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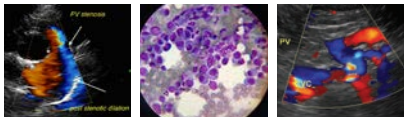

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DATE

9/24/21

PATIENT

Pickett Woolford

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/15/10

WEIGHT

15 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell aH

REFERRING VET

Dr. Schaupp

INVOICE

25801

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea (1 month duration), intermittent nausea and vomiting. Stools are pancake batter consistency, not increased in frequency or urgency, no accidents out of the litter box. No blood in stool. Patient is lethargic, appetite decreased. PE: Temp - 101.6, well hydrated, pink mucous membranes, abdomen not tense, heart and lungs normal, 2 lbs. overweight.
Current Medications: 08/31/21 - TX with Amoxicillin 100 mg BID and Proviable 1 cap QD for 10 days. Amoxicillin discontinued in 2 days due to severe watery diarrhea. 09/2/21 - Tx with Metronidazole 100 mg BID for 10 days and Cerenia 16 mg QD for 4 days. Watery diarrhea became pancake batter diarrhea. 09/13/21 - Tx with Tylan 100 mg BID, vit b12 injection 0.25 ml SQ weekly, continued Proviable. 09/22/21 - Results of GI panel finally came in. Added Imuquin supplement and Chloramphenicol 125 mg BID.
Lab Results: CBC and chem are WNL. GI Panel - positive for Campylobacter jejunum and coronavirus Real PCR. Results came back on 09/22/21
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not needed.
Stat Report: Not requested.

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.

The left kidney has a normal shape and size (4.18 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 (4.52 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 left adrenal gland is normal in size measuring 0.45 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.

The right adrenal gland is normal in size measuring 0.42 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.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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 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 measured 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 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. Mild mesenteric lymphadenopathy is present. There is a cluster of prominent mesenteric lymph nodes, primarily around the ileocecal junction, measuring 0.46 cm, 0.43 cm, 0.45 cm. The omentum is generally of normal echogenicity, but is of increased echogenicity around the cluster of enlargement mesenteric lymph nodes.

PRIMARY FINDINGS

- Hypoechoic pancreas with surrounding mildly hyperechoic mesentery – The pancreatic changes are most consistent with mild 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.

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

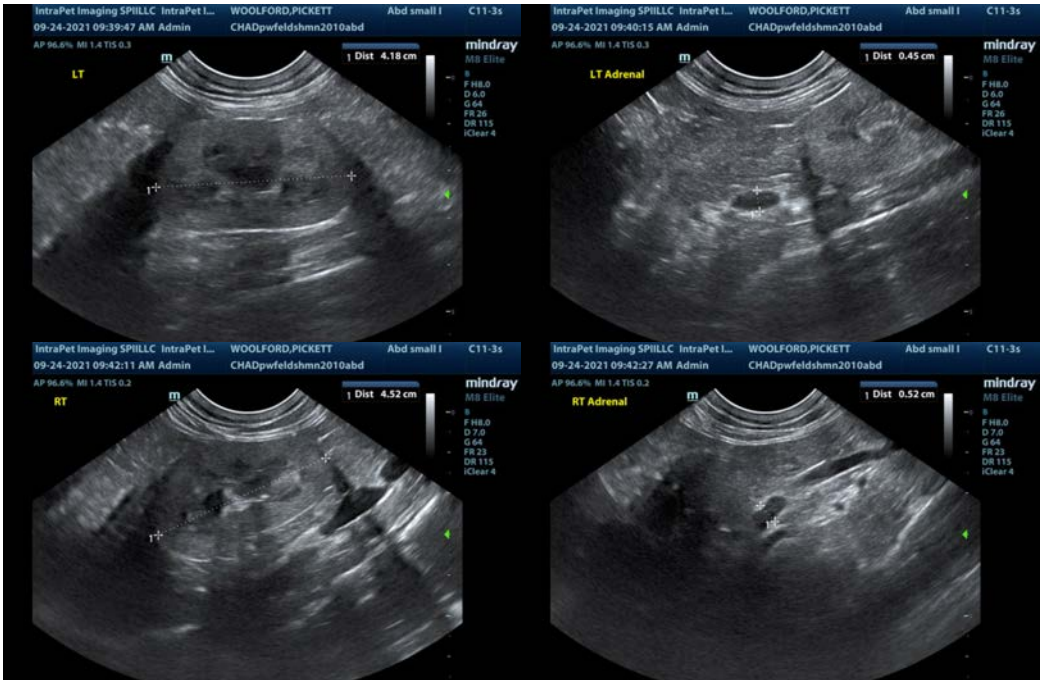
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

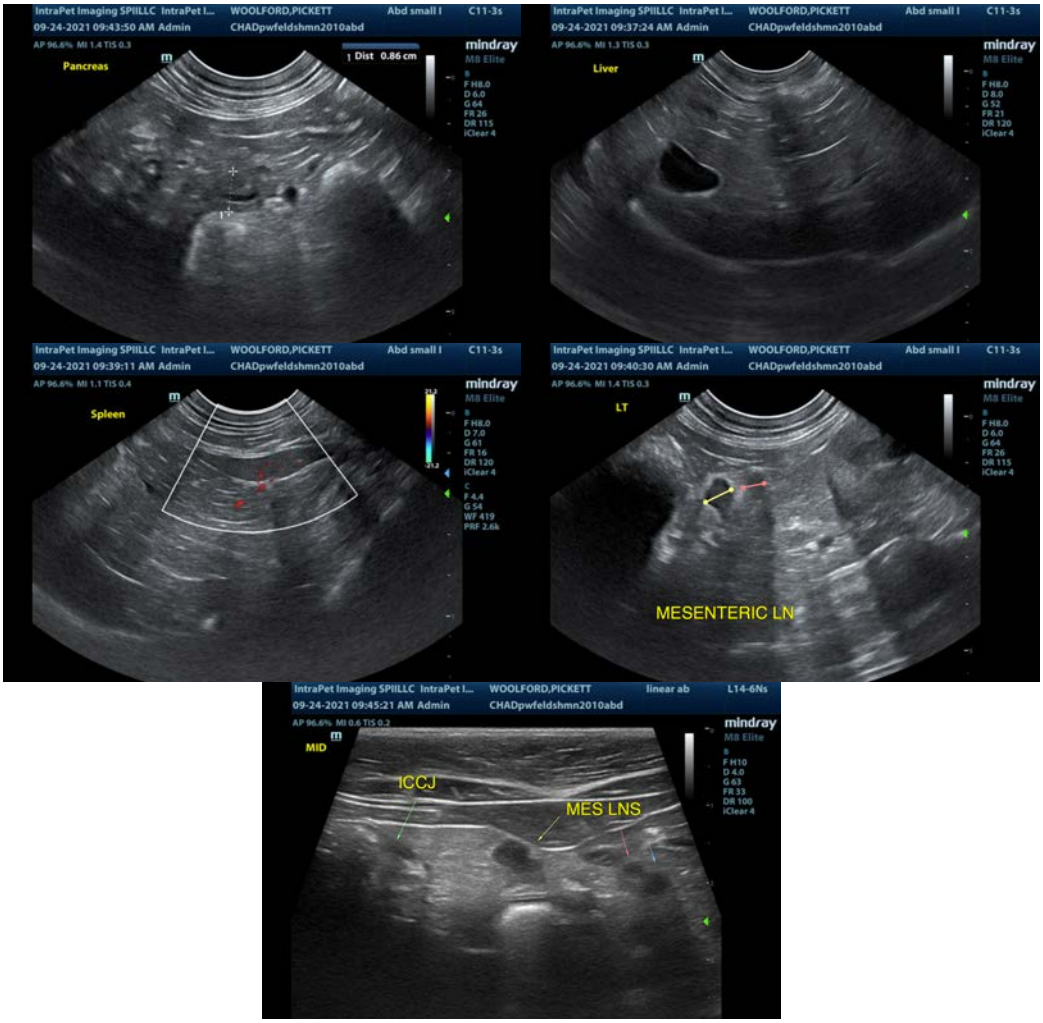
The ultrasonographic lesions were relatively mild and non-specific. No focal lesions associated with the bowel were observed. The pancreas does appear prominent. Recommend GI panel through Texas A&M University with a quantitative fPLI, TLI, B12 and folate to look for evidence of exocrine pancreatic insufficiency, pancreatitis, or small intestinal disease such as bacterial overgrowth. Campylobacters should be able to be diagnosed based on fecal cytology, and GI coronavirus is unlikely to cause diarrhea in an older cat (unless it is FIP), so caution should be used with antibiotics, as this could be dysbiosis. Recommend continued use of probiotics. If metabolic testing normal, consider primary GI causes such as GI parasitism, pancreatitis, bacterial dysbiosis, food allergin, IBD, and less likely intestinal neoplasia.

In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

-Recommend diet trial with a novel protein/hydrolyzed prescription diet
-Recommend GI panel for evaluation of B12 levels etc. (start empirical B12 while waiting for results)
-If symptoms are progressing consider obtaining GI biopsies

Recommend urinalysis and culture based on the echogenic debris in the urinary bladder. Recommend 3-view thoracic radiographs.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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