**DATE PRESENTING CLINICAL SIGNS**

2/9/22

PATIENT

Bazooka McIntyre

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4/19/08

WEIGHT

7.75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Westminster VH

REFERRING VET

Dr. Hall

INVOICE

35545

Patient originally presented on 12/22/21 for diarrhea for a few weeks duration. Pet was not having any accidents outside of the litterbox and was acting completely normal otherwise. Owner reports normal to slightly increased defecation frequency. Pet is fed Hill's c/d stress diet. On PE patient was on the lean side of ideal as far as body weight, other than some tartar noted pet's PE was grossly benign. Started with Provable to see how pet responds. Pet presented again on 12/30/21-no improvement noted in the diarrhea since starting Provable. On PE pet again on the lean side of ideal as far as BW-exam otherwise unremarkable. Owner elected supportive care, pet was given Cerenia injection in hospital as well as SQ fluids and dispense oral metronidazole and Cerenia. On 1/25/22 owner phoned to report pet continues to have diarrhea. Pet had a little response to the metronidazole, but it would be fine one day and not again the next. Discussed the need for further workup with bloodwork, GI panel and abdominal US.

Current Medications: No medications currently; past medications-

1. Fortiflora SA (1 satchel per day)-started 1/7/22
2. Metronidazole (35mg PO BID)started 1/7/22 (5 day course dispensed)
3. Provable started 12/22/21 (10 day course dispensed)

Lab Results: Attached separately. 12/21/21: Fecal: NEGATIVE.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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.

The left kidney has a normal shape and size (3.43 cm). Overall echogenicity is normal with adequate 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 (3.69 cm). Overall echogenicity is normal with adequate 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 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 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 measured 0.26 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 unformed feces present. 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. There are occasional visible mesenteric lymph nodes. One measures at 0.64 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

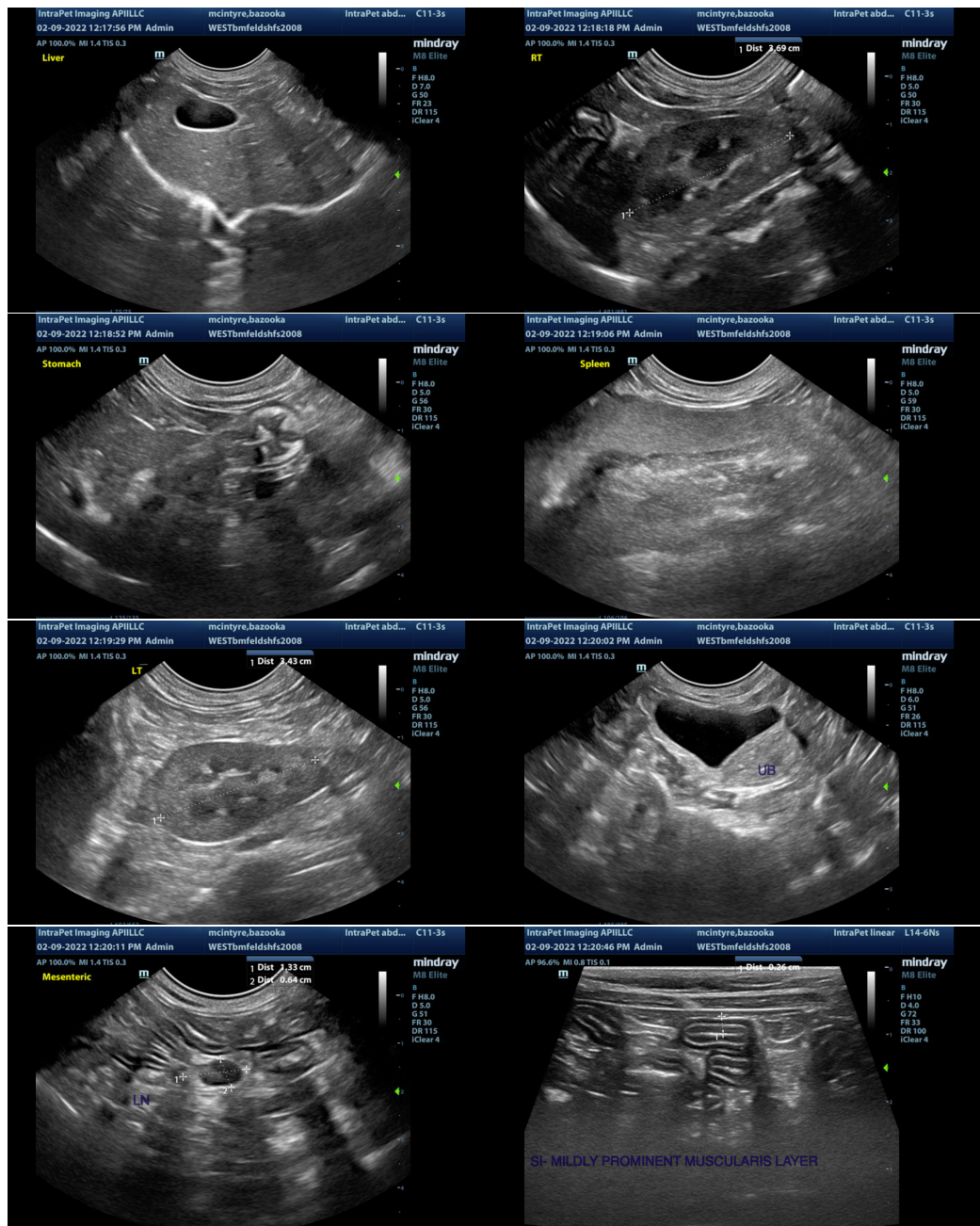
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Occasional prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

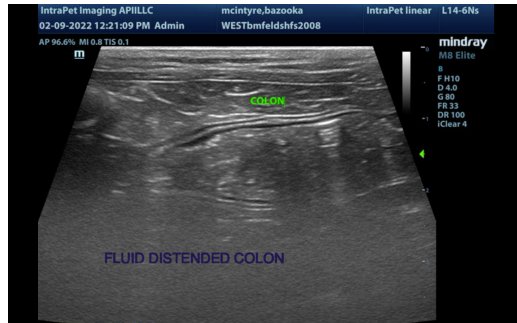
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. No focal mass effects or focal GI lesions were observed. It is not uncommon to have a cause for diarrhea that cannot be determined by ultrasound alone.

- If not already done, consider metabolic causes for diarrhea. Recommend full bloodwork including thyroid evaluation and a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate (this was in your plan).
- If no metabolic causes are identified, then consider primary GI causes such as dietary intolerance, IBD, dysbiosis, less likely intestinal neoplasia, etc.
- Consider a novel protein/hydrolyzed protein prescription diet.

- Continue the probiotic therapy you have instituted.
- If symptoms persist, consider obtaining GI biopsies.
- Consider obtaining 3-view thoracic radiographs to rule out concurrent intrathoracic disease.





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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