

**DATE PRESENTING CLINICAL SIGNS**

4/6/22

Chronic diarrhea non-responsive to Metro/Probiotics, Prednisolone (anti-inflammatory dose) @ Ultimino Diet. Concerned about possible FI Lymphoma vs IBD, etc.

PATIENT

Pussalena Babb

Current Medications: None.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DLH

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.

SEX

Spayed Female

The left kidney has a normal shape and size (4.3 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.

AGE

2/18/10

WEIGHT

9.54 Pounds

The right kidney has a normal shape and size (4.4 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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.

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Northwind AH

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.

REFERRING VET

Dr. Jones

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.

INVOICE

36759

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 dilated with a large amount of 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.

All of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with moderate to severe fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with some areas that have slightly reduced distinction of wall layering. The duodenum appears normal. The jejunum wall measures at 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed, but there is severe generalized fluid distention and wall thickening.

The ileocecal junction was visualized and exhibited normal intact wall layering. It is subjectively normal to mildly thickened. All sections of colon appear fluid dilated and distended with liquid feces and some gas shadowing distally. There are no observed focal or generalized areas of 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

There is a scant amount of free abdominal fluid. There is a significant mesenteric lymphadenopathy present with a large cluster of lymph nodes around the ileocecal junction, with a lymph node measuring 1.2 cm x 3.1 cm and another measuring 1.51 cm x 0.81 cm. Additional lymph nodes are visualized with diameter of 0.90 and 0.79 cm.

PRIMARY FINDINGS

- Large, fluid/ingesta dilated stomach with diffuse fluid dilation of the small intestine and colon. Correlate with feeding history. If patient was not adequately fasted, this could exacerbate these findings. Shadowing within these structures hinders full evaluation of the abdomen.
- Mild/moderate small intestinal wall thickening – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

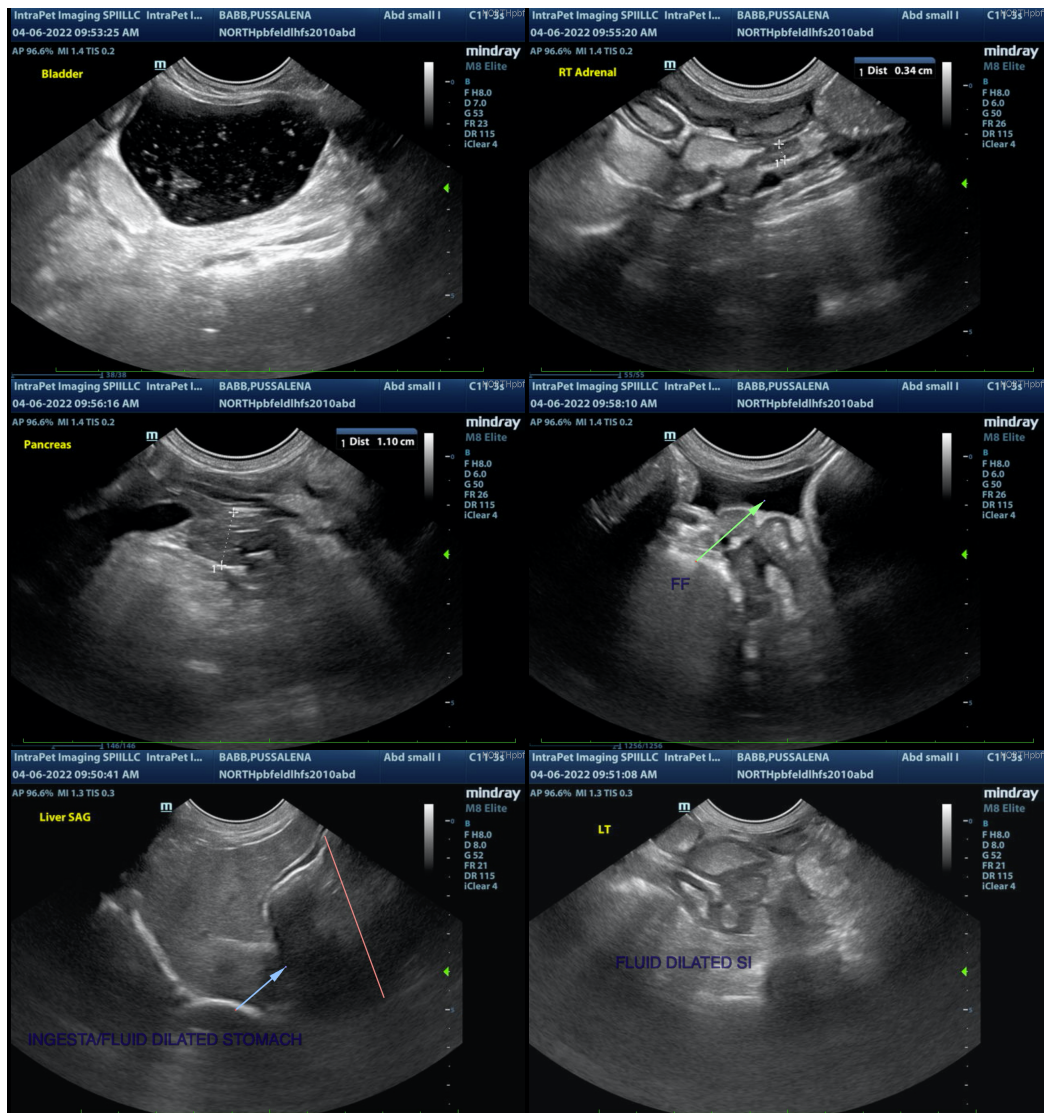
SECONDARY FINDINGS

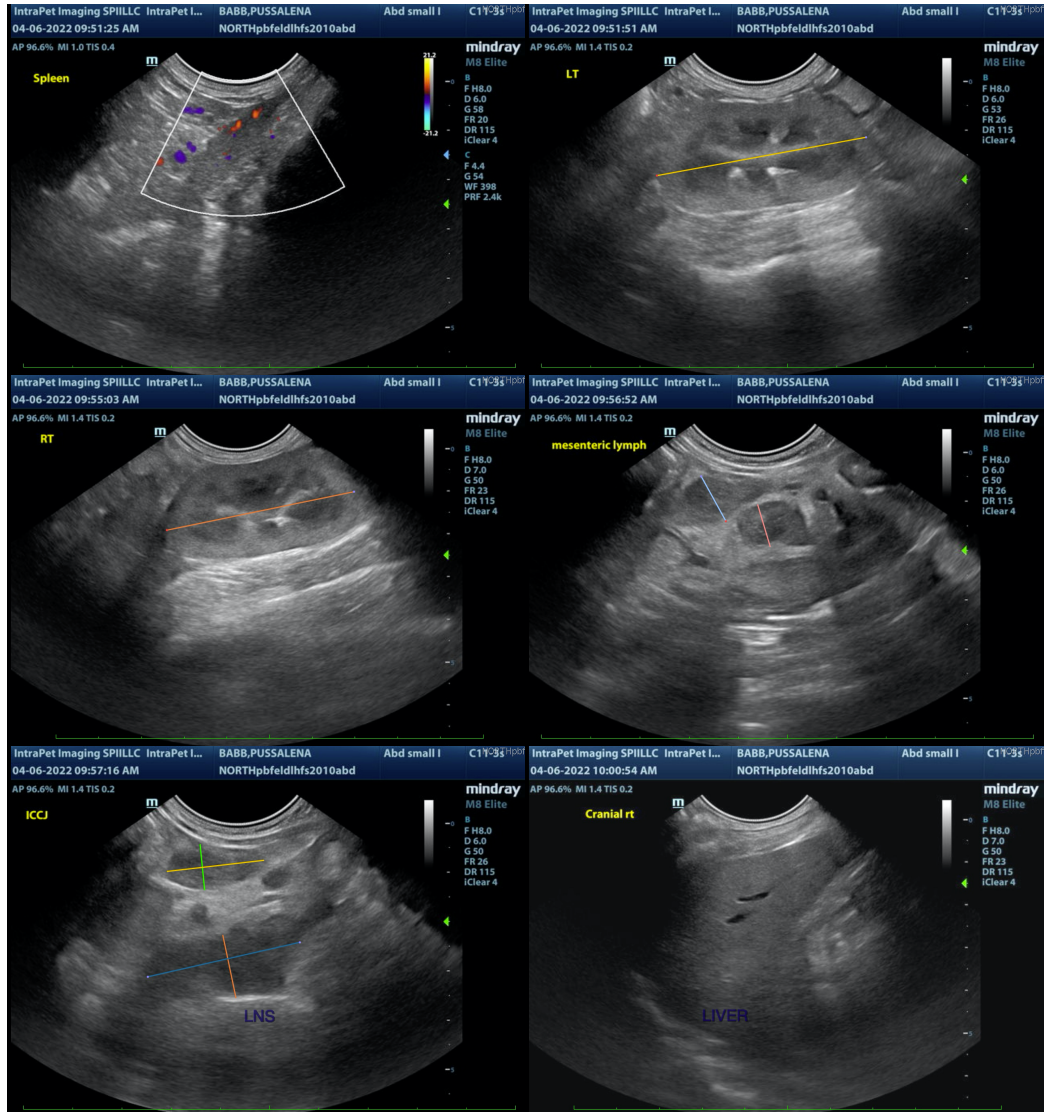
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The entire GI tract is severely fluid and ingesta dilated. Some areas of small bowel appear thickened with reduced distinction of layering, and there is a moderate mesenteric lymphadenopathy, particularly visualized around the ileocecal junction. These findings are most consistent with primary gastrointestinal disease. Per the history, you have taken many of the initial steps in treating common uncomplicated GI disease. Consider a fine needle aspirate of a mesenteric lymph node. If that is not helpful, I suspect obtaining GI biopsies will be necessary for you to obtain more information and progress through this pet's treatment. If a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate has not yet been performed, this is recommended to rule out exocrine pancreatic insufficiency, look for a B12 deficiency, etc.

The urine appears somewhat echogenic. Consider a urinalysis and culture.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
 kathleen.sennello@sonopath.com