

**DATE PRESENTING CLINICAL SIGNS**

3/31/23 3/29/23 seen for 1 week history of not eating, lethargy. Bloody diarrhea.

PATIENT

Nadine Cat Rescue of Maryland

Current Medications: None listed.
 Lab Results: Hyperthyroid, low albumin.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

SEX

Spayed Female

AGE

11/16/21

WEIGHT

5 Pounds

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Oliveri

INVOICE

46353

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney measures at the small end of normal in size, shape and architecture with smooth peripheral margins and measures 3.5 cm. There is slightly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney measures at the small end of normal in size, shape and architecture with smooth peripheral margins and measures 3.12 cm. There is slightly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. A moderate amount of dependent echogenic debris is present. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness (2.0 mm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear moderately to significantly thickened. The duodenum measures thick at 0.30 cm with distinct wall layering. However, the mucosa is hyperechoic in certain areas, and there is some blurring of layers between the mucosa and submucosa in certain segments. The remainder of the small intestine also measures thick with some layers measuring thicker than others, but the jejunum measured up to 0.40 cm at the thickest portion. There are segments of jejunum with a hyperechoic mucosa and slight blurring of layers in those segments, but otherwise wall layering is preserved elsewhere. The muscularis layer is thickened throughout, but in some segments of jejunum it approaches the same thickness as the mucosa. The lumen of the small intestine is mostly empty with some scant ingesta, with no signs of ileus, obstruction, or foreign material. No focal lesions are observed. The ileocolic junction was visualized and had normal intact wall layering and is subjectively normal in thickness. The ileocolic lymph nodes are enlarged, with the largest measuring 1.1 cm x 0.33 cm. The lymph nodes are mildly hypoechoic with surrounding hyperechoic fat.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas was mildly hypoechoic, surrounded by hyperechoic mesentery. There is no evidence of nodules or cystic lesions. The visible pancreatic duct was normal. A pancreatic lymph node is enlarged and hypoechoic with surrounding hyperechoic fat, measuring 0.67 cm x 0.79 cm.

Free Abdomen

The entire mesentery is hyperechoic. There are enlarged hypoechoic mesenteric lymph nodes that measure 0.45 cm in thickness. There is no effusion.

PRIMARY FINDINGS

- Severe chronic enteropathy with mesenteric lymphadenopathy
- Mild pancreatitis
- Reactive/inflamed mesentery

SECONDARY FINDINGS

- Chronic degenerative renal changes
- Gallbladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the intestinal tract are severe, and the thick muscularis suggests a chronic enteropathy. The draining lymph nodes are enlarged, and the mesentery is also inflamed and reactive. This is considered to represent an acute on chronic enteropathy. While the lymph nodes may be reactive, given the severity of the changes to the small intestines as well as the changes on lab work, a more severe inflammatory bowel disease or small cell lymphoma would be considered most likely. Hyperthyroidism can cause diarrhea, though it would not be expected to cause this severity of changes alone. There is also acute pancreatitis, though it is mild. Consider controlling the hyperthyroidism, treating supportively for acute gastroenteritis, and then follow up with a GI panel, a novel protein diet, and consider intestinal biopsies. Alternatively, empiric steroids could be considered if intestinal biopsies are unlikely.



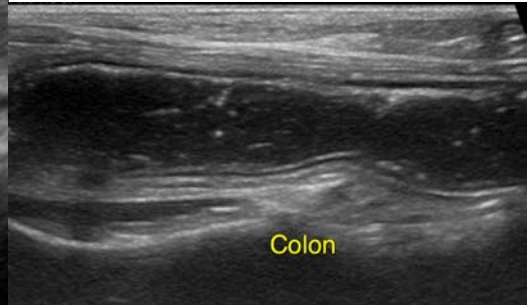
Right Kidney



Ileocolic LN



Left Adrenal



Colon



Left Kidney



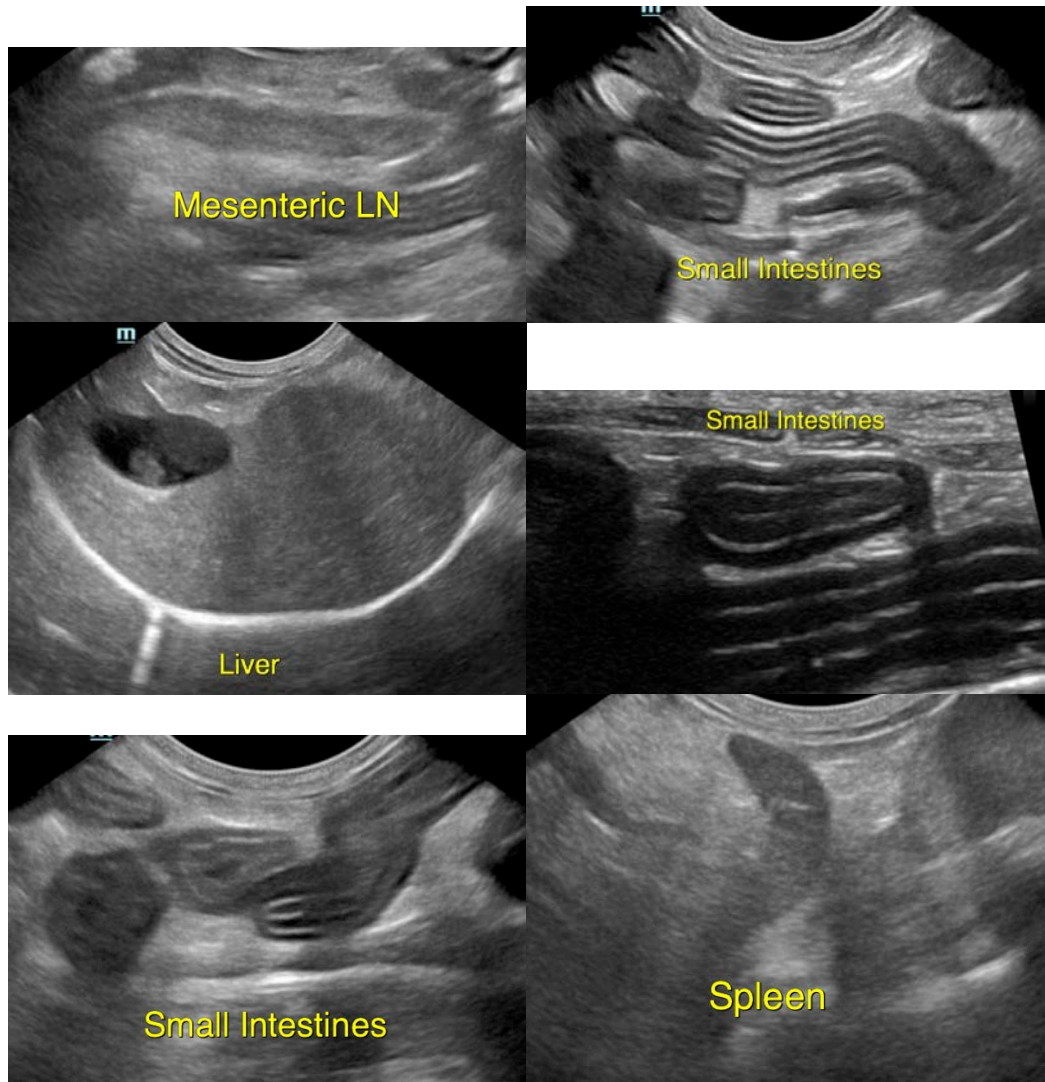
Pancreas



Pancreatic LN



Right Adrenal



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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