

**IMAGING PERFORMED BY**SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com

Clinical Sonography &amp; Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Calico Witzke 244232

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

17 years

**WEIGHT**

4.1 kg

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

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC Dr. Wirth

**INVOICE**

30019

**DATE**

4/29/22

**PRESENTING CLINICAL SIGNS**

1. Mammary adenocarcinoma on R cranial mammary gland: NED -Simple mastectomy on 7/19/21. Histopath showed grade I with no lymphovascular invasion -Last CXR 10/29/21 2. Inflammatory bowel disease versus small cell GI lymphoma (vomiting, diarrhea, weight loss): in remission with prednisolone - Last abdominal ultrasound on 10/29/21 3. Suspect hyperesthesia

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

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 3.29 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved, particularly for a cat of Calico's age. Very mild mineralization of the diverticulae are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is mildly hyperechoic.

The **right** kidney measures 3.42 cm (3.80-4.40 cm). Findings are similar to the left kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

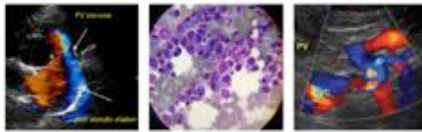
**Adrenal Glands**

The **left** adrenal gland measures 0.43 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.48 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

The spleen is within normal limits in size 7.0 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. A single, punctate hyperechoic "nodule" is observed towards the head. It measures 1.8 mm in diameter x 1.6 mm in length.

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**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is slightly coarse and granular. It is also very mildly hyperechoic, i.e. it is almost isoechoic to the falciform fat. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A very small amount of echogenic material is present within the GB. The proximal cystic duct is dilated and tortuous. It is within normal limits as it transitions to the common bile duct (0.14 cm and 0.30 cm, respectively). There are no signs of an obstruction.

**Gastrointestinal**

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The jejunum is within normal limits and the definition of the wall layers is preserved. However, the muscularis is thicker than normal.

The colonic wall is not thickened and mural detail is considered normal.

**Pancreas**

Very mild hypoechogenicity is noted. The surrounding mesentery is very mildly hyperechoic. Pinpoint to punctate hyperechoic foci are observed scattered throughout the parenchyma.

**Other**

**Lymph nodes** No abnormalities are observed.

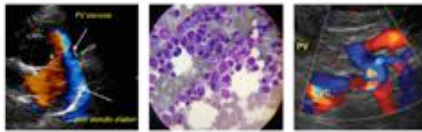
**Abdominal effusion** is not visualized.

**ULTRASONOGRAPHIC FINDINGS**

- There are no signs of metastatic disease on today's abdominal ultrasound.
- Very mild hypoechogenicity of the pancreas is noted, in addition to a very mildly hyperechoic mesentery surrounding the pancreas. The hyperechoic punctate foci observed throughout the parenchyma may be due to fibrosis, i.e. an age-related change, due to previous episodes of pancreatitis, as well as possible amyloid deposition. Active pancreatitis with age-related changes, including fibrosis and amyloid deposition cannot be excluded. There are no overt signs of neoplasia.
- The intestinal changes may be due to inflammation associated with inflammatory bowel disease, Early infiltrative disease, such as lymphoma or mast cell tumour, cannot be excluded, but is considered less likely.

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- The hepatic changes may be due to reactive and vacuolar hepatopathies. Other differential diagnoses include cholestasis, and cholangitis/cholangiohepatitis. The abnormalities observed with the gall bladder and cystic duct may be caused by cholecystitis. There are no signs of neoplasia.
- Underlying “triaditis” must be considered as the cause of the above abnormalities.
- Both kidneys are decreased in size, however, renal architecture is still well preserved for a cat of Calico’s age. Very mild changes are observed, which are attributed to age-related degeneration. The surrounding mesentery is very mildly hyperechoic, which may be suggestive of pyelonephritis, however, no other signs of pyelonephritis are observed.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and urine culture and sensitivity may be performed to exclude pyelonephritis.

A spec fPL may be considered to confirm a diagnosis of pancreatitis, however, false positive results may occur in patients suffering from inflammatory bowel disease.

A TLI, vitamin B12, and folate may be performed as cats suffering from IBD and pancreatitis may suffer from cobalamin deficiencies and exocrine pancreatic insufficiency. If the test is cost prohibitive, supplementation with vitamin B12 is suggested.

Analgesia for visceral pain, such as buprenorphine, is suggested for a minimum of 14 to 21 days.

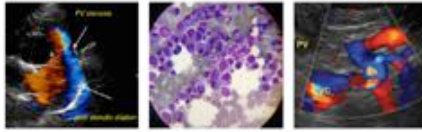
Cholestasis, cholangitis/cholangiohepatitis and cholecystitis cannot be excluded, in addition to a secondary ascending bacterial infection. Indiscriminate use of antibiotics is not normally recommended, however, one could start treatment with a broad-spectrum antibiotic if an improvement is not observed within 48-72 hours of having initiated analgesics.

A veterinary prescription brand hypoallergenic diet, whether hydrolyzed or novel protein, is suggested. 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.

Small, frequent meals are recommended.

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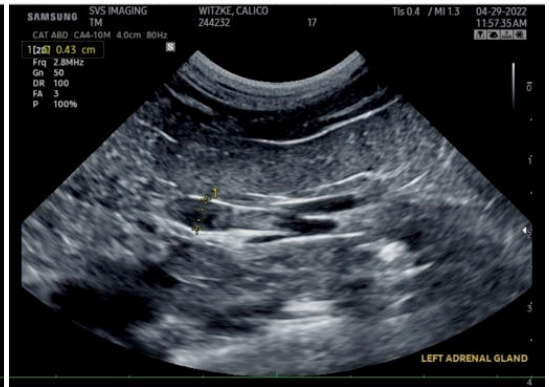
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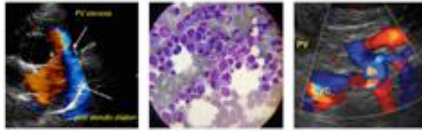
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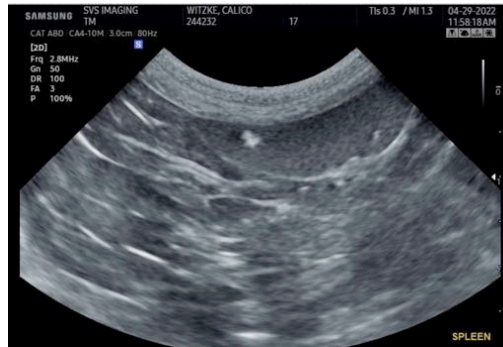
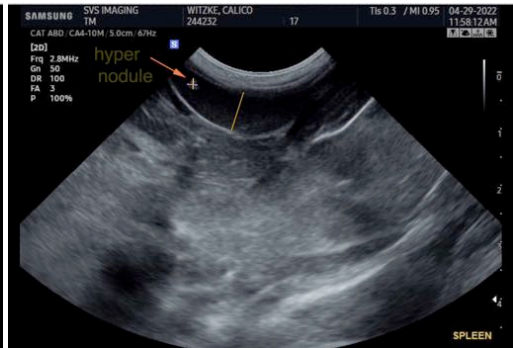
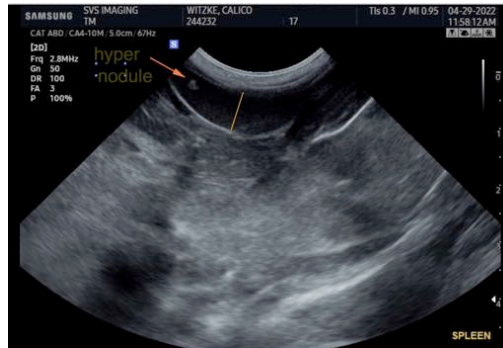
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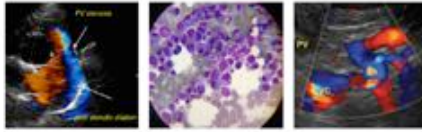
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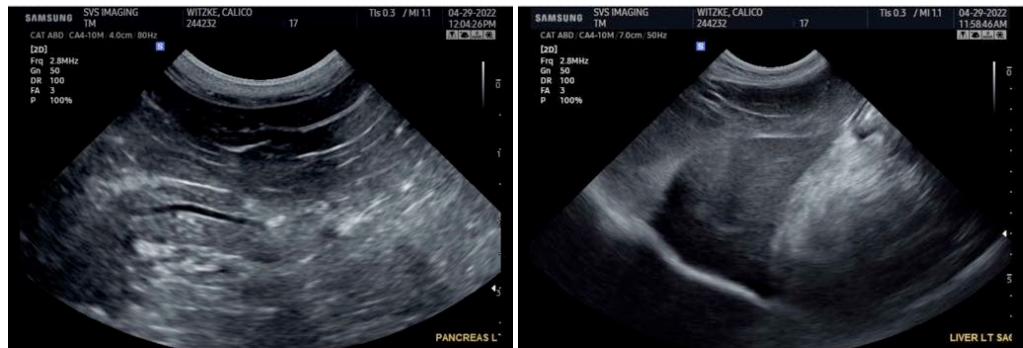
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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