

**DATE PRESENTING CLINICAL SIGNS**

2/22/23

Patient not eating well on and off, has become very picky since end of January. Occasional vomiting- more recent. Muscle wasting; O questions if tooth related.

PATIENT

Houdini Babusci

Current Medications: Methimazole 2.5mg SID, Cerenia 0.46mL SQ 2/17/2023

Lab Results: Ca 8.1, K 3.3, T4 0.7, FT4 17.9, recheck T4 on 2/17/23- results to follow (decreased dose of methimazole to 2.5mg SID)

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Gabapentin PO.

Stat Report: Approved/Requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

AGE

11/1/10

The left kidney has a normal shape and size (4.52 cm) with cortical striations. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

10.08 Pounds

The right kidney has a normal shape and size (3.57 cm) with cortical striations. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Jacksonville VH

The right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Kablis

Spleen

The spleen is subjectively normal in size (0.58 cm), 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

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

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.24 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 normal and isoechoic to surrounding 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. No significant lymphadenopathy. The omentum is slightly hyperechoic around the ileocecal junction.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with cortical striations – The bilateral renal findings are consistent with age-related change.
- Prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

SECONDARY FINDINGS

- Left kidney smaller than the right kidney – Both kidneys appear relatively normal in architecture (although have decreased corticomedullary distinction), so the significance of this is unclear.
- Hyperechoic mesentery around the ileocecal junction – This is likely secondary to mild inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

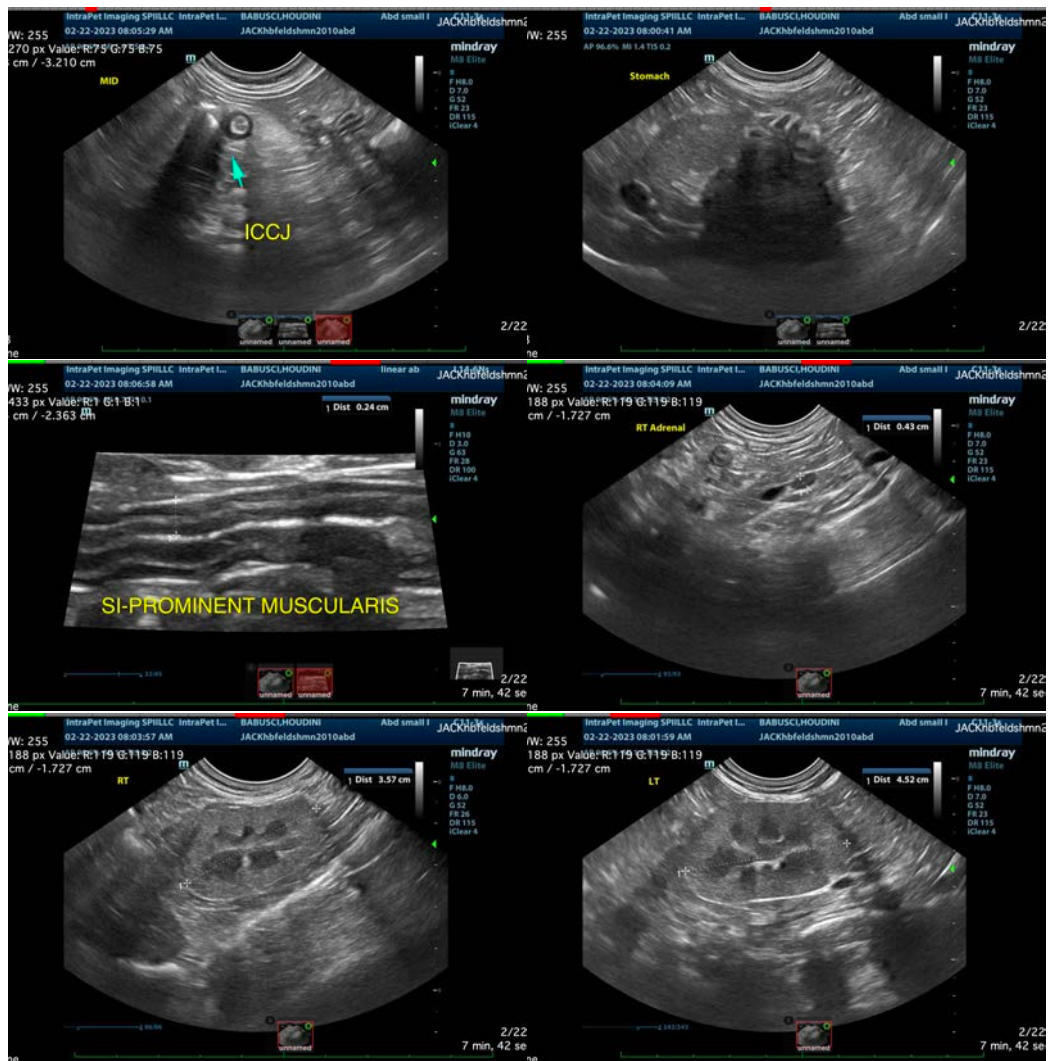
The changes observed on today's scan are relatively mild. Both kidneys have age related changes and decreased corticomedullary distinction, and there is some variability in size between the two kidneys, which is uncertain significance. Correlate with bloodwork results and a urinalysis +/- blood pressure.

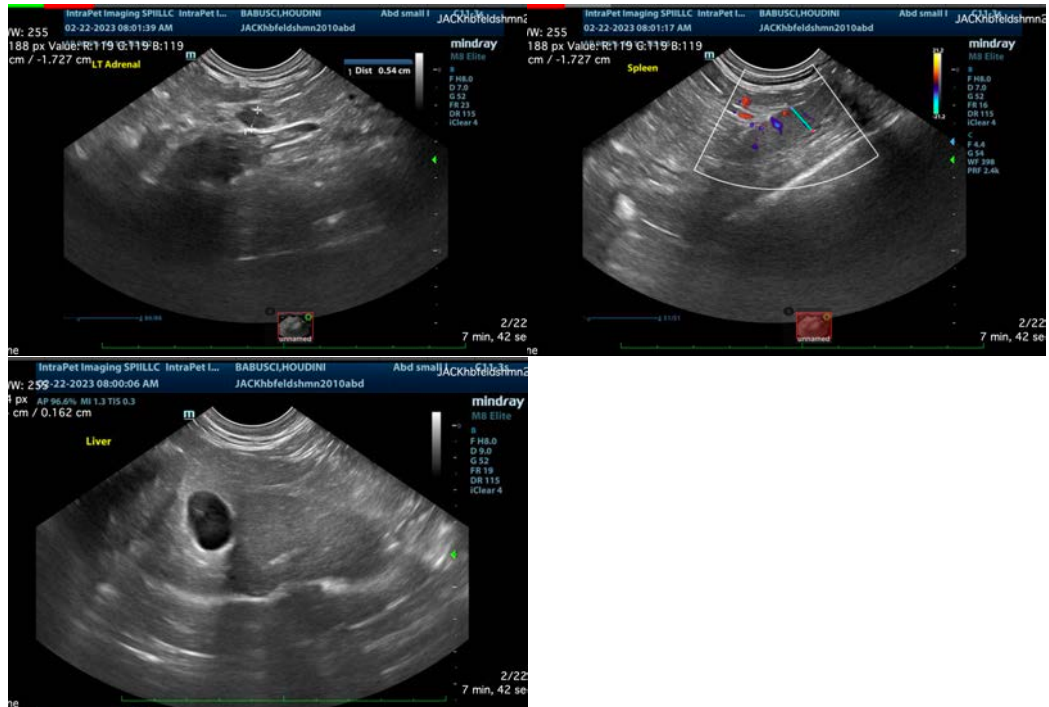
There is a slightly prominent muscularis layer to the small intestine. This can be a normal finding in some older cats but can also be associated with underlying gastrointestinal disease. Given the symptoms, this would be my concern.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc..

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Consider chronic probiotic therapy.
- If symptoms persist, consider obtaining GI biopsies.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Consider an ionized calcium to further evaluate the serum calcium level obtained.





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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