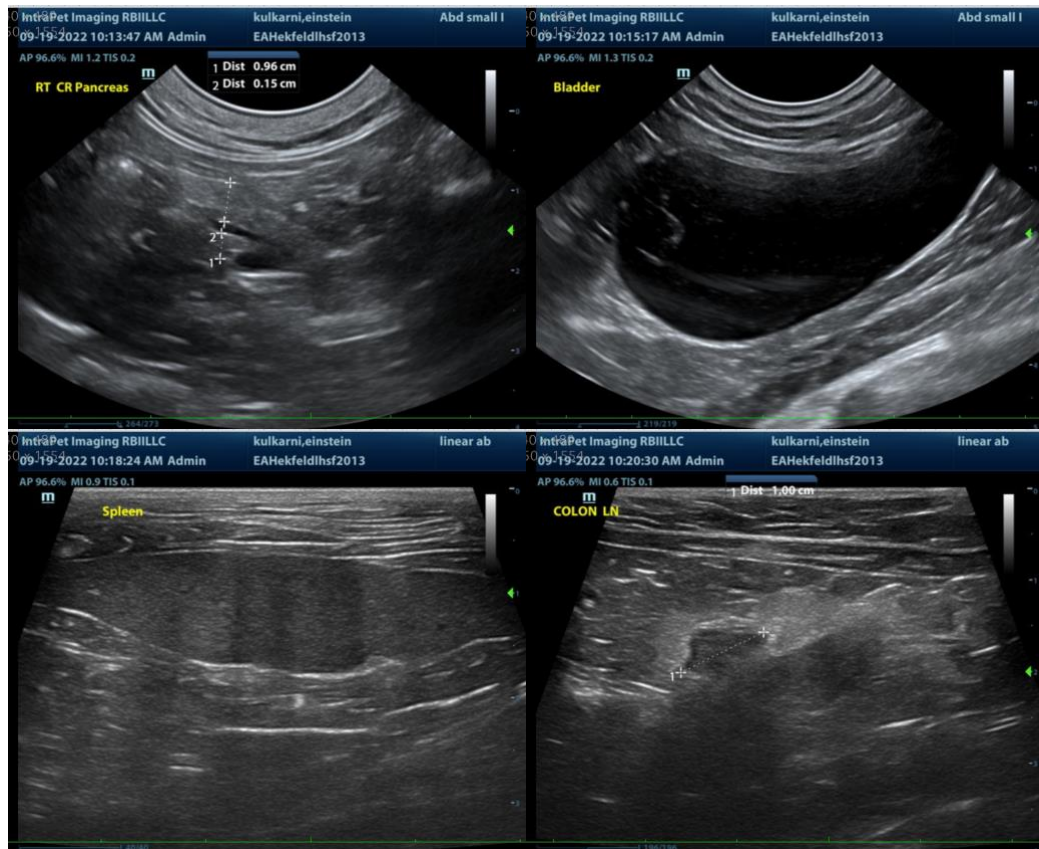
form of a fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

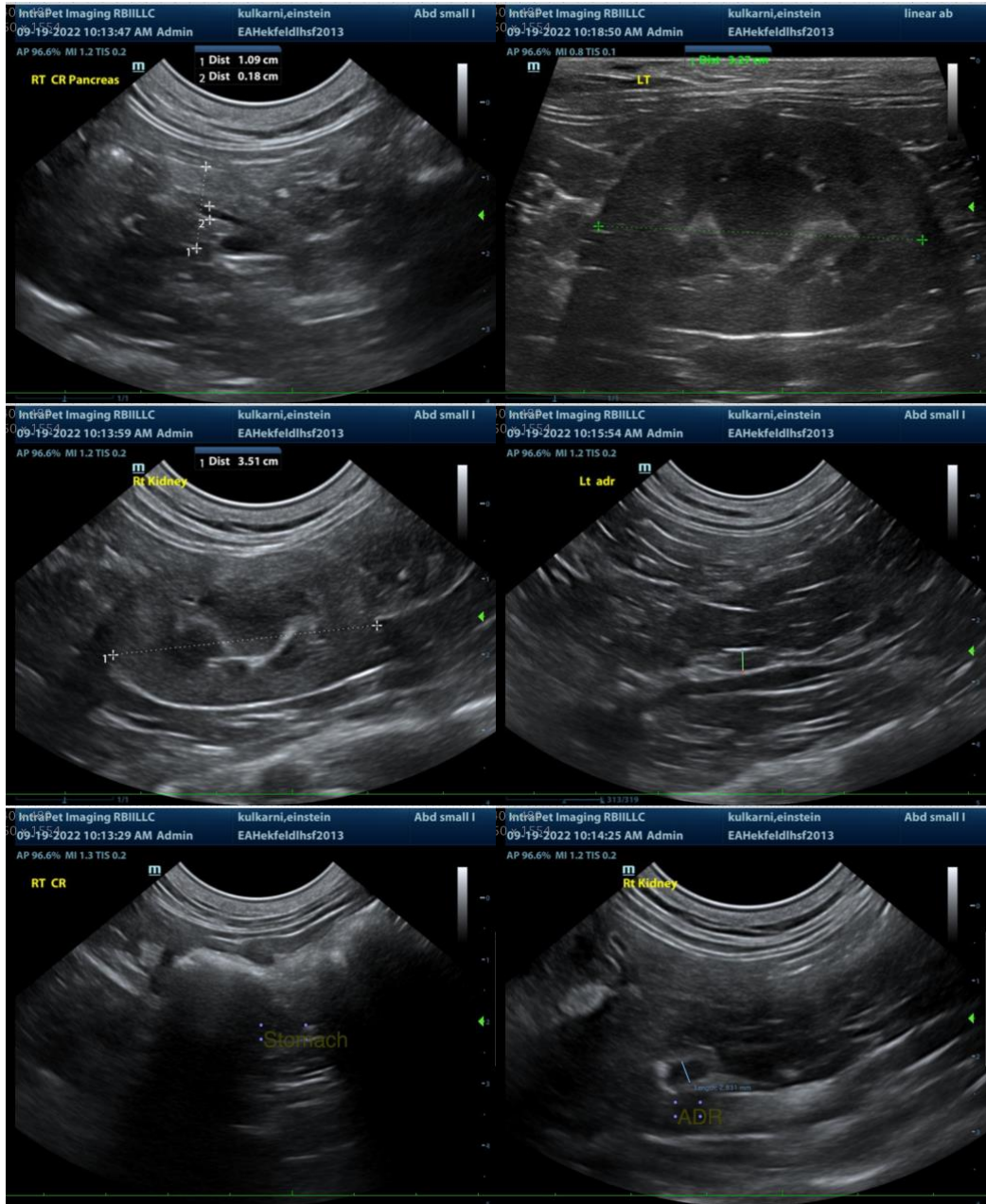
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

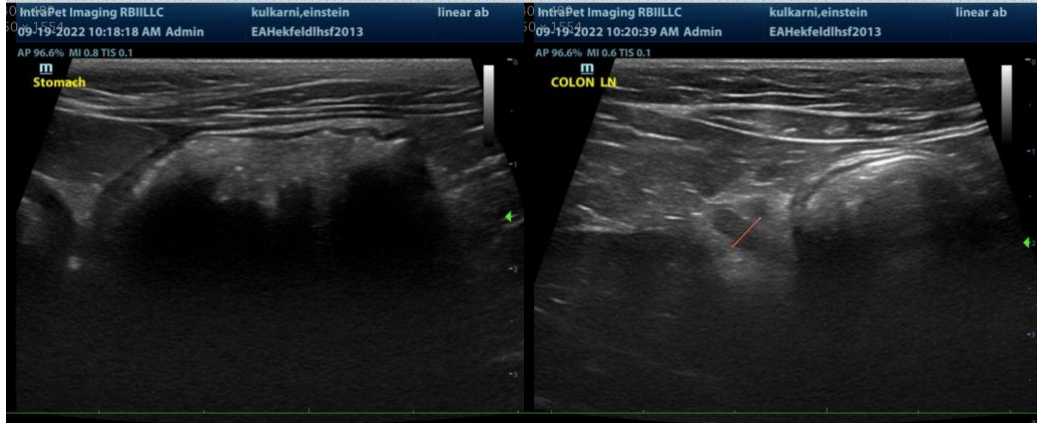
If an infectious or parasitic disease is not diagnosed, tissue sampling may be warranted, beginning with a fine needle aspirate of the spleen if patients coagulation status is appropriate, followed ultimately by colonoscopy for histopathology if a diagnosis is not obtained cytologically.

In the meantime, empirical deworming with a 5-day course of Panacur, as well as a probiotic, such as Provable or Visbiome and transition to a fiber response diet could all be considered.

The suspected hairball is likely an incidental finding given the presenting complaint of blood in the stool versus vomiting, inappetence, etc., however, if upper GI signs develop, the suspected hairball may warrant more intervention as well.







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.

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