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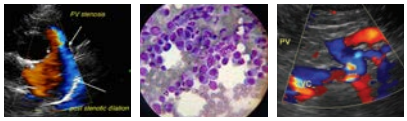

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DATE

10/20/21

PATIENT

Duma Coale

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

8/2/09

WEIGHT

9.19 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

BPH of Westminster

REFERRING VET

Dr. Carroll

INVOICE

26408

PRESENTING CLINICAL SIGNS

History: Hx of chronic loose stool/diarrhea- on vitamin B12 injections, SQ fluids, Tylosin and Metronidazole. Hx of elevated TLI, so on pancreatic supplement. Recent history of bloated abdomen a few days ago, started on Cerenia and Gabapentin. Convenia injection given 1 week ago for Upper respiratory infection and then doxycycline was started a few days ago since there was minimal improvement. 8/30/21 Ronidazole course for possible tritrichomonas. Low grade heart murmur 1/6 dx on 10/3/21.

Current Medications: Cerenia and Gabapentin. Convenia injection given 1 week ago for Upper respiratory infection and then Doxycycline was started a few days ago since there was minimal improvement. 8/30/21 Ronidazole course for possible tritrichomonas.
Lab Results: 10/17/21 CBC/Chem mild elevation ALT 173.
Radiographs: Radiographs of abdomen on 10/17/21 nsf. Attached separately.
Date of Previous IntraPet Ultrasound:
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.74 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.8 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mild/moderate mesenteric lymphadenopathy is present. Mesenteric lymph nodes measured 0.7, 0.54, and 0.99 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Large ingesta-dilated stomach with mildly fluid dilated small intestine – most consistent with a recent meal. If the patient was adequately fasted, then consider differentials such as delayed gastric emptying or a partial gastric obstruction (none observed).
- Mild/moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

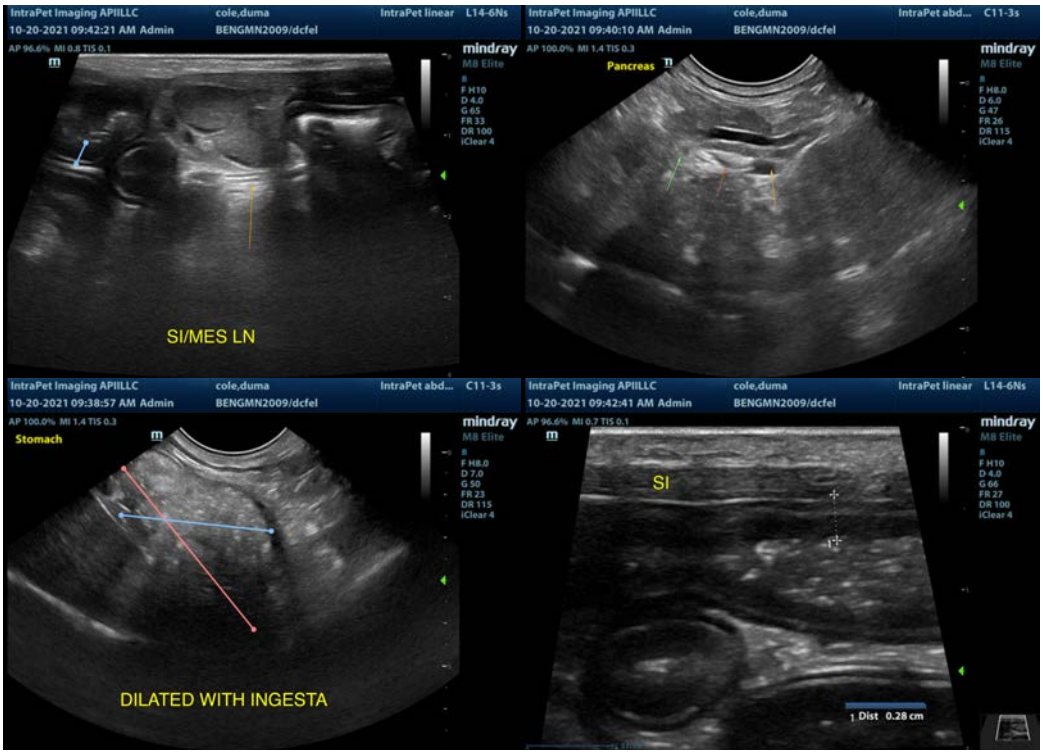
No focal bowel lesions were observed on today's scan. Unfortunately, the severity of the ultrasonographic changes do not always correlate with the severity of the GI symptoms exhibited. Many causes for GI signs cannot be definitively diagnosed by ultrasound alone.

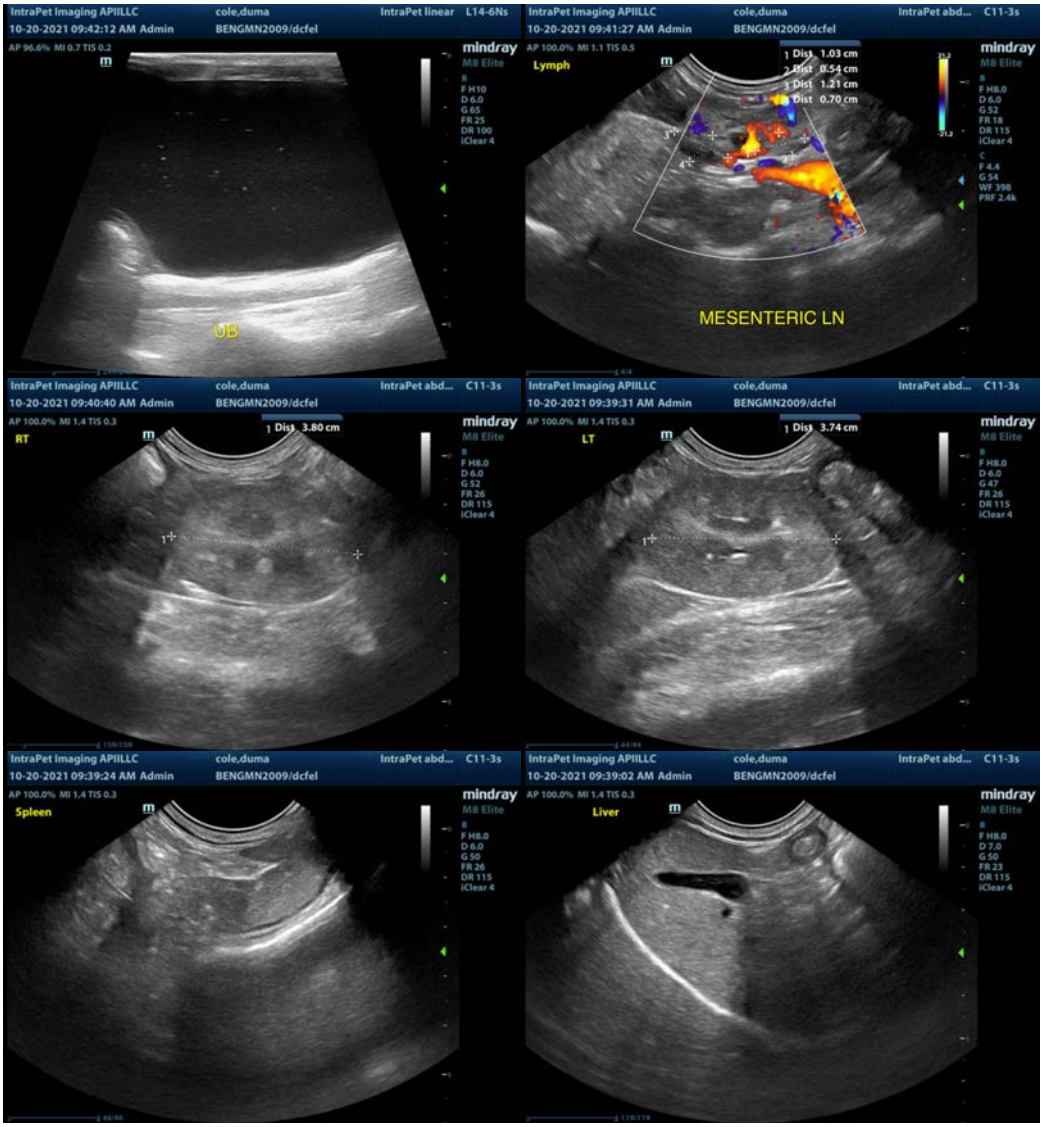
- Consider metabolic causes. Based on history, it sounds as if lab work is relatively normal. Cosider recheck GI panel if not recently done.

- More likely consider primary GI causes such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

-Recommend diet trial with a novel protein/hydrolyzed prescription diet
-Consider recheck GI panel if not done recently to reassess B12 levels etc. (start empirical B12 while waiting for results)
-Recommend probiotic therapy, as this patient has a history of systemic antibiotic use
-If symptoms are progressing, consider obtaining GI biopsies
-The mesenteric lymph nodes are large and likely reactive. A fine needle aspirate of a mesenteric lymph node could be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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