

**DATE PRESENTING CLINICAL SIGNS**

6/23/23

History: Chronic diarrhea and weight loss. Concern for IBD or other abdominal pathology. Fecal results and culture are negative.

PATIENT

Anthony Hiera

Current Medications: Metronidazole, probiotics, and fenbendazole. Owner reports no improvement.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Stat Report: Not requested.

Feline

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Himalayan

Urinary System

The **urinary bladder** revealed a minimal amount of urine present yet minor micropolypoid changes were noted. Some debris was noted. Urinalysis is warranted to assess for inflammatory sediment.

SEX

Neutered Male

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 3.87 cm. The left kidney measured 3.95 cm.

AGE

6/1/21

WEIGHT

8 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 0.38 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

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

HOSPITAL NAME**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.

Homeward Bound VS

REFERRING VET

Dr. Sorum

Liver

The **liver** revealed slight coarse architecture with increased portal markings. The gallbladder wall was echogenic.

INVOICE

23026

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. 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. This is a moderate change.

Pancreas

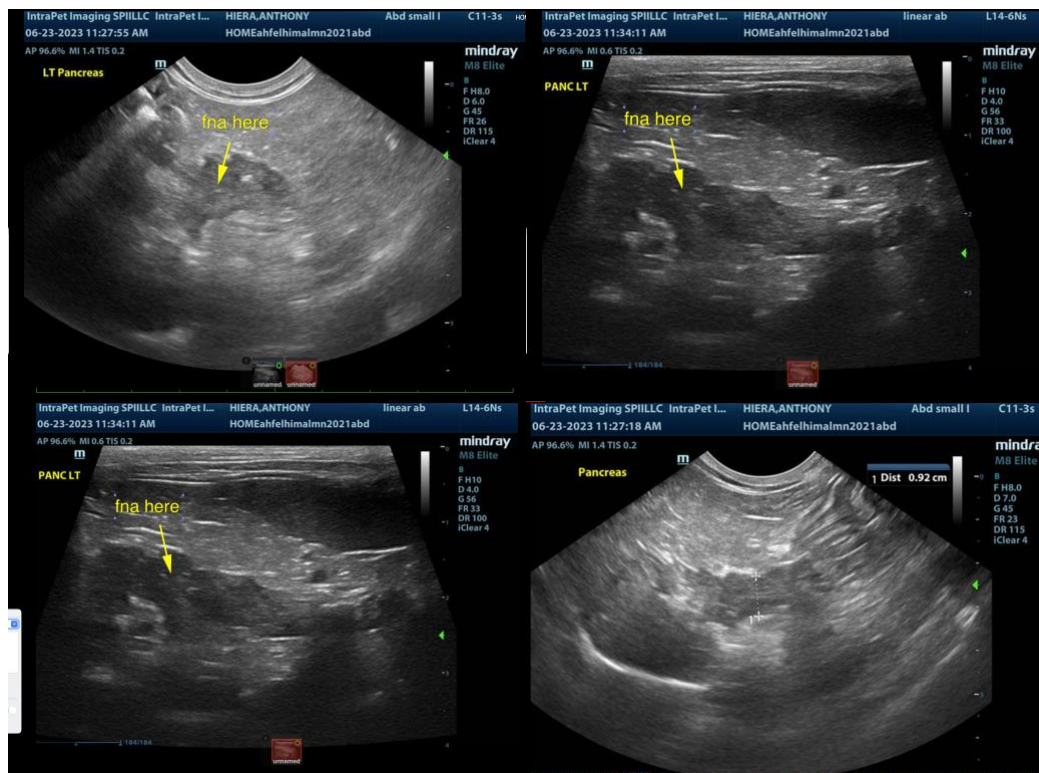
The **pancreas** was hypochoic and irregular with undulating contour and generalized enlargement. Areas of enhanced mesentery were noted, suggestive for inflammation.

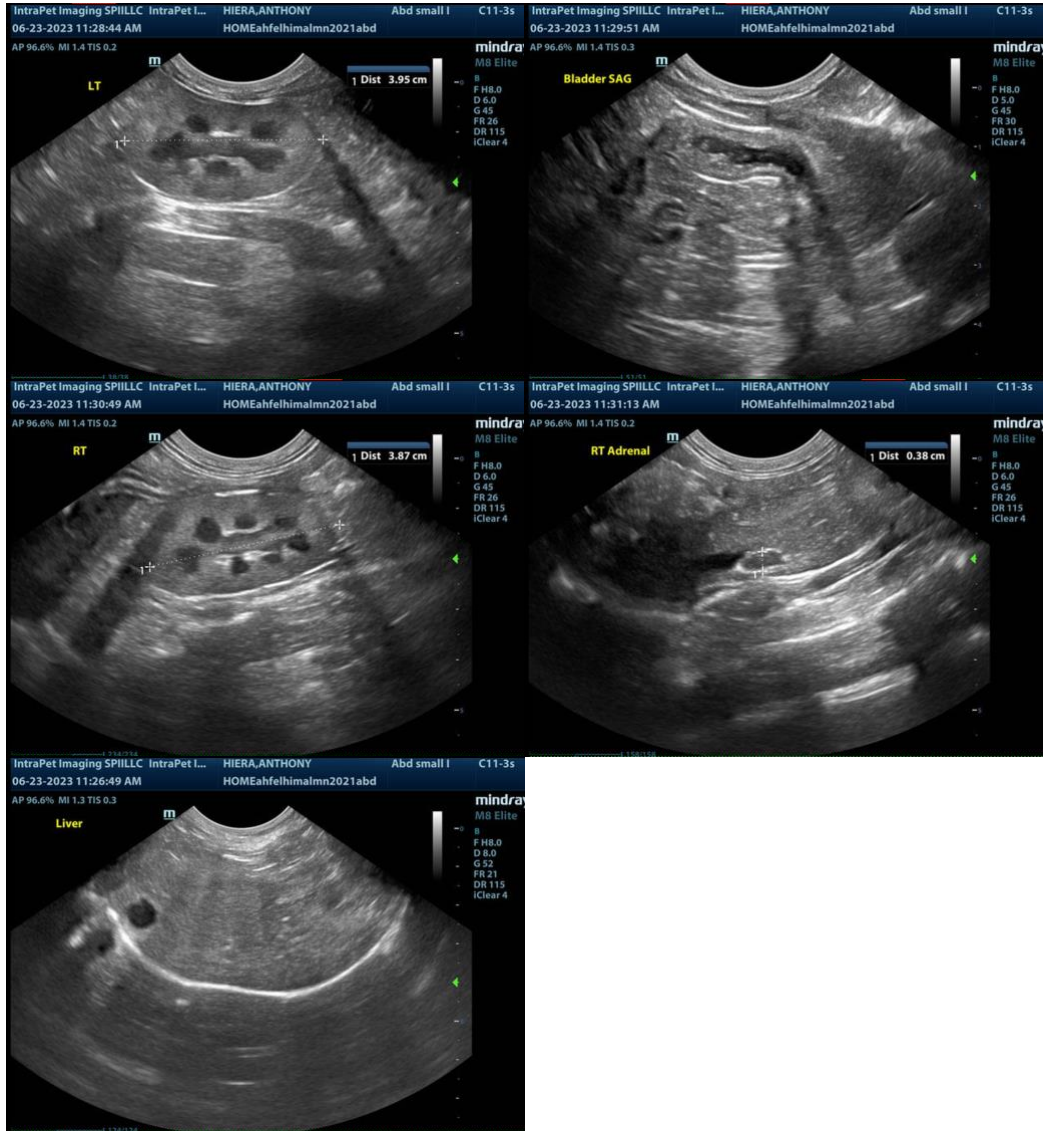
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening without neoplastic criteria, consistent with inflammatory bowel.
- Hepatic remodeling, likely owing to history of cholangitis.
- Prominent, irregular, peripherally inflamed pancreas- consistent with pancreatitis. Minor potential for pancreatic neoplasia.
- Minor micropolypoid changes and debris in the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the age of this patient, and the pancreatic presentation, FNA of the pancreas would be recommended to assess cytology and inflammatory cell type, as well as to rule out underlying neoplasia, though not overtly suspected. Neutrophilic vs lymphoplasmacytic inflammation should be defined. Urinary work up is indicated as well. Research has found that pancreatic FNA is safe in dogs and cats. Empirical treatment for pancreatitis is warranted. Underlying infectious agents, such as toxoplasmosis and bartonella should be ruled out as underlying players in this case. Urinalysis is warranted to assess for inflammatory sediment in the urinary bladder.





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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