

**DATE PRESENTING CLINICAL SIGNS**

9/3/21

History: Patient always hungry. Currently on Hill I/D. Just was treated for diarrhea. Owner concerned about IBD.

PATIENT

Current Medications: N/A

Ruby Greco

Lab Results: unremarkable

Radiographs: gas in descending colon.

Date of Previous IntraPet Ultrasound: No previous

SPECIES

Sedation: Not needed.

Feline

Stat Report: Not requested.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Calico

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Spayed Female

The left kidney has a normal shape and size (3.84 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

2013

WEIGHT

7.12 Pounds

The right kidney has a normal shape and size (3.94 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**Adrenal Glands**

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

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.

HOSPITAL NAME

Northwind AH

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.

REFERRING VET

Dr. Cross

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.

INVOICE

12929

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. 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 <0.36 cm 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. The duodenum measured 0.36 cm in diameter and the jejunum measured 0.3 cm, 0.31 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 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 reveals a scant amount of anechoic effusion. There is a mild mesenteric lymphadenomegaly present with a cluster of lymph nodes, measuring 0.55 cm, 0.4 cm and 0.3 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjectively thickened small intestine with prominent muscularis layer- The moderate bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia
- Mild/moderate mesenteric lymphadenopathy- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely

Secondary Findings

- Scant anechoic free fluid- This fluid is likely present due to inflammatory changes. If the fluid amount increases, consider collection and fluid analysis cytology

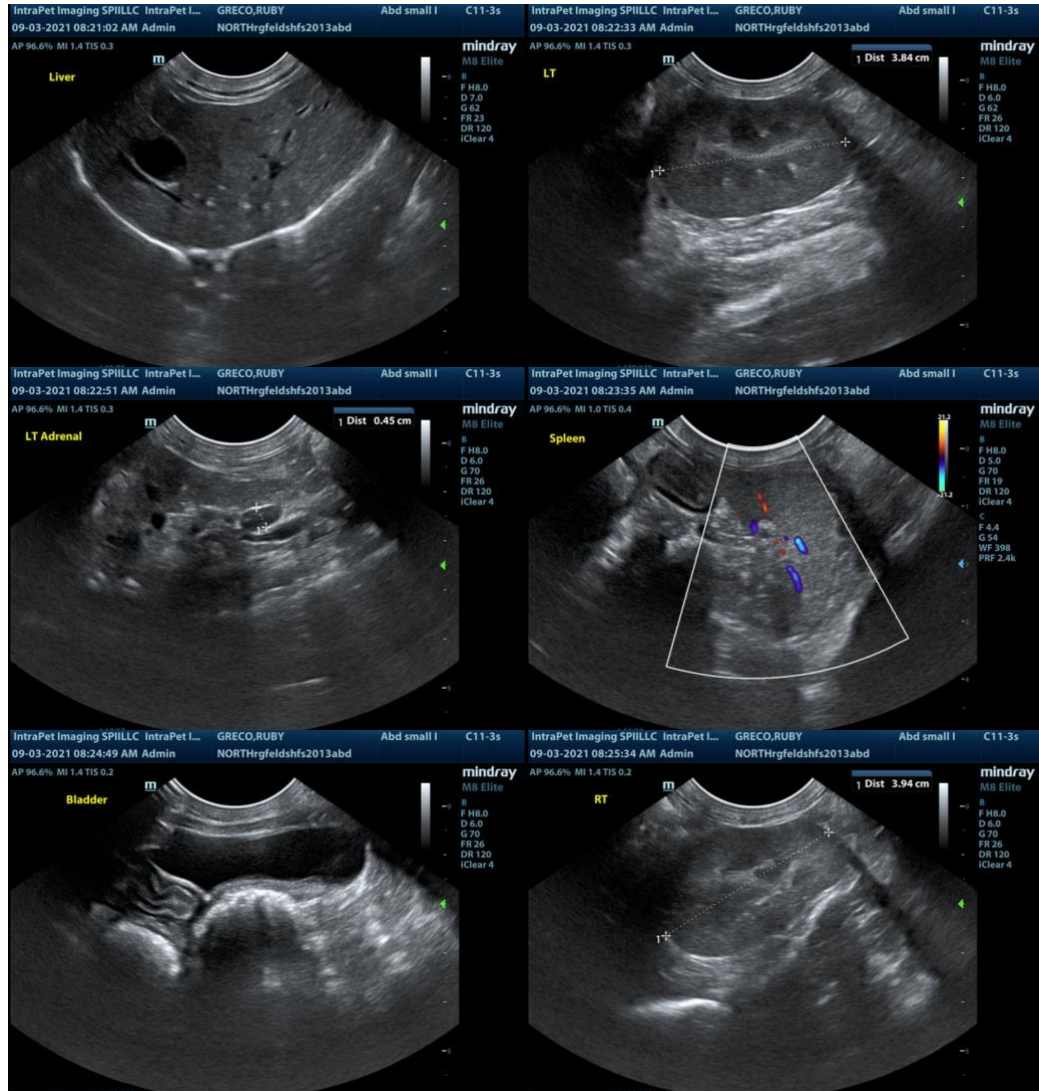
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

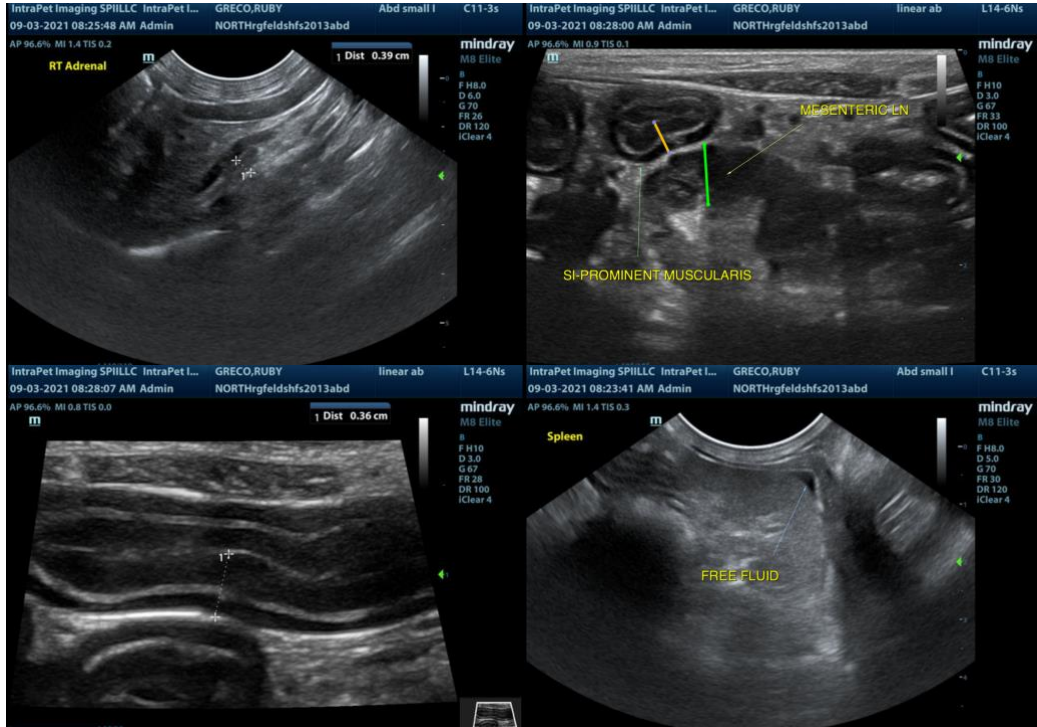
The most significant ultrasound changes observed were associated mild bowel wall thickening and a prominent muscularis. This is suggestive of primary gastrointestinal disease (provided thyroid levels are normal). Possible considerations include GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, 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, FPLI, folate and TLI levels (start empiric B12 while waiting for results). This will help evaluate for malabsorption as well
- 3 view full body radiographs
- Consider aspirate of mesenteric lymph node for cytology
- If symptoms are progressing consider obtaining GI biopsies





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.

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