

**DATE**

4/15/22

**PRESENTING CLINICAL SIGNS**

History: Was seen on 4/6/22 for vomiting and defecating outside the litterbox.

**PATIENT**

Bella Brown

Current Medications: None currently. Started on Hill's I/D dry food 4/6/22.

Lab Results: 4/6/22 showed elevated lymphocytes, otherwise normal.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Feline

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**BREED**

DSH

**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.

**AGE**

3/10/10

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.84 cm. The left kidney measured 3.03 cm.

**WEIGHT**

7.7 Pounds

**Adrenal Glands**

The **right 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 right adrenal gland measured 0.5 cm.

The **left adrenal gland** revealed no evident pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with minor reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. Hypoechoic micronodular changes were noted.

**HOSPITAL NAME**

Animal Care Center

**REFERRING VET**

Dr. Muedeking

**INVOICE**

14756

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***Gastrointestinal***

Some shadowing material was noted in the **stomach** consistent with hairball accumulation. Variable intestinal thickening noted without loss of detail.

### ***Pancreas***

The **pancreas** revealed undulating contour, hypoechoic parenchyma and dilated duct, consistent with pancreatitis.

### ***Free Abdomen***

The mesenteric **lymph nodes** were enlarged, hypoechoic and irregular, measuring up to 2.0 cm x 1.0 cm x 0.8 cm. A cluster of which, measured 1.6 cm in width. The epigastric lymph nodes were slightly enlarged, an example measured 0.62 cm.

## **ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening
- Hairball density in the stomach
- Micronodular spleen
- Mesenteric lymphadenopathy
- Undulating enlarged pancreas
- Geriatric abdomen otherwise

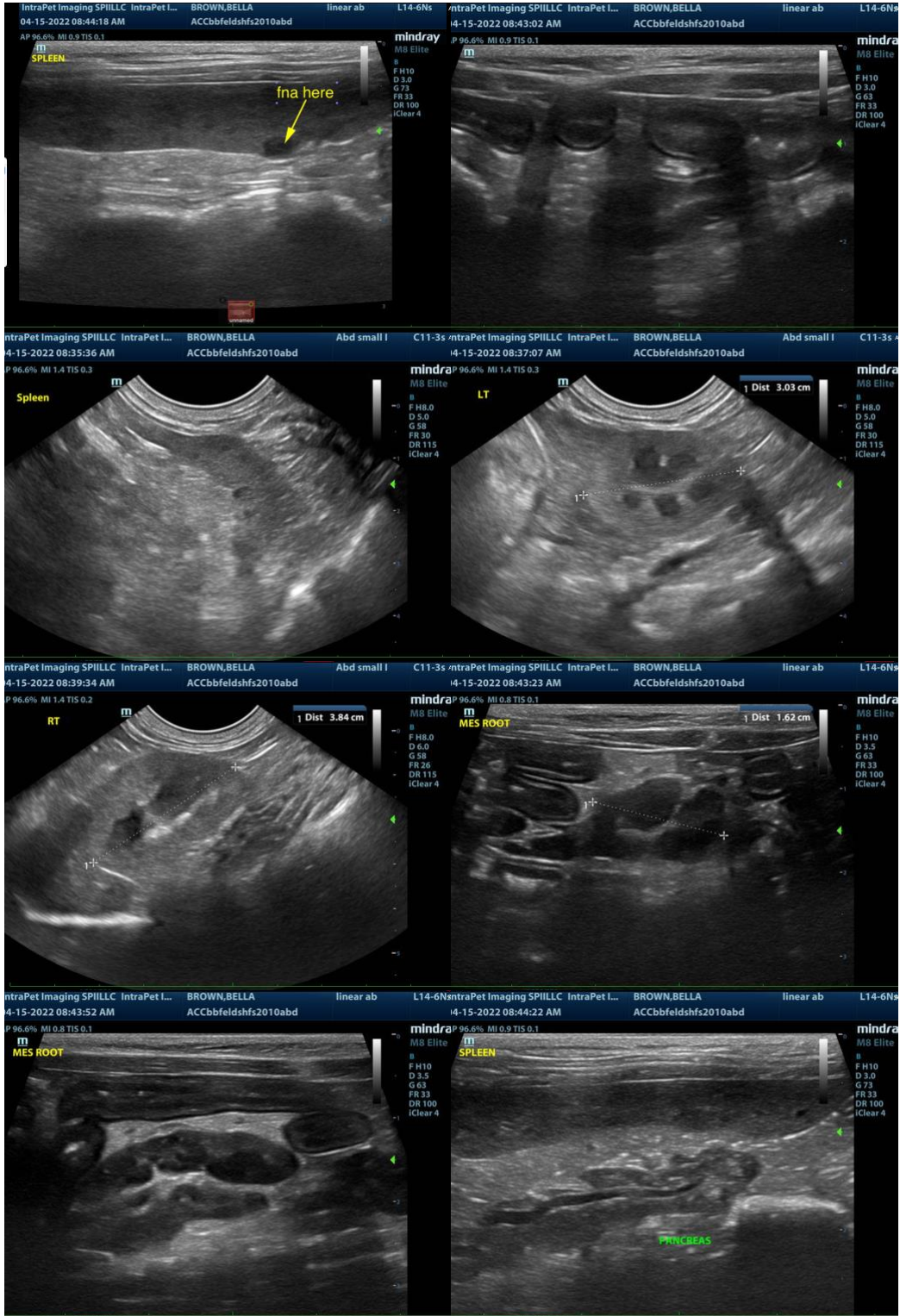
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

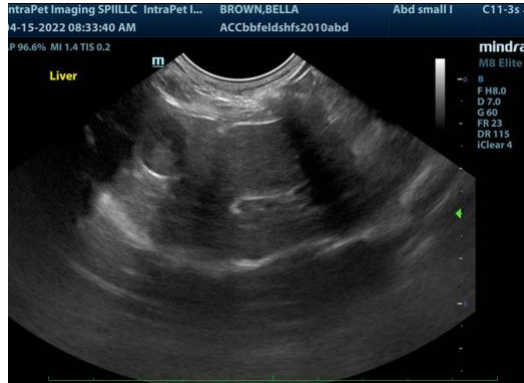
FNA of the lymph nodes, spleen and pancreas would be ideal in this patient for further definition. I'm concerned for triad disease emerging into round cell neoplasia. PCR or PAR evaluation may be necessary for a definitive diagnosis. Otherwise, full thickness intestinal, lymph node and pancreatic biopsies would be ideal. If sampling is not an option, a clinical trial of the following could be considered. However, I'm strongly concerned for underlying neoplasia, especially given the nodular splenic changes. Round cell neoplasia, splenitis, hyperplasia all possible with the spleen. Mast cell disease and FIP are unknown potentials.

### **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 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.





**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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