

**DATE PRESENTING CLINICAL SIGNS**

9/21/22

Presented for diarrhea and inappropriate urination. Owner reports consistent diarrhea for the last week; has had intermittent diarrhea in the past before. Inappropriate urination started within the past few days, as far as owner is aware. On exam, marked weight loss was noted with a BCS of 2/5. Moderate dental tartar was noted, as was crusting of skin over dorsal lumbar and tail base regions.

PATIENT

Nickel Beavis

SPECIES

Feline

Current Medications: Prescribed on 9/15/22: Rx) Revolution Plus -- 1 dose. Rx) Panacur 100 mg/ml -- Give the contents of one syringe (2.2 ml) PO SID x 3 days, then repeat in two weeks.

Lab Results: 9/15/22: CBC: Elevated WBCs 20 K/uL, Elevated Eos 7200 /uL, Elevated Basos 800 /uL, Decreased RBC, HGB. Chem: Decreased ALT, T4: WNL, Spec fPL: WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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

1/1/14

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is small (2.24 cm). The right kidney is large (compensatory), measuring 4.8 cm. Cortical cysts are noted bilaterally.

WEIGHT

9.6 Pounds

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

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.

HOSPITAL NAME

Paradise AH

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.

REFERRING VET

Dr. Twardzik

INVOICE

41500

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 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 is empty with no evidence of obstruction or foreign material.

The colon wall is diffusely thick measuring 0.33 cm, with a subjectively prominent submucosal and muscularis layer.

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.

The mesenteric 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.

ULTRASONOGRAPHIC FINDINGS

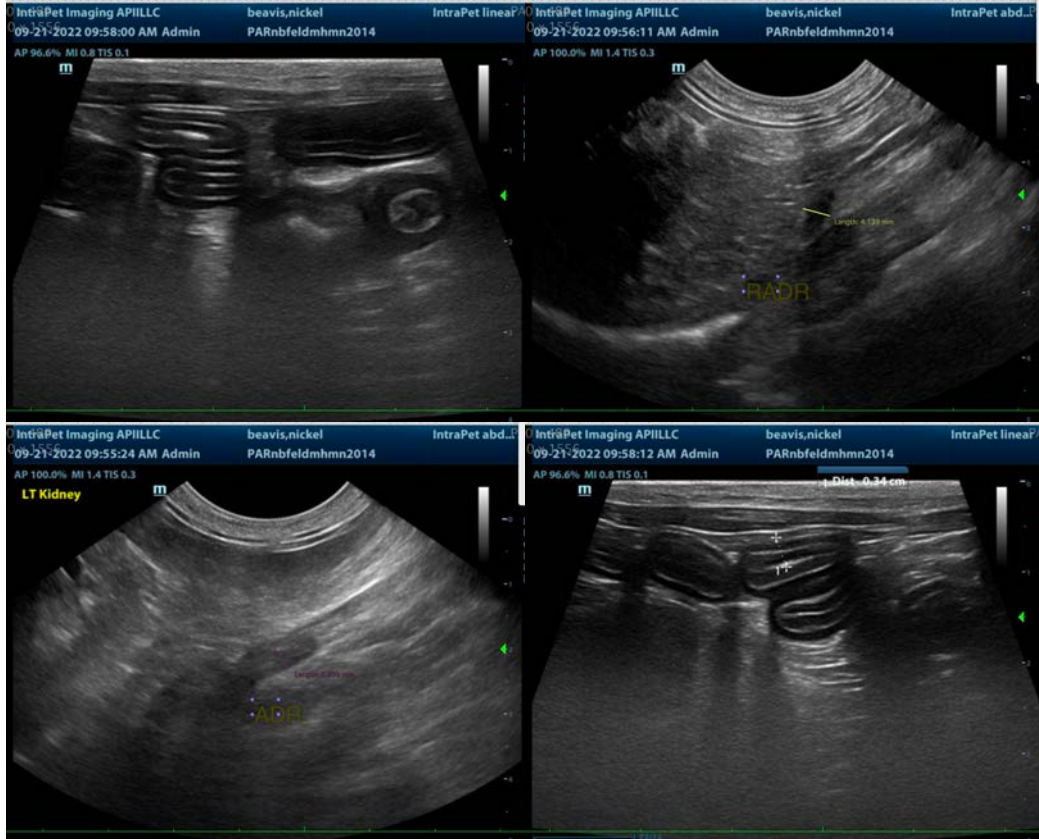
- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- **Diffusely thickened colon** – This can be seen with the same infiltrative process affecting the small bowel. However, given the prominent submucosal layer, infectious/parasitic diseases should be definitively ruled out.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Chronic active pancreatitis
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

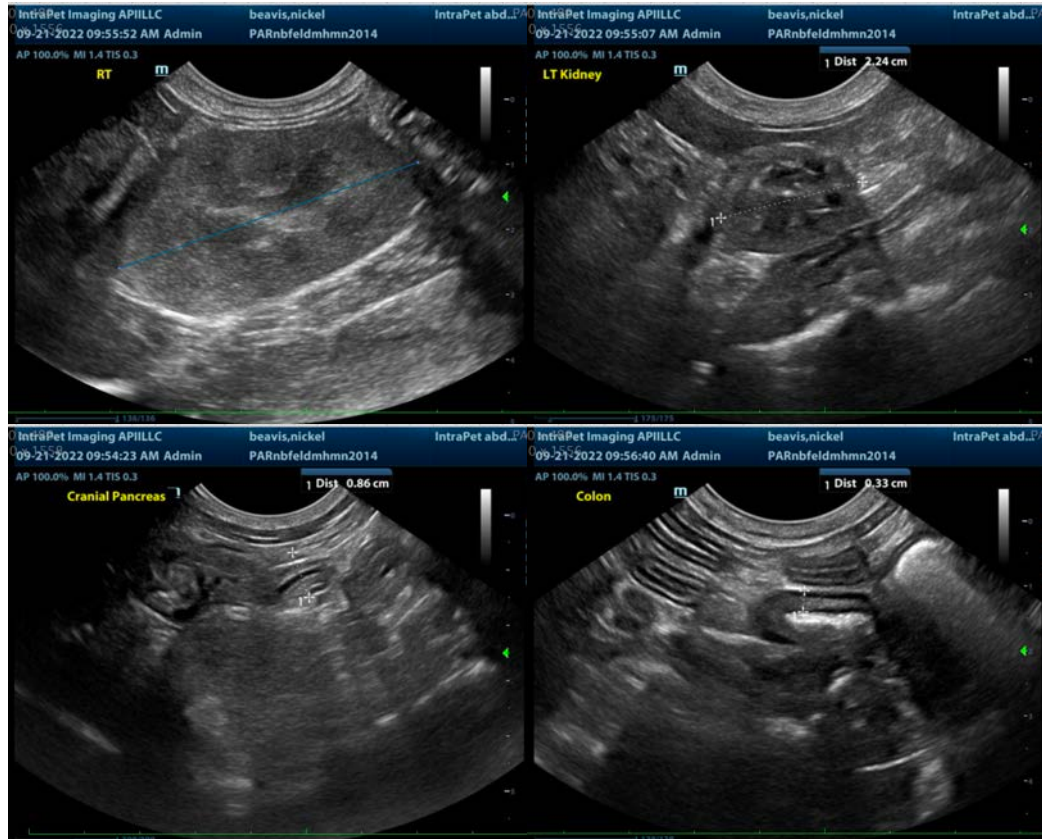
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of this patient's colon combined with the reported eosinophilia, ruling out parasites and/or other infectious disease with 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, followed by empirical deworming, which is reportedly already in place.

Biopsies of the GI tract, being sure to include small and large bowel is possible are recommended to definitively diagnosis and therefore manage the infiltrative bowel disease, if a parasitic and/or infectious disease is not diagnosed.

In the meantime, in addition to deworming, transition to a hydrolyzed protein diet is recommended.





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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