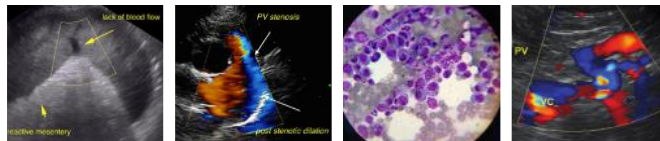


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Babbs Lee

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years 7 Months

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lee Gregory, DVM

HOSPITAL NAME

Casco Bay VH

REFERRING VET

Lee Gregory, DVM

INVOICE

13992

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Presented 3 weeks ago to the ER with acute vomiting, hematemesis, and subsequent hemorrhagic stool that was concomitant with a diet change. EPOC, PCV, rads unremarkable except possible enteritis/colitis on rads. Tx empirically with cerenia, sucralfate, diet change. Presented today to GP with a 48 hr history of vomiting, decreased appetite, hematemesis this am. No noted diarrhea or hematochezia. Longer hx overgrooming in inguinal region

Abnormal PE/Chem/CBC/UA Results: PE unremarkable except wt loss 0.8# in 3 weeks, possibly thickened intestines palpable. CBC/chem 17/lytes:WNL, SNAP fPL: WNL. Serum obtained for TAMU GI panel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.79 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.35 cm.

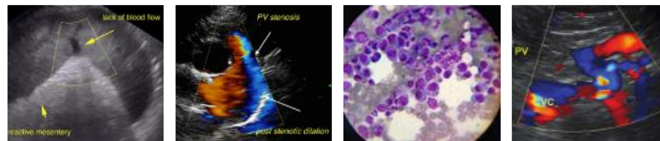
The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The stomach was empty in this patient. Minor reactive mesentery was noted associated with the small intestine.

Pancreas

Slight areas of heterogeneous **pancreatic** changes noted, yet no evidence of significant inflammation.

Free Abdomen

Mesenteric **lymph nodes** were reactive, measuring 1.0 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis and some areas of reactive mesentery
- Slightly heterogeneous pancreas
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

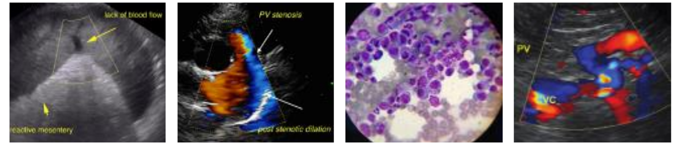
Full thickness intestinal biopsies would be ideal in this patient. Inflammatory bowel, likely. No neoplastic criteria or foreign bodies noted. Dry form FIP, minor potential, however, would necessitate full thickness biopsies for complete definition. Hydrolyzed diet may be in the best interest of this patient long term.

A clinical trial of the following may prove effective:

Triaditis/Pancreatitis protocol

Part or all of this protocol may be considered based on your clinical impression of the patient:

Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet (***Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets***)** or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more



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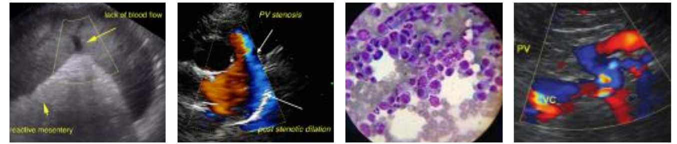
emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.



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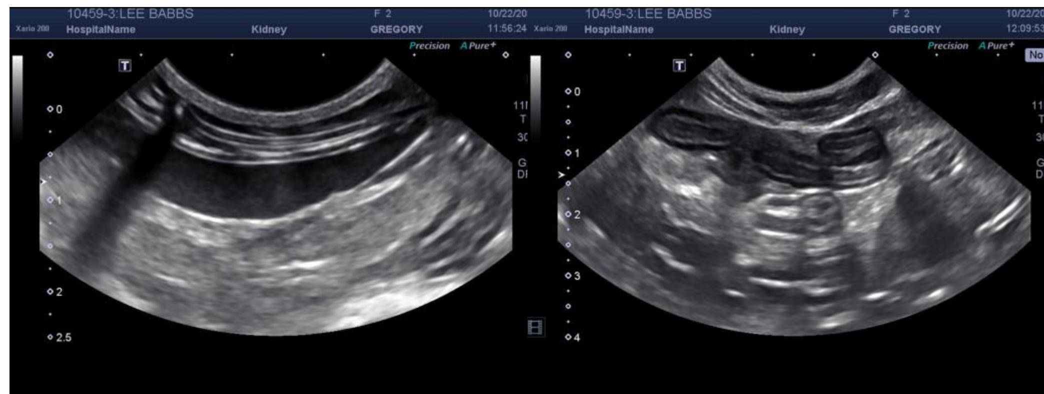

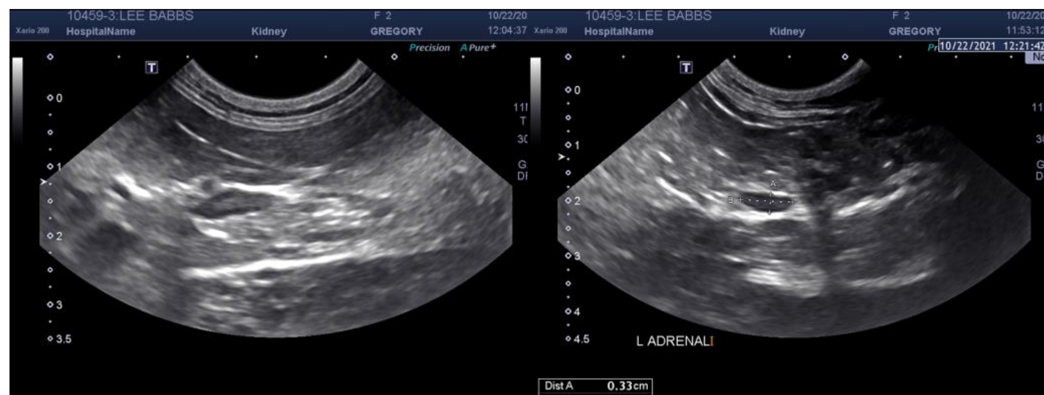

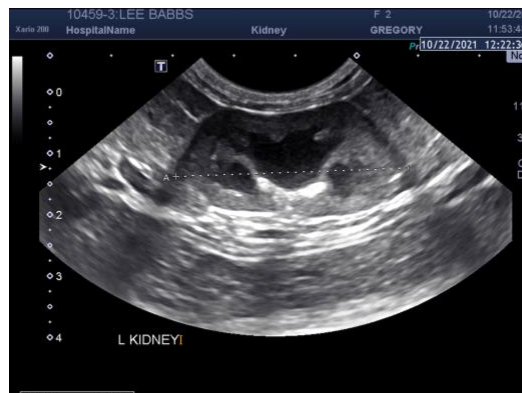

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com