**PATIENT**

Teddy Gunsha

**PRESENTING CLINICAL SIGNS**

History: Chronic intermittent vomiting for 4 years. GI panel unremarkable. 37

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial to small amount of free floating sediment is present, most likely composed of mucus, crystalline material and exfoliated cells. The mild amount of debris is likely clinically insignificant given the lack of inflammatory changes to bladder wall.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

The left kidney measures 3.90 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

**AGE**

6 years

The right kidney measures 3.98 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

**WEIGHT**

9 lbs

**Adrenal Glands**

The **left** adrenal gland measures 0.39 cm. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

The **right** adrenal gland measures 0.47 cm. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**IMAGING PERFORMED BY**

Tom McNeill

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

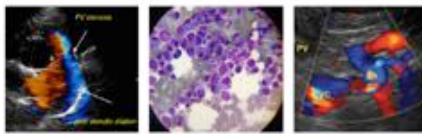
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The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

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4/8/22

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**Gastrointestinal**

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the wall layers. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The ileocecal-colic junction and the surrounding mesentery are unremarkable. The ileocecal junction measures 0.16 cm. The colonic wall is not thickened and mural detail is preserved. There are no obvious signs of a mass, infiltrative disease, foreign body, or an obstruction.

**Pancreas**

Both pancreatic limbs are mildly prominent, yet the surrounding mesentery is not hyperechoic. The clinical significance of the prominent parenchyma is unknown, i.e. no overt abnormalities are observed.

**Other:**

Lymph nodes: An oval structure medial to the left kidney is observed, which measures 1.03 cm in diameter x 2.14 cm in length. This is most likely a cystic lymph node. All other lymph nodes within normal limits in size, echogenicity, echotexture and architecture.

Abdominal effusion is not visualized.

**ULTRASONOGRAPHIC FINDINGS**

No major abnormalities are noted on today's abdominal ultrasound. The significance of the prominent pancreas is not known i.e. it may be normal for Teddy, however, one cannot exclude the possibility that he may be suffering from smoldering, intermittent episodes of pancreatitis.

It should be noted that the absence of abnormalities of the gastrointestinal tract does not exclude the possibility of inflammatory bowel disease. Therefore, inflammatory bowel disease remains a differential diagnosis for Teddy's vomiting episodes.

The cavitory mass observed is most likely a cystic lymph node, possibly due chronic lymphadenitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Deworming with a broad spectrum dewormer, such as fenbendazole, is recommended, even if Teddy does not go outdoors.

A veterinary prescription brand hypoallergenic diet, whether hydrolyzed or novel protein, should be fed. Multiple diets may be required, including only canned food, as some individuals cannot digest dry. The kibble may be soaked if an all canned diet is cost prohibitive,

If there is no response to deworming and diet trials, endoscopy and biopsies of the upper and lower GI tract are recommended. Another option, although much more invasive, would be to perform an exploratory laparotomy.

**IMAGING PERFORMED BY**

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If further diagnostics are not pursued, although not ideal, empirical treatment for inflammatory bowel disease with corticosteroids may be administered (1 mg/kg/day), in addition to a hypoallergenic diet, that is easily digestible.

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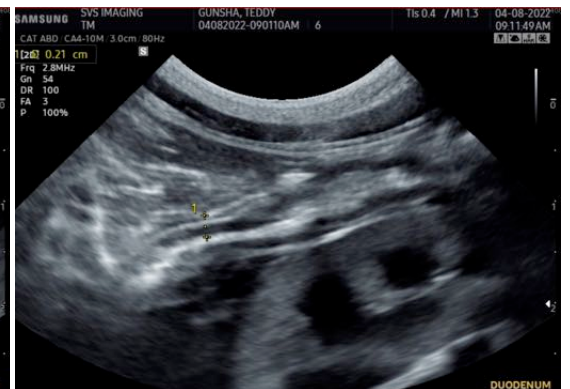
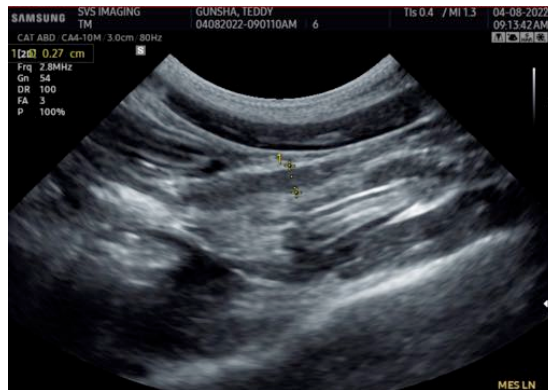
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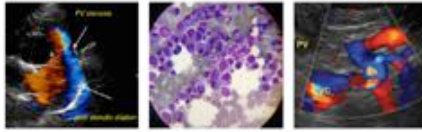
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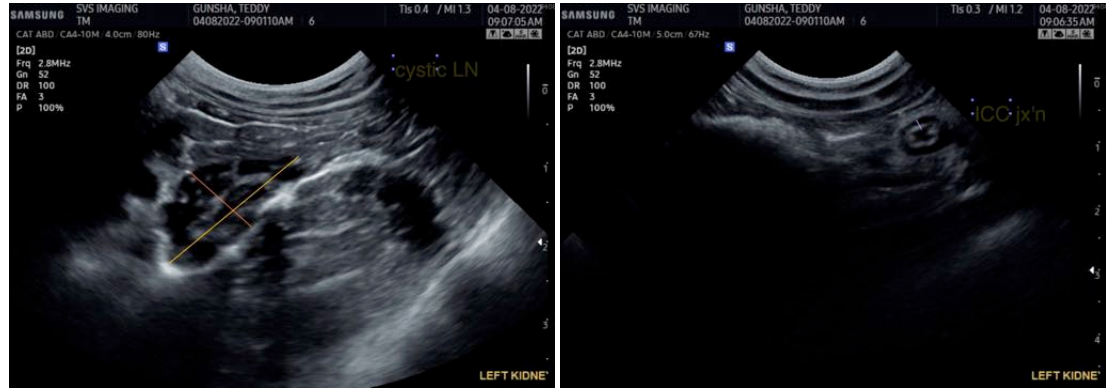
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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