

**DATE PRESENTING CLINICAL SIGNS**

7/20/22

Patient has a history of vomiting that seemingly has stopped, however owner notes patient is acting off and doesn't seem to be eating as much dry food as previous and has diarrhea. Weight loss

PATIENT

Bear Glazier

Current Medications: Famotidine Suspension 10mg/mL - 0.5mL PO SID
Gabapentin 100mg- 1/2 capsule evening before and morning of car ride - only used for travel. Laxatone 2.5oz 1/4-1/2 teaspoon 2-3 times per week.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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. There is a small cystic outpouching visible in the apical portion of the urinary bladder, most consistent with a urachal remnant.

AGE

8/14/12

The left kidney is normal in size (3.25 cm), but somewhat irregular in shape, possibly consistent with a previous infarct in the caudal pole. Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

11.5 Pounds

The right kidney has a normal shape and size (4.62 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.37 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
RDMS, RVT

The right adrenal gland is normal in size measuring 0.23 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

Taylorsville Vet Clinic

Spleen

The spleen is subjectively normal in size (0.84 cm in width at the level of the hilus), 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. Lucas

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

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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.

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 0.28 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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

- Cystic structure visualized adjacent to the apical portion of the urinary bladder – most consistent with a urachal remnant. Additionally, there is echogenic debris in the urinary bladder. Recommend urinalysis and culture. If this patient is having issue with recurrent UTIs, etc., then consider surgical correction of the remnant.
- Decreased corticomedullary distinction in both kidneys with a suspected left-sided infarct – The bilateral renal findings are consistent with age-related change. The solitary renal lesion identified is ill defined and hyperechoic, this could be consistent with a previous renal infarct and can be an indicator of current or previous renal disease.
- Hypoechoic, prominent pancreas surrounded by mildly hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Ingesta distended stomach – This patient was previously fed. Unfortunately, a full stomach prevents full evaluation of the stomach and pyloric region.
- Mildly prominent muscularis layer of 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

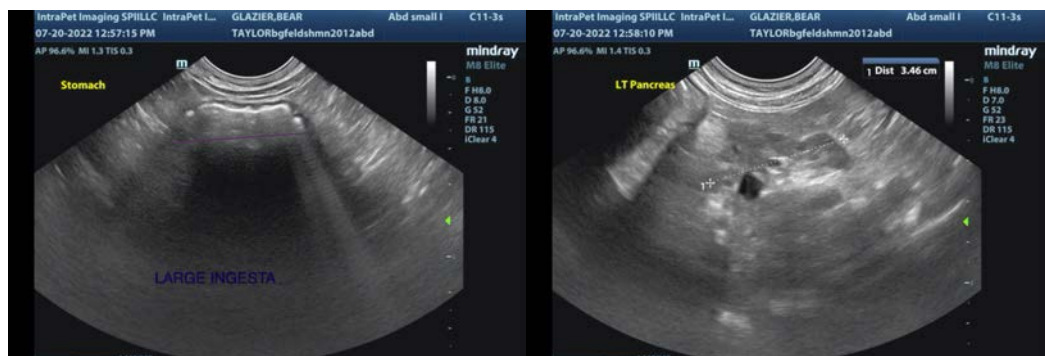
No focal lesions are visualized associated with the gastrointestinal tract on today's exam. There is subjective mild thickening of the muscularis layer, which can be a normal finding in some older cats, but given the chronic GI signs, there could still be underlying gastrointestinal disease present. Consider such differentials as food allergy/dietary sensitivity, GI parasitism, dysbiosis, pancreatitis, IBD, and less likely intestinal neoplasia. Additionally, the pancreas is hypoechoic and prominent, suggestive of mild inflammation. Consider the following:

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
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- Recommend chronic probiotic therapy.
- Recommend treatment for pancreatitis.
- If symptoms persist despite treatment for pancreatitis and a diet change, then consider obtaining GI biopsies.

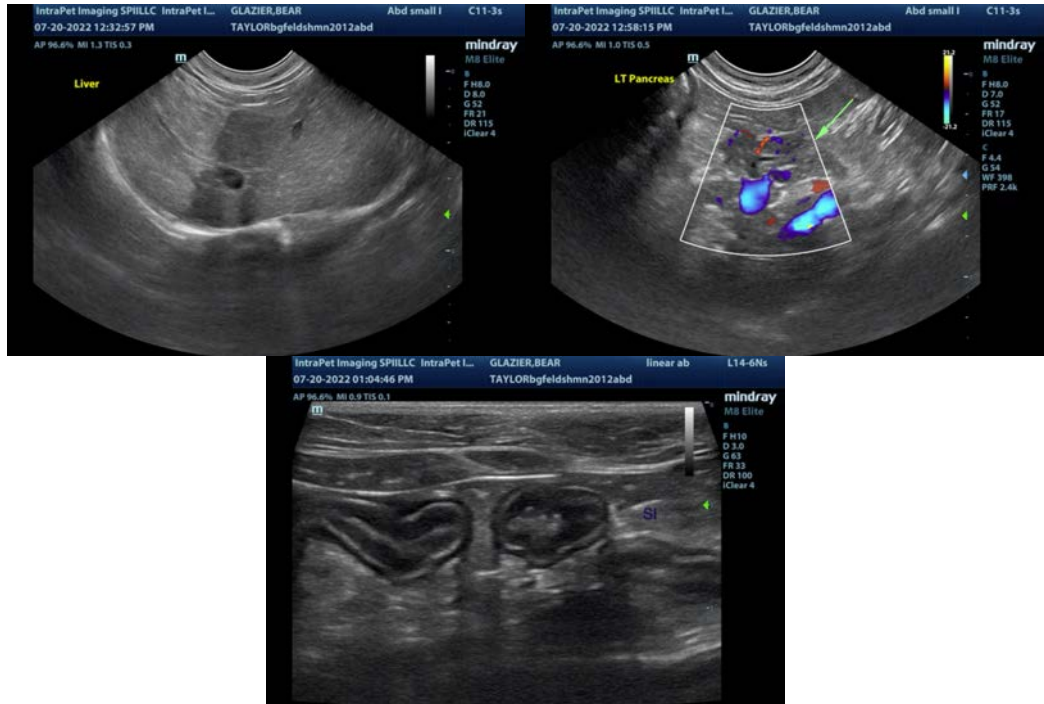
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

There is an abnormal cystic structure towards the apex of the urinary bladder. This is most consistent with a urachal diverticulum. Recommend continued monitoring for urinary tract infections. Recommend a current urinalysis and culture due to the echogenic debris present. If recurrent urinary tract infections become an issue, consider surgical resection of the urachal remnant. Confirmation with a contrast cystogram is recommended prior to surgery. Consider rechecking of this lesion to ensure that it is not progressing.

There are age related changes present in both kidneys, including a likely previous infarct. Recommend blood pressure evaluation and the aforementioned 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.

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