

**DATE PRESENTING CLINICAL SIGNS**

4/13/23 Weight loss, chronic vomiting and diarrhea, recent constipation.

PATIENT

Leo Epstein

Current Medications: Prednisolone 50mg/mL 0.75mL BID, Cerenia 16mg- ¼ tab q 24-48 hours, Gabapentin 50mg/mL 1.5mL PRN, Propectalin 1mL into meals 2-3 times per day, Visbiome, Folate.

Lab Results: See attached.

Radiographs: Gassy/fluid filled intestines, firm stool in colon.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Patient sedated with alfaxone & Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Peterbald

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

9/1/15

The left kidney has a normal shape and size (3.99 cm). Echogenicity of the cortex is hyperechoic. Adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio are noted. 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

7.3 Pounds

The right kidney has a normal shape and size (3.19 cm). Echogenicity of the cortex is hyperechoic. Adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio are noted. 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

HOSPITAL NAME

Heart + Paws Fells
Point

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 is visualized.

REFERRING VET

Dr. Kraselski

Spleen

The spleen is subjectively normal in size (1.0 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

46659

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 bile duct appears slightly prominent and slightly tortuous.

Gastrointestinal

The stomach contains mild fluid. 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 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 measures 0.15 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. The colon is dilated with non-formed fecal material. 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. Prominent pancreatic duct noted.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes, example measures 0.28 cm. The omentum is slightly hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Bilaterally hyperechoic kidneys – The significance of this is unclear. Recommend continued monitoring of renal function and urine specific gravity.
- Hypoechoic, prominent pancreas with prominent pancreatic duct – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Visible mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

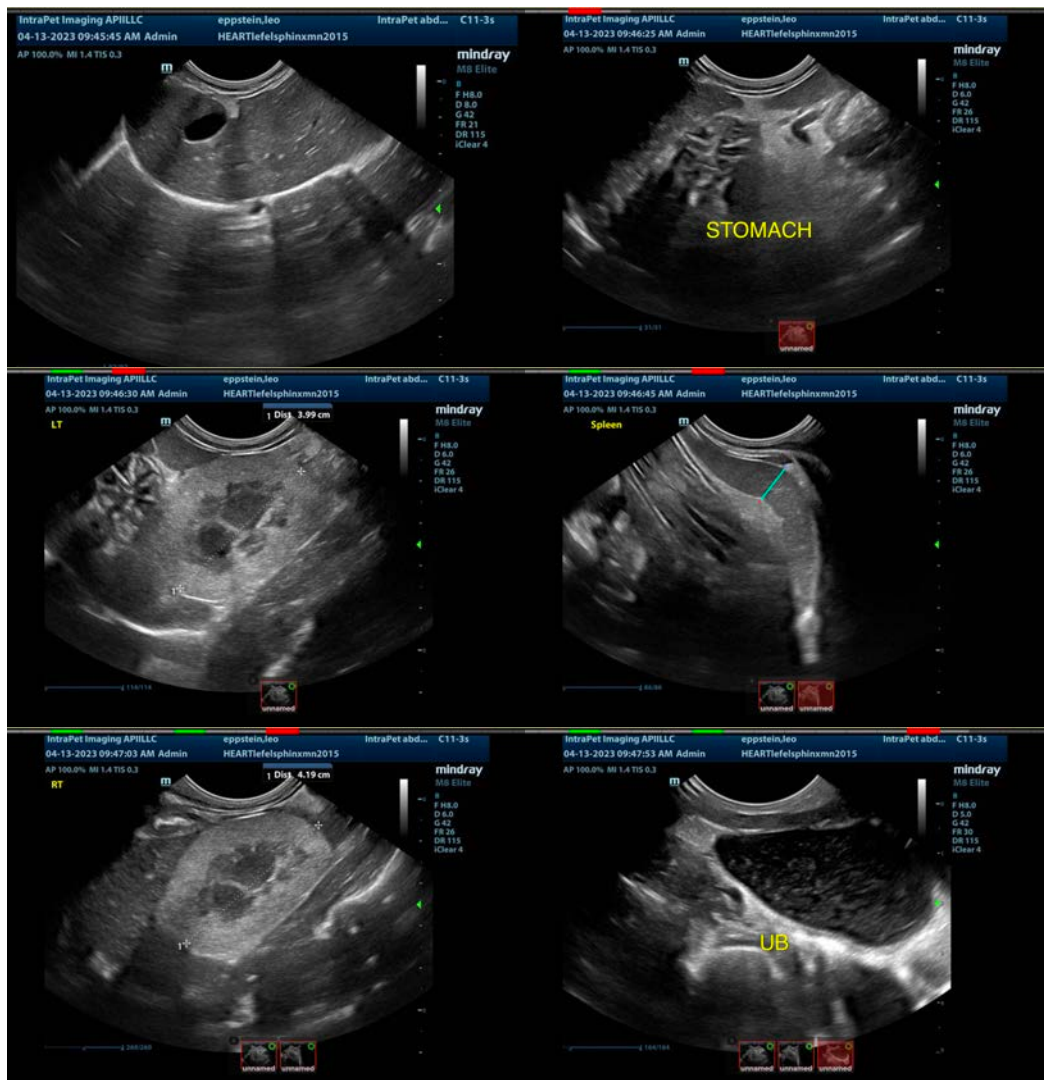
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

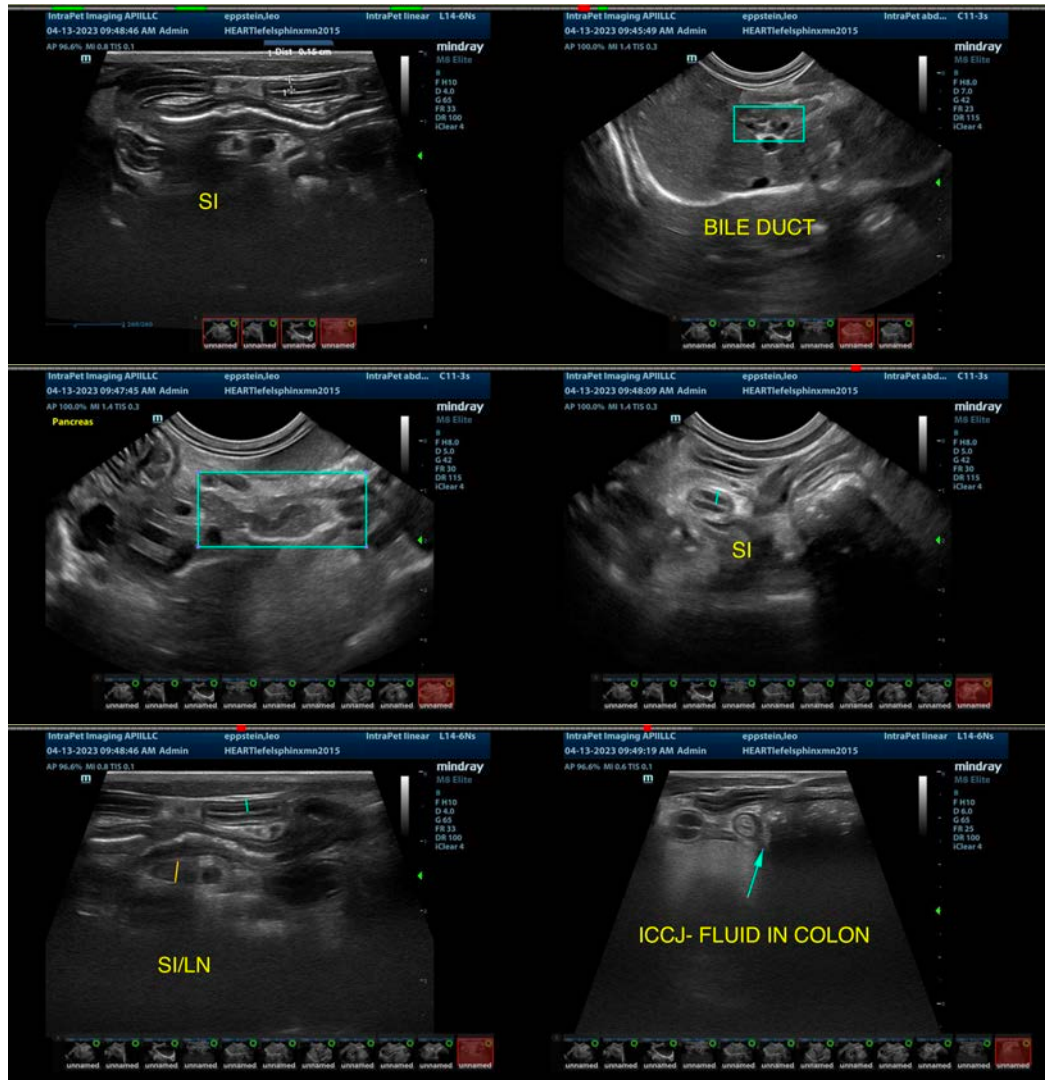
The changes observed on today's scan are mild and somewhat subjective. No focal lesions are visualized associated with the GI tract. The pancreas is somewhat prominent. The kidneys appear subjectively bright. Unfortunately, there are many causes for vomiting and diarrhea that cannot be definitively diagnosed by ultrasound alone.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, 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.
- Recommend chronic probiotic therapy.
- If symptoms persist, consider obtaining GI biopsies.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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