


PATIENT PRESENTING CLINICAL SIGNS

Bubbles Cramer
SPECIES History: Premedicated with butorphanol (IV) Hx: 15.3 yo FS DSH 6.4#
 History of weight loss (was 10.5# in 2016), PU/PD/PP, diarrhea.
 Bloodwork NSF. BG 105 (N). T4 1.9 (N). UA mild proteinuria 2+ USG 1.046, otherwise quiet sediment.
 Creat 1.3 (N). Here for AUS to investigate weight loss.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH Urinary System

The bladder, trigone and visible pelvic urethra were normal in tone and thickness. The bladder contents were mainly anechoic mild suspended sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The ureters were not visible, which is normal. The urethra was visualized to a distance of 2.00-3.00 cm beyond the cystourethral junction.

SEX

Female Spayed

AGE

15 years, 3 mos

WEIGHT

6.4 lbs

INTERPRETED BY

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.

Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

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 2.00 mm in width. The right adrenal gland measured 3.00 mm in width.

IMAGING PERFORMED BY

Dr. Kristen Carpenter

Spleen

The spleen was normal in size (measuring 6 mm in width at the splenic hilus), shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

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Liver/Gallbladder

The liver was increased in size, with a smooth but rounded capsule contour. The parenchyma was subjectively hyperechoic with a mild coarse echotexture. The hepatic and portal veins were normal in size and structure, with no visible congestion. The gall bladder was normal in size and shape with mild echogenic non-mineralized sludge. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Kristin Cody

Gastrointestinal

The stomach was normal in size shape and position. The stomach wall thickness and layering appeared normal. The small intestinal walls were diffusely thickened with a prominent muscularis layer. Wall layering appeared intact throughout. There was mild regional mesenteric inflammation. The ileoceocolic junction was visualized and was normal. The colon walls were normal in thickness and layering and appeared to contain semi-formed stools.

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Pancreas

The pancreas was mildly enlarged with a mildly irregular capsule contour. The parenchyma was heterogenous with areas of more pronounced hypoechoic parenchyma and some areas of hyperechoic possible fibrotic areas. The right pancreatic limb showed increased vascularity on color doppler assessment.



PATIENT *Free Abdomen*

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FINDINGS

- Diffuse small intestine muscularis thickening, with maintained wall layering
- Acute-on-chronic pancreatitis pattern
- Mild, diffuse hyperechoic parenchyma in liver – DDX early hepatic lipidosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This sonographic presentation of the small intestines can be seen with severe IBD, Low Grade Alimentary Lymphoma (LGAL) or FIP can at times present like this. Full thickness biopsies or multiple endoscopic biopsies (if jejunum can be accessed with the scope) would be required for diagnosis. There are also signs of acute on chronic pancreatitis, and I am concerned that the diffuse, mild hyperechoic liver could indicate early hepatic lipidosis in this cat.

A GI panel is recommended (PLI, TLI, Cobalamin and Folate) to assess pancreatic and small intestine function.

If biopsies are not pursued, treatment for severe IBD and pancreatitis is reasonable and monitor clinical response. Treatment may include any or all of the following:

- GI support as needed (Cerenia, Miratazpine, etc)
- Analgesia as indicated for pancreatitis
- Prednisolone 1-2 mg/kg per day or Budesonide 0.5 - 0.75 mg/cat PO SID (not per mg/kg)
- Hydrolyzed diet trial
- Cobalamin supplementation (0.25 mg/250mcg SQ q 7 days x 4 weeks)
- High potency probiotics (Visbiome or Fortiflora SA).





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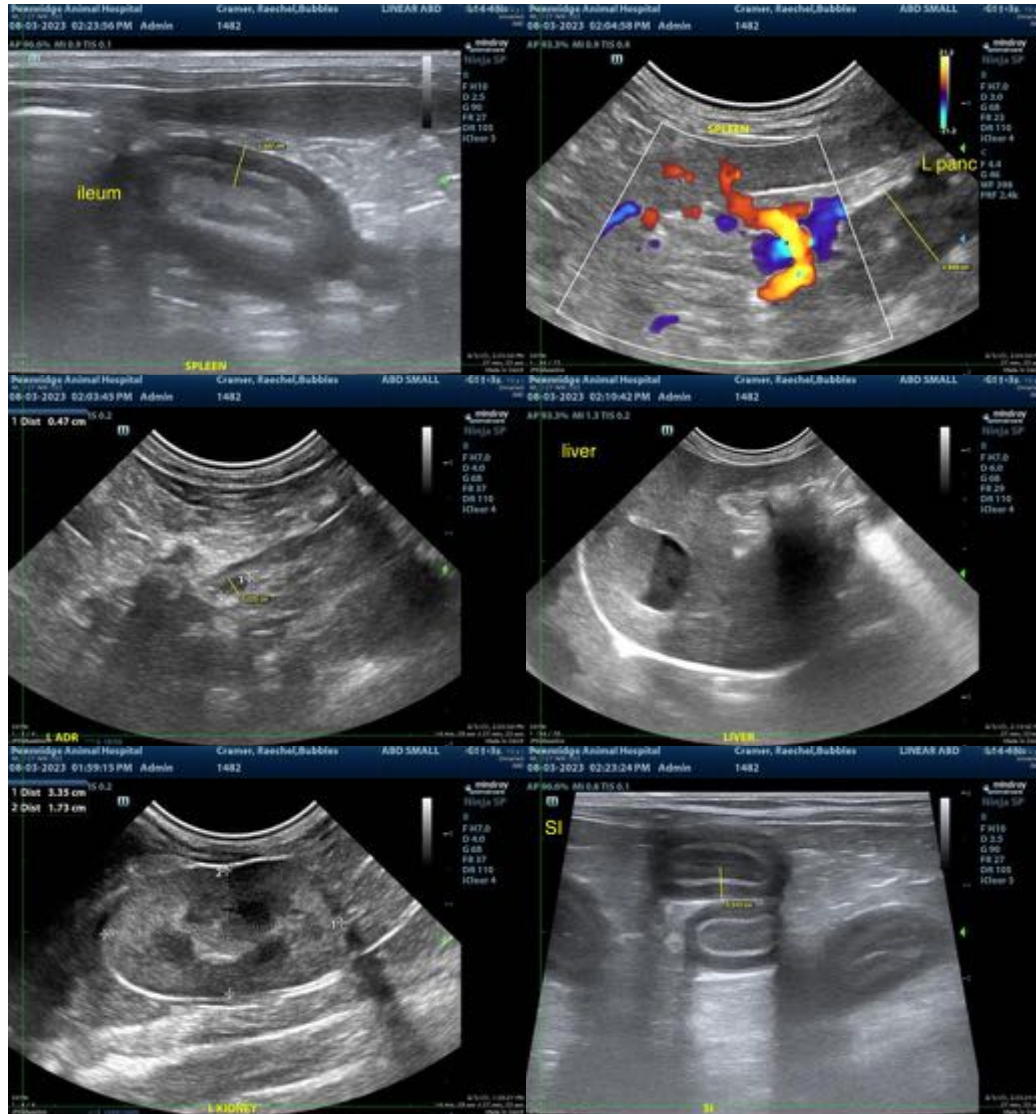
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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