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Clinical Sonography & Telecytology
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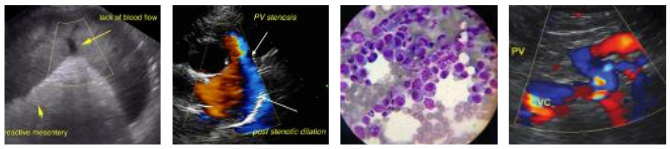


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Tully Fott

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Neutered Male

**AGE**
5.5 Years

**WEIGHT**
7.98 Pounds

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Destiney Dinsman, LVT

**HOSPITAL NAME**
Animage Mobile VU

**REFERRING VET**
Amy R. Bossung DVM Cert IVUSS

**INVOICE**
14845

**DATE**
4/21/22

## PRESENTING CLINICAL SIGNS

History: Pet presented 3/19/22 for intermittent vomiting. Pet has a history of vomiting, which the owner formerly attributed to dietary indiscretion. The pet has been eating RC GI Fiber balance, and the vomiting subsided for the most part for a while now. Within a couple of weeks of initial presentation, the pet seemed to be eating less, so the owner began adding Friskies and other non-RX food to the diet. The pet did eat more, but the vomiting has returned and occurs at least every other day. Pet was 8.42 lbs. prior and is now about 7.9lbs. Pet was started on Metoclopramide Suspension, and Purina HA diet change. Pet presents today for ultrasound to check for IBD vs Lymphoma vs other. Owner reports no meds were given today, and that the pet has had some soft feces in the past 24 hours.

Abnormal PE/Chem/CBC/UA Results: Bloodwork not performed by rDVM. Radiographs NSF per Dr. Schroeder of Paradise Pet Hospital in Las Vegas NV.

## 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 **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 right kidney measured 3.85 cm. The left kidney measured 3.73 cm.

### *Adrenal Glands*

Both **adrenal glands** were 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 0.35 cm in width. The right adrenal gland measured 0.42 cm.

### *Spleen*

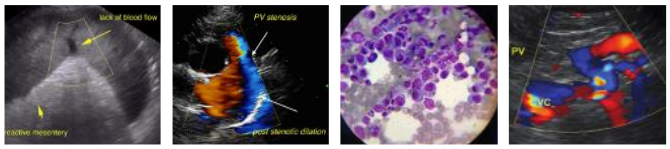
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

### *Liver*

The **liver** was largely unremarkable with slight increased portal markings. A hypoechoic (1.9 cm x 1.17 cm) nodule was noted in the left liver. FNA indicated. The gallbladder and common bile duct were unremarkable.

### *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 evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early



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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. Intestinal wall thickness measured up to 0.33 cm. Soft stool was note din the colon.

### *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### *Free Abdomen*

The mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node size measured 1.27 cm x 0.39 cm.

## ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis. Neoplastic criteria not met.
- Mesenteric lymphadenopathy, reactive pattern
- Liver, slight increased portal markings and left liver nodule

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes, cytology and culture would be ideal. FNA of the liver nodule strongly recommended. Even though no neoplastic criteria is met in the lymph nodes and the intestine, despite the hypertrophied muscularis, emerging round cell neoplasia cannot be ruled out. Full thickness intestinal and lymph nodes +/- liver nodule biopsies would be ideal. If sampling is absolutely not an option, then a clinical trial of the following could be considered +/- prednisolone trial if any weight loss is present. B-12 injections indicated.

**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.

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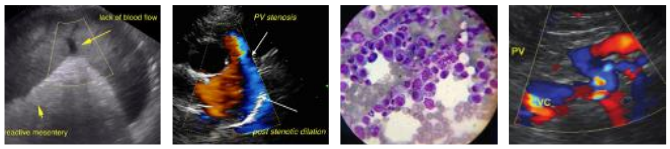

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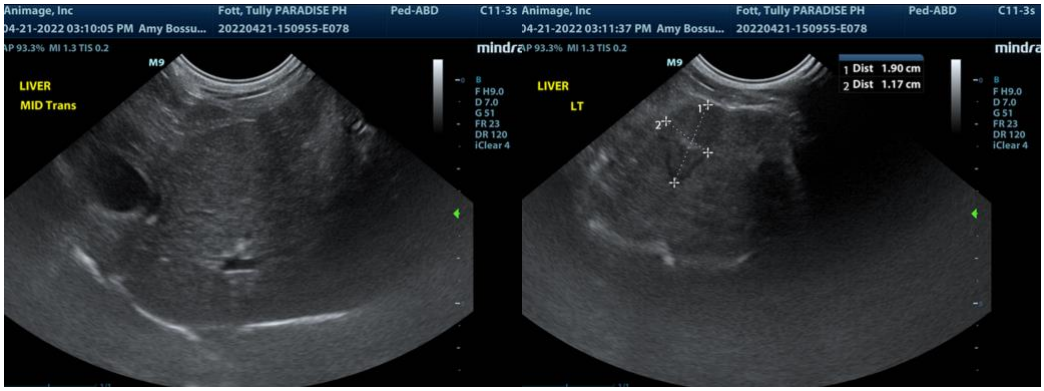


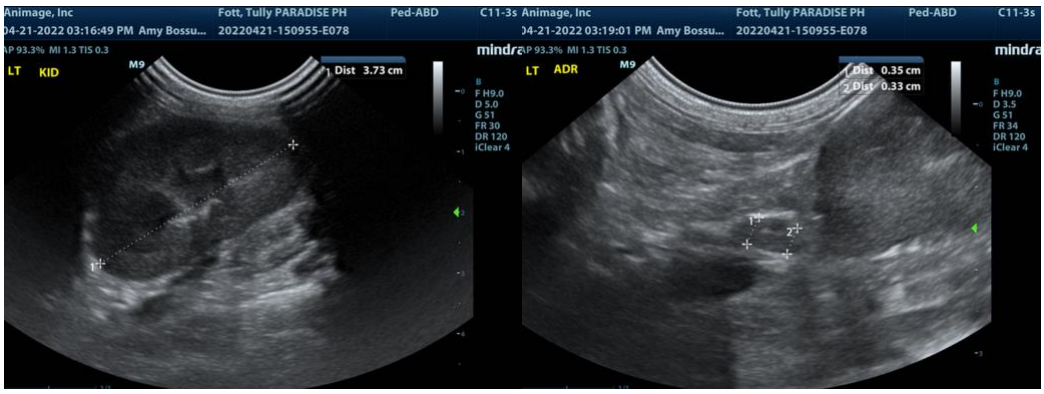


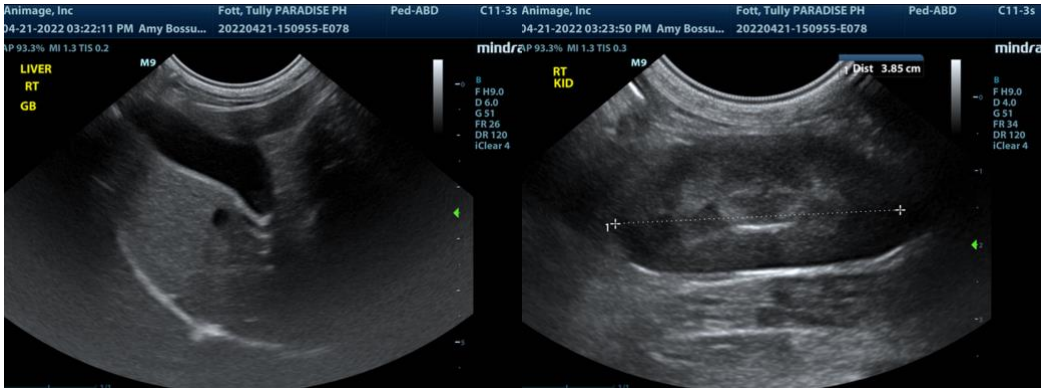


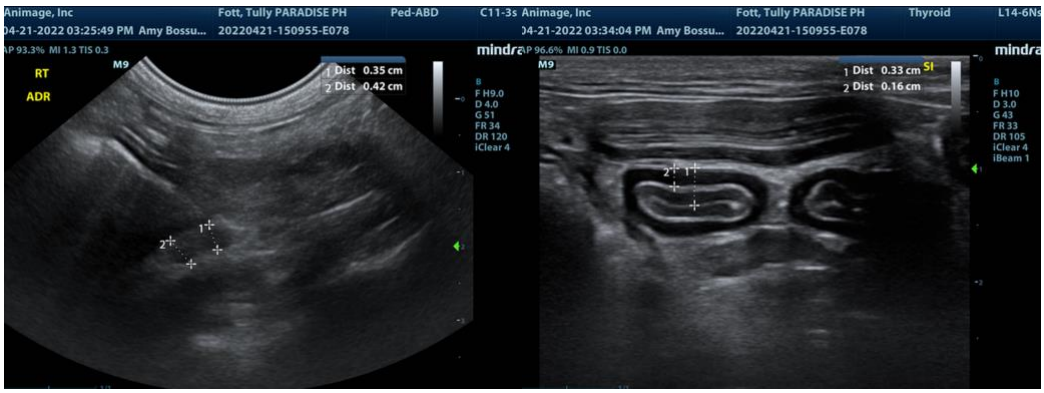

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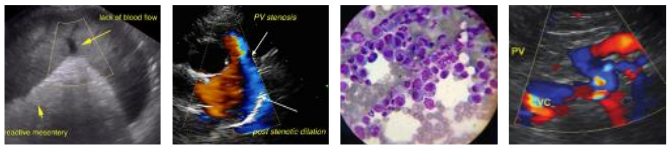

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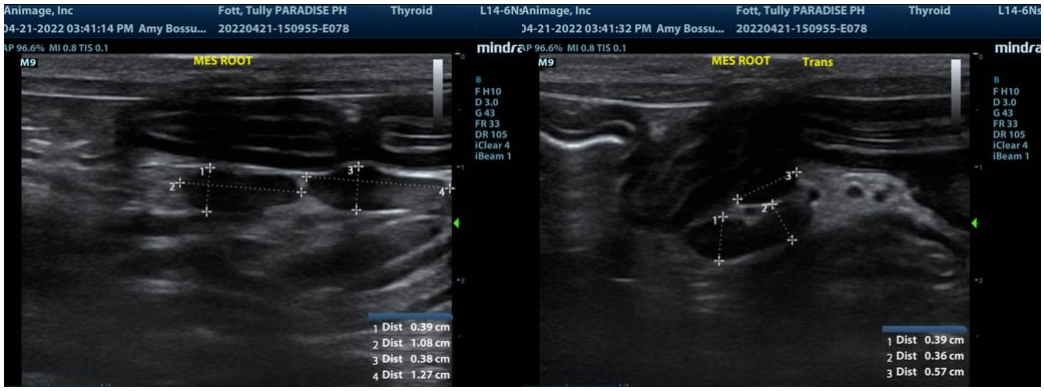


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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