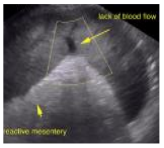
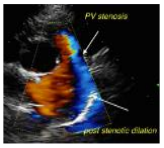
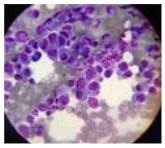
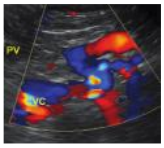
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™






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

**PATIENT**

Sylvester Cat Rescue & Adoption Network

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

Karen Ebersole, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Carly Pate

**HOSPITAL NAME**

VCA McKenzie AH

**REFERRING VET**

Dr. Arpaia

**INVOICE**

14130

**DATE**

8.16.23

## PRESENTING CLINICAL SIGNS

History: Persistent soft stool-liquid diarrhea. Vomiting once a month (yellow bile, some hairballs) some episodes of decreased appetite in the past. Keyscreen PCRs have detected no parasites. Prednisolone EOD (had tried to reduce but diarrhea would return, B12 injections once a month. Eating RC HP dry kibble and canned z/d diet Grade 2/6 murmur noted on exam- previous echo done via Sonopath in 3/2023 Note: P is currently being fostered through a rescue, goal is to stabilize IBD-like symptoms, so he is a candidate to get adopted.

Abnormal PE/Chem/CBC/UA Results: Aug 12 2023 Senior panel, UA, SDMA WNL. Essential vitamin panel and Animal Biome panel pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 3.00 cm and was normal in thickness and tone.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 3.90 cm in length. The right kidney measured 3.70 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

### *Adrenal Glands*

Both adrenal glands were visualized and normal in size, ovoid shape and homogenous parenchyma. There was no visible capsular expansion or pericapsular inflammation. The left adrenal gland measured 3.00 mm in width. The right adrenal gland measured 3.00 mm in width.

### *Spleen*

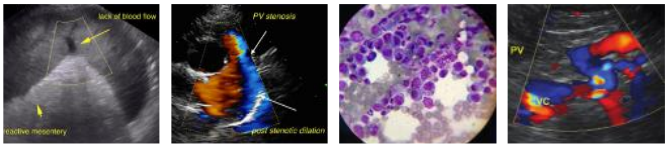
The spleen was mildly increased in size (1.00 cm in width at the level of the hilus) with a mildly scalloping capsule contour. There were multifocal, discrete, small hypoechoic nodules throughout the parenchyma. There was no capsular distortion or vascular deviation associated with these nodules. The splenic vasculature at the hilus showed no evidence of thrombus and good vascularity with power doppler.

### *Liver/Gallbladder*

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

### *Gastrointestinal*

The stomach was empty with a normal wall thickness and layering throughout. The pylorus was visualized and normal. The duodenum was normal in thickness and wall layering (measuring 2.00 mm wall thickness). The jejunum was mildly thickened with normal wall layering. The jejunal wall measured 2.60 mm and 2.40 mm. The colonic wall was increased in wall thickness with a very pronounced submucosal layer. The colon was primarily empty with a small amount of semi-formed stools. The colonic wall measured 2.00 mm in



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thickness. The ileocecocolic junction was visualized and normal. There was a cluster of enlarged mesenteric lymph nodes at the mesenteric root. They maintained length: width ratio and were hypoechoic with mild increased echogenicity of the fat around them, likely representing inflammation. There were no overt masses in the intestine.

***Pancreas***

The parenchyma of the pancreas was hyperechoic to the mesentery with normal diffuse parenchymal remodeling. The capsule contour was mildly irregular, with no evidence of local inflammation. These changes may suggest chronic inflammation or fibrosis from previous bouts of pancreatitis. No overt signs of pancreatic neoplasia.

***Free Abdomen***

## ULTRASONOGRAPHIC FINDINGS

- Diffuse, mild small intestinal wall thickening
- Colon wall thickening – mild colitis pattern
- Chronic fibrosing pancreatitis pattern
- Mild mesenteric lymphadenopathy – reactive pattern
- Micronodular splenic pattern

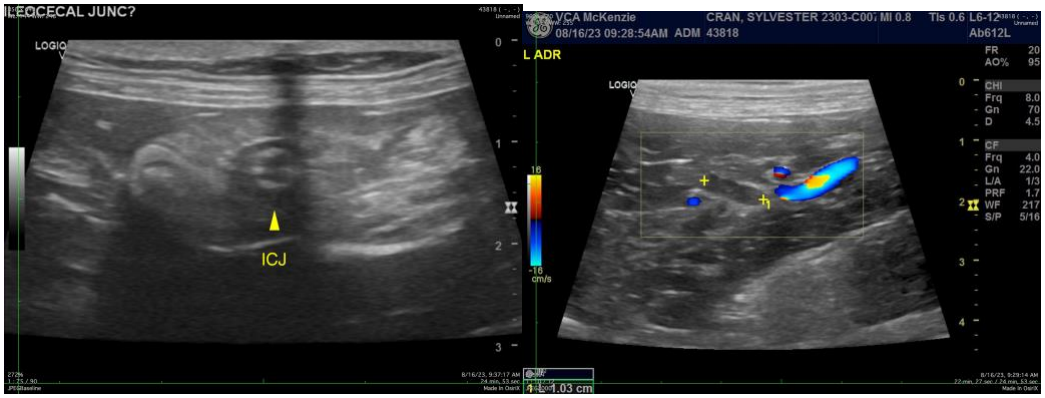
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical and sonographic presentation is most consistent with IBD; however, biopsies would be needed to confirm (either endoscopy if able to reach the affected area or surgical full thickness biopsies). Other potential causes, such as lymphoma and FIP can also present in this way at times, though they are considered less likely in this case given the lack of significant weight loss.

Some older cats with chronic pancreatitis can develop secondary EPI, and given Sylvester's persistent diarrhea with lack of complete response to normal IBD treatment, a GI panel is recommended to assess pancreatic and intestinal function (PLI, TLI, Cobalamin and Folate; TAMU GI assays).

The splenic presentation is most likely reactive splenitis, such as immune stimulation, however early emerging neoplasia can't be ruled out completely, though is not suspected.

Given the lack of response to a hydrolyzed diet, I would recommend a diet trial with a high fiber GI diet and/or addition of a high potency probiotic that has additional fiber (such as Fortiflora SA which contains psyllium).



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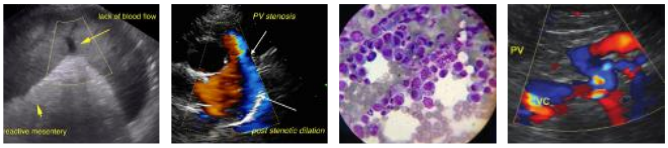

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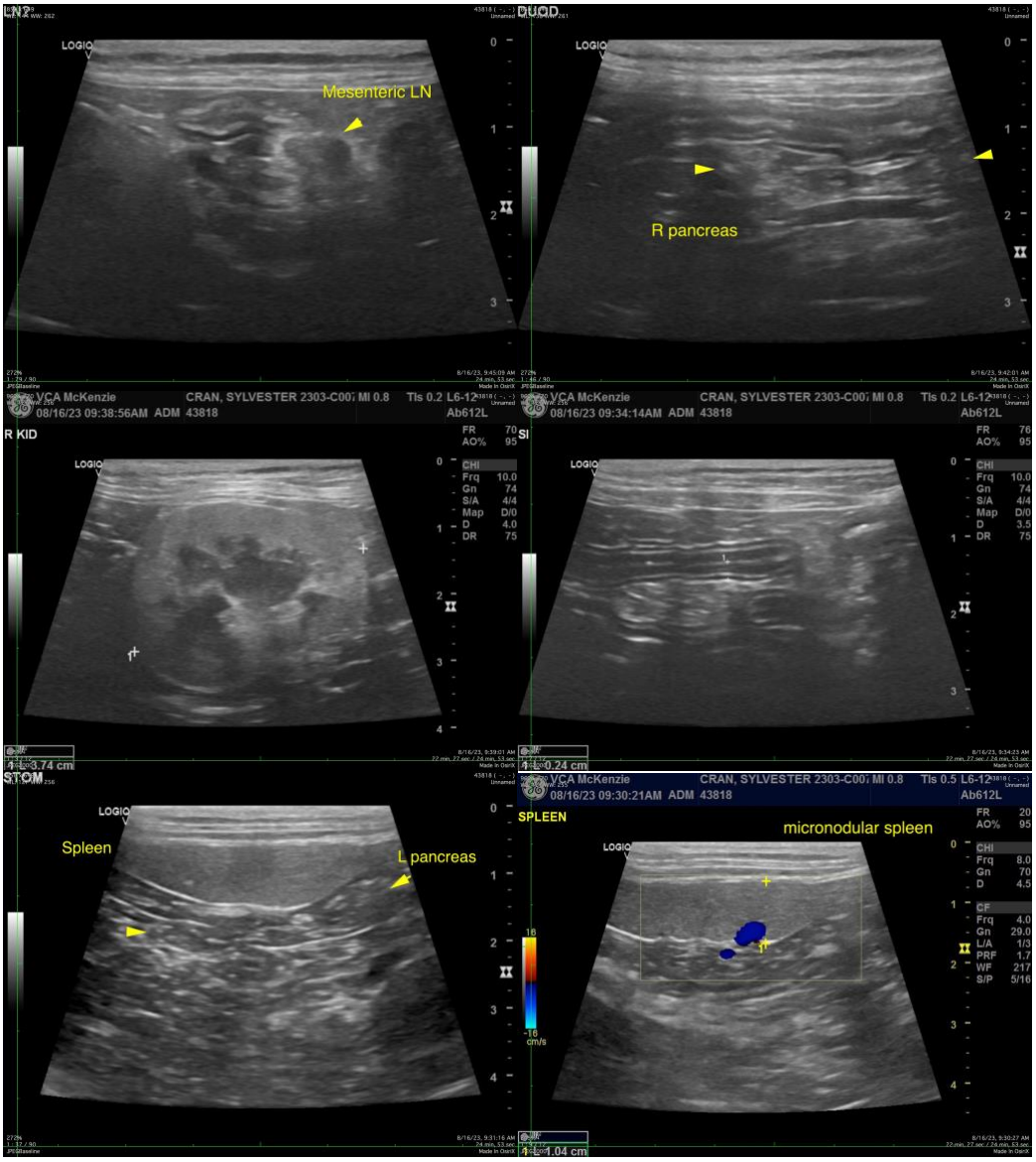


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com