

**DATE PRESENTING CLINICAL SIGNS**

4.27.2023 Recent several week hx of vomiting and diarrhea.

PATIENT

Woody Kalb

Current Medications: Provable 1 capsule SID 15 days, Metronidazole 125mg SID for 10 days.
 Lab Results: 4/19/23- CBC/Chem/T4/pro BNP/UA all WNL. Long hx of soft tissue sarcoma LF paw (dx in 2018)- no local clinical issues.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

SEX

Neutered Male

AGE

7/4/2011

WEIGHT

24.9l bs

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.

There is a scant amount of suspended echogenic speckles are observed within the lumen that can be consistent with lipid in cats. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size (4.58 cm) shape and architecture with a subtle undulating contour. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.47 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Jessica Midence,
 DVM, DACVIM
 (SAIM)

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.48 cm) with a normal shape and is normal in appearance and echogenicity.

HOSPITAL NAME

Essex Mid. River VC

Spleen

The splenic echotexture is homogeneous with parenchyma hypoechoic to liver and hyperechoic to the renal cortical parenchyma. The spleen measures very mildly thick (at 1.20 cm). The capsule has some undulations, but is otherwise smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

REFERRING VET

Dr. Zulty

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears hyperechoic with decreased 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.

INVOICE

12876

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

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness 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 normal.

The duodenum measures normal with distinct wall layering. While some areas of small intestine measure normal with normal distinct wall layering, other focal loops of jejunum measure at the high end of normal or just over normal, with the thickest measuring 0.24 cm. In these thicker areas of jejunum, there is subtle blurring of wall layers, with a subjectively thickened muscularis layer. Ingesta was visualized in several loops.

The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness.

The sections of colon are visualized with formed shadowing feces within the colon.

Pancreas

The pancreas is diffusely hypoechoic (measuring up to 1.00 cm). The surrounding fat is hyperechoic. There is no evidence of nodules or cystic lesions. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The ileocecolic lymph nodes were mildly enlarged (the largest measuring 1.10 cm in length x 0.50 cm in width) and hyperechoic, and the fat surrounding was hyperechoic. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic enteropathy with focal subtle blurring of layers and reactive lymphadenopathy
- Moderate pancreatitis

Secondary Findings

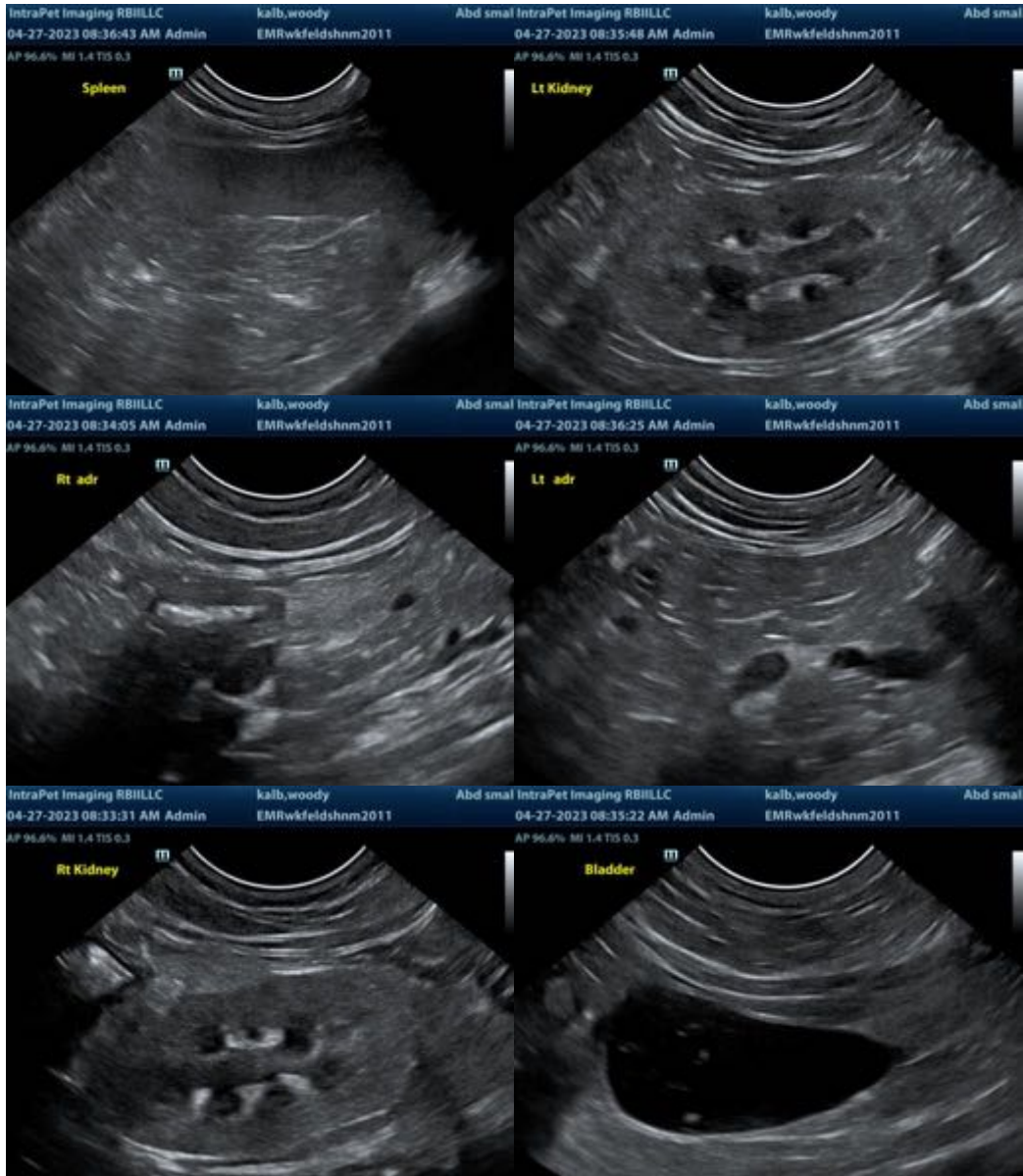
- Splenomegaly with undulating contour

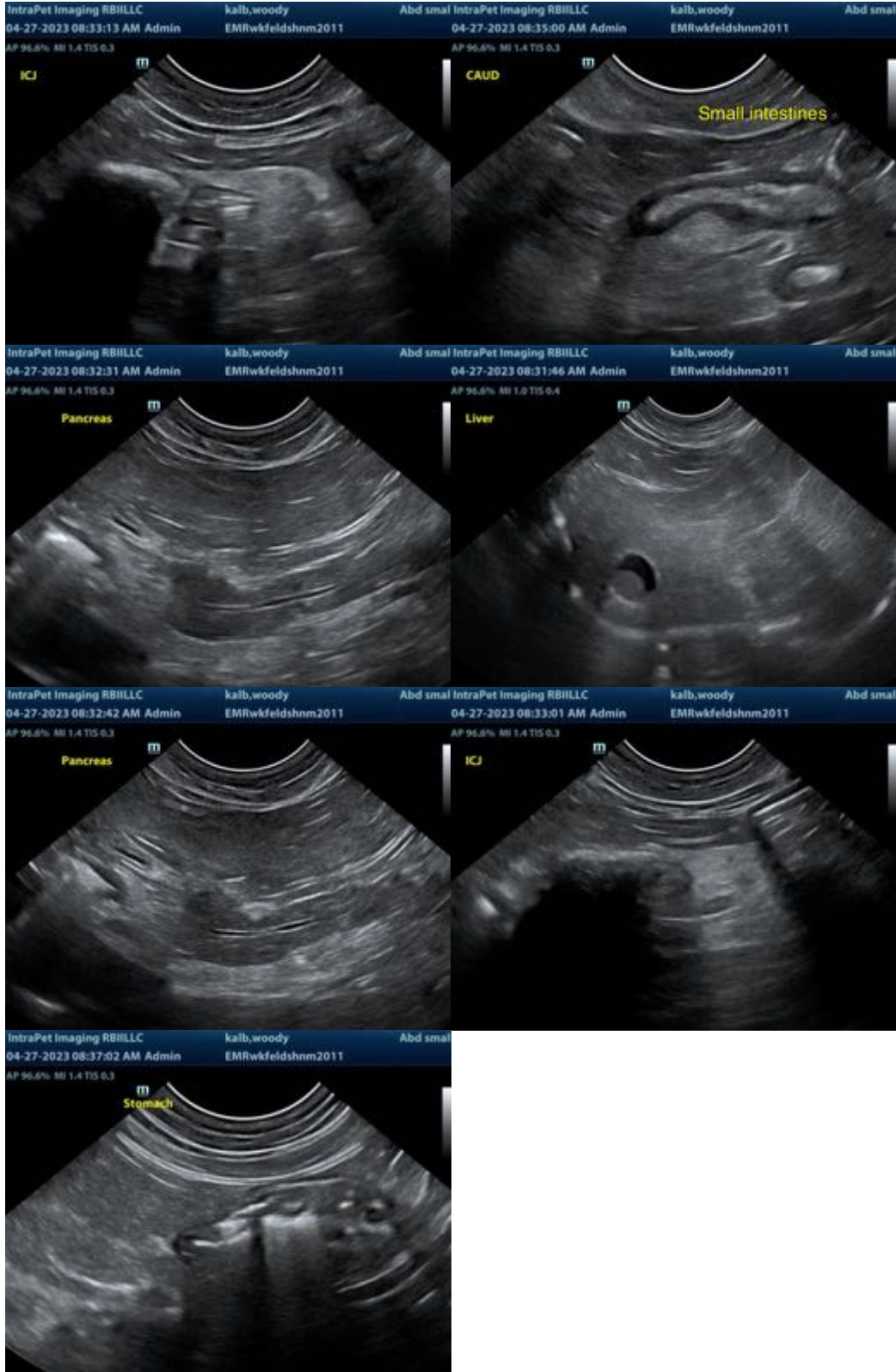
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple loops of small intestine that measure subtly thick with subtle loss of layering. There were also reactive ileocecolic lymph nodes. The changes to the intestinal tract are consistent with chronic enteropathy and suspected reactive mesenteric lymph nodes. Inflammatory bowel disease (+/- food allergy) vs small cell lymphoma would be suspected based on this ultrasound (the two cannot be distinguished based on ultrasound alone). Consider a GI panel, diet trial and surgical or endoscopic biopsies for further characterization. Empirical treatment with steroids could be considered as well.

The appearance of the pancreas is consistent with moderate pancreatitis. Consider supportive care and many of the same treatments for chronic enteropathy.

The echogenicity of the spleen appeared normal, although it measured just over normal and had a slightly undulating capsule. While these changes are likely reactive to the intestinal disease, infiltrative disease such as small cell lymphoma or even mast cell tumor cannot entirely be excluded and aspiration could be considered, if interested.





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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