**PATIENT PRESENTING CLINICAL SIGNS**

Joey Mathieu History: Weight loss, hairballs. Was 12 lbs 2-2022. Presented 1-14-23 with 2.38 lb weight loss, decreased appetite, and intestinal thickening. Diagnosed with IRIS stage 2 and pancreatitis. T4 was 1.7, fPL was 30.7. Treated with Cerenia and mirataz. Has gained some weight back with treatments and fPL decreased to 5.1 and now 11.8 after Zeniquin course

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Thin, dental disease, I/VI systolic heart murmur - new 3-24-23; CBC wnl. SDMA 1.6, Creat 1.8, BUN 45, fPL 11.8, BNP 48 1-14-23 Blood pressure 170 (suspect stress), UA - USG 1.019, rest of UA nsf

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

Feline

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The small amount of echogenic debris is observed within the lumen that could be consistent with lipid. No masses, inflammatory changes or calculi are observed.

**AGE**

16.5 years

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.52 cm. The cortex is mildly thickened and hyperechoic with a mild decrease in corticomedullary definition. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

10 lbs

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.41 cm. The cortex is mildly thickened and hyperechoic with a mild decrease in corticomedullary definition. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size at 0.41 cm. The right adrenal gland has normal shape and is normal in appearance and echogenicity.

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

The right adrenal gland is normal in size at 0.42 cm. The right adrenal gland has normal shape and is normal in appearance and echogenicity.

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**Spleen**

The splenic echotexture is homogeneous with parenchyma isoechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The spleen does measure slightly thick (1.20 cm in the mid-body). Splenic vasculature is normal without signs of congestion or thrombosis.

**HOSPITAL NAME**

SVS Imaging Michigan

**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.

**REFERRING VET**

Dr. Taylor

The gallbladder lumen is moderately distended with anechoic bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal Tract****INVOICE**

12696

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.23 cm) 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.

**DATE**

4.6.23

The visualized areas of duodenum, jejunum and ileum appear diffusely thickened. The duodenum measures thick 0.29 cm, (normal is up to 0.24 cm) with distinct wall layering. The duodenum is also mildly corrugated. The remainder of the small intestines also measure moderately thick, up to 0.32 cm, (normal is up to 0.25 cm) with normal wall layering and mild corrugation. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and was also thick, measuring 0.37 cm (normal is up to 0.32 cm).

The sections of colon are visualized (0.15 cm at the thickest) with formed fecal material and gas shadowing distally.

#### ***Pancreas***

The area of the pancreas is normal considering the age of the patient.

#### ***Peritoneum***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

### **ULTRASONOGRAPHIC FINDINGS**

#### ***Primary Findings***

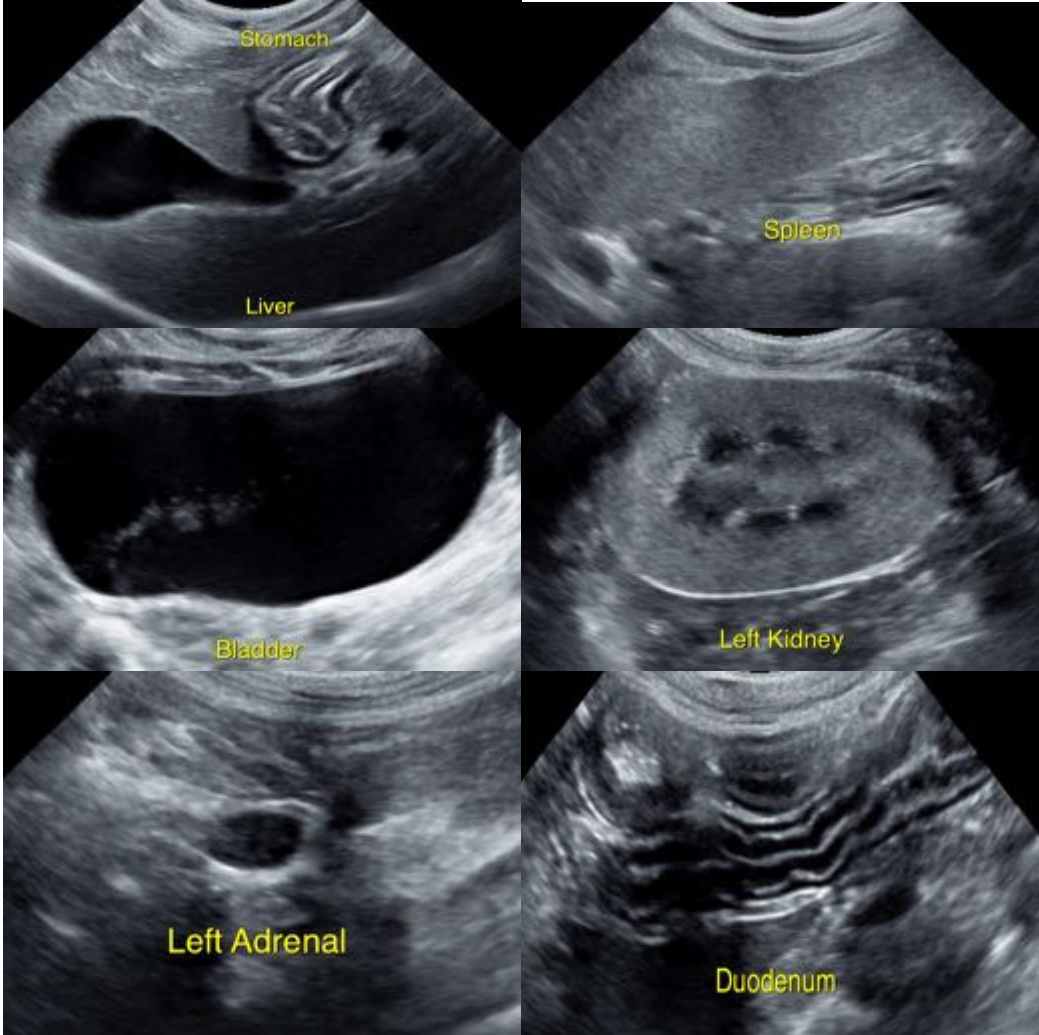
- Diffusely thickened and mildly corrugated small intestines
- Mild chronic degenerative renal changes

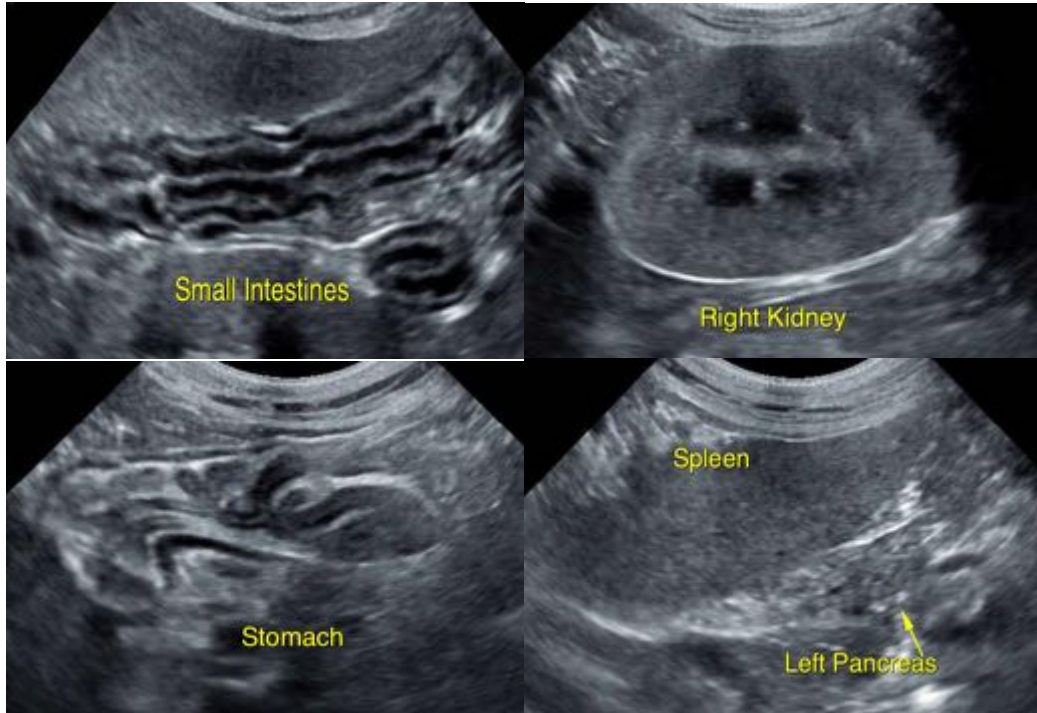
#### ***Secondary Findings***

- Generous spleen

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

- The intestines are diffusely thick, with mild corrugation throughout. All layering is preserved, and there is no associated lymphadenopathy. This is consistent with a chronic enteropathy, such as inflammatory bowel disease or small cell lymphoma (given the weight loss and decreased appetite). There are no sonographic changes to suggest a more aggressive disease process, though, unfortunately, sonography alone cannot distinguish between IBD and small cell lymphoma. Biopsy would be necessary (surgical versus endoscopic). Consider a GI panel and diet change to Royal Canin Multifunction Renal/Hydrolyzed Protein (if possible) or empiric steroids with caution, given the underlying chronic kidney disease.
- The spleen measures slightly thick. This is likely reactive extramedullary hematopoiesis or lymphoid hyperplasia.





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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