**DATE PRESENTING CLINICAL SIGNS**

10/22/21

History: Van Gogh is losing weight. He did have a full mouth extraction several years ago and still has some pain from it that we are controlling with Gabapentin, Cerenia and Prednisolone. Looking to see what his intestinal tract, etc, look like even though he is on Prednisolone.

PATIENTVan Gogh Eubank
Warble

Current Medications: Gabapentin, Cerenia, Predisolone.

Lab Results: Bloodwork looks normal except for a mild elevation in the monocytes.

SPECIES

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Feline

Sedation: oral gabapentin, no additional sedation needed

BREED

Stat Report: not requested

DSH

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

Neutered Male

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.

AGE

3/12/10

The left kidney has a normal shape and size (4.54 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is pyelectasia, measuring 0.49 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

11.5 Pounds

The right kidney has a normal shape and size (4.55 cm). Overall echogenicity is slightly hyperechoic with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is pyelectasia, measuring 0.49 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**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.

HOSPITAL NAMECat Sense Feline
Hospital

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.

REFERRING VET

Dr. Sinclair

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.

INVOICE

13979

Liver

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

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible. The gallbladder appears contracted.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with a large amount of 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 moderate 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. The duodenum measured as normal (0.21 cm in wall thickness) and the jejunum measured as normal (0.19 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. The pancreatic duct is prominent, measuring 0.32 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild decreased corticomedullary distinction in both kidneys with pyelectasia- The bilateral renal findings are consistent with age-related change. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hypoechoic prominent pancreas with prominent pancreatic duct- The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large amount of mildly shadowing material within gastric and small intestinal lumen- findings are suggestive of ingesta. Correlate with feeding history and abdominal radiographs. If patient was adequately fasted, consider delayed gastric emptying time or a partial obstruction (none observed).

Secondary Findings

- Echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be

consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

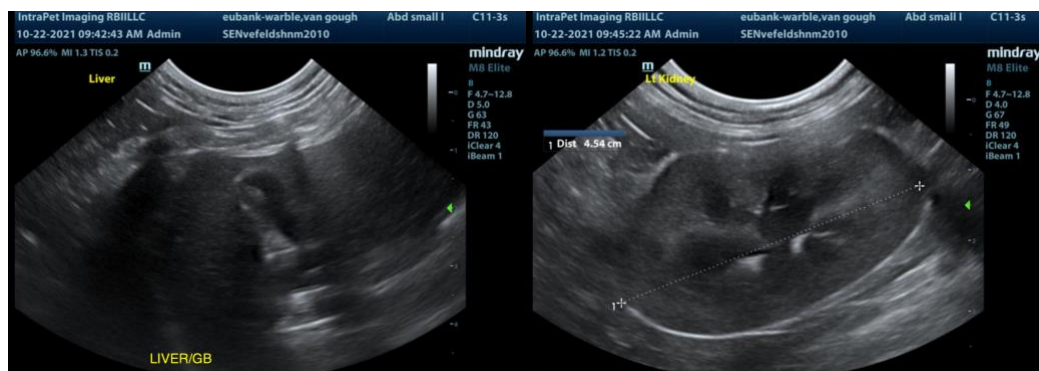
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

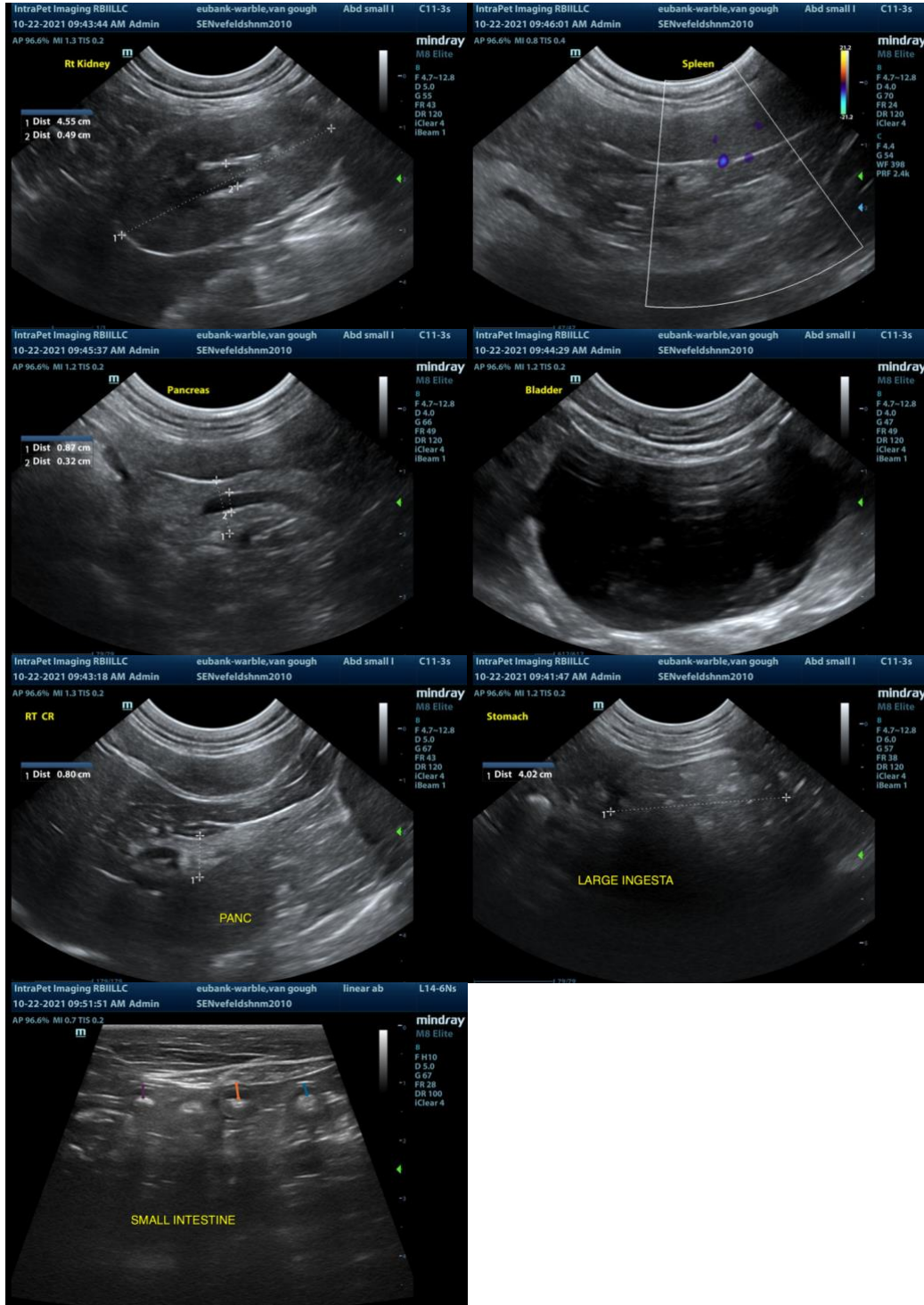
No focal lesions were noted associated with GI tract. No large mass lesions were observed. The renal changes could be consistent with an older cat, but the pyelectasia is concerning along with the echogenic debris in the urinary bladder, so recommend a urinalysis and culture along with a blood pressure evaluation.

Additionally, there appears to be a large amount of ingesta within the stomach and small intestine. This could represent delayed gastric emptying time and the pancreas is prominent. These could be indicators of underlying intestinal issues. I recommend a GI panel with a quantitative fPLI, TLI, cobalamin and folate (Texas A & M University) to further evaluate the pancreatic changes in the small bowel.

In an older pet with more chronic GI symptoms, I would most strongly consider food allergy, IDB and intestinal neoplasia as differentials, although others exist.

- Consider a diet trial of a novel protein/hydrolyzed protein prescription diet
- Consider probiotic therapy
- Recommend sedated oral exam to look for residual oral inflammation- if this is present, you could consider radiographs to look for any retained teeth or a full mouth extraction (if not already done).
- Consider three view thoracic radiographs to look for evidence of concurrent intrathoracic disease
- If GI disease is suspected and symptoms are progressing, consider obtaining GI biopsies





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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