

**DATE**

5/16/22

PRESENTING CLINICAL SIGNS

Intermittent persistent vomiting in face of diet trial also newly noted diarrhea when vomiting no pattern noted by owner, occurs every week or two. Vomits hair balls- still overall less vomit and diarrhea on diet h/p diet exclusively since 4/15/22.

PATIENT

Toby Lewis

Current Medications: None.

Lab Results: 12/21: eosinophilia 3146, basophilia 484, lymphopenia 363
nrbc 3.

Radiographs: No previous.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

American Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered male

Urinary System

The urinary bladder is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A moderate amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

AGE

1/1/12

Kidneys

The **left** kidney measures 4.20 cm (3.80-4.40 cm). The capsule is smooth. The cortex is mildly hyperechoic, however, its overall architecture, including the definition of the cortico-medullary junction, are preserved. Mild mineralization of the diverticulae and pelvis is present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

WEIGHT

10.3 lbs

The **right** kidney measures 4.21 cm (3.80-4.40 cm). findings are similar to the left kidney.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Aortic bifurcation/trifurcation

No abnormalities observed.

HOSPITAL NAME

Belvedere Veterinary

Adrenal Glands

The **left** adrenal gland measures 0.36 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.

REFERRING VET

Dr. Molinelli

The **right** adrenal gland measures 0.47 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.

INVOICE

30430

Spleen

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

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp.

There are no obvious signs of hepatomegaly. The liver's borders are smooth, but mildly rounded. A diffuse, mildly coarse or granular echotexture is observed, which may be due to a reactive hepatopathy. The walls of the portal veins are mildly prominent. No obvious abnormalities are noted with the hepatic vessels.

The gallbladder wall is within normal limits in thickness and echogenicity. A trivial amount of echogenic material within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. High index of suspicion of a trichobezoar within the lumen of the stomach. A "to and fro" motion of the stomach is observed.

The small intestinal wall thickness is increased; measuring up to 0.38 cm. The definition of wall layers is preserved, however, the mucosa and muscularis layers are thicker than normal and fogging of both are present. The submucosa is also prominent. The lumen is filled with a small amount of fluid and gas. The mesentery surrounding a few loops of bowel is mildly hyperechoic. No abnormalities are observed with the ileo-cecal-colic junction. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Gas is present within the colon.

Pancreas

No overt abnormalities are observed with the echogenicity or echotexture of the right limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present. The left limb has a mildly coarse echotexture. Hyperechoic foci, scattered throughout the parenchyma. These changes are most likely due to nodular hyperplasia and areas of fibrosis, which may occur secondary to age, previous episodes of pancreatitis, and possibly amyloid deposition. Signs of active pancreatitis or neoplasia are not appreciated.

Other

Lymph nodes

Lymph nodes in the region of the ileo-cecal-colic junction are mildly increased in size and plump; 5.9 mm in diameter.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal changes are highly suggestive of inflammatory bowel disease and reactive hyperplasia. Infiltrative disease, such as lymphoma or other round cell tumour, is considered less likely, but cannot be excluded. The very mild lymphadenomegaly is attributed to reactive hyperplasia.
- High index of suspicion of a trichobezoar within the lumen of the stomach. A "to and fro" motion of the stomach is observed.
- No overt abnormalities are observed with the echogenicity or echotexture of the right limb of the pancreas. However, the mildly coarse echotexture and the hyperechoic foci scattered throughout the parenchyma of the left limb are suggestive of areas of fibrosis secondary to age, previous

episodes of pancreatitis, and possibly amyloid deposition. Signs of active pancreatitis or neoplasia are not appreciated.

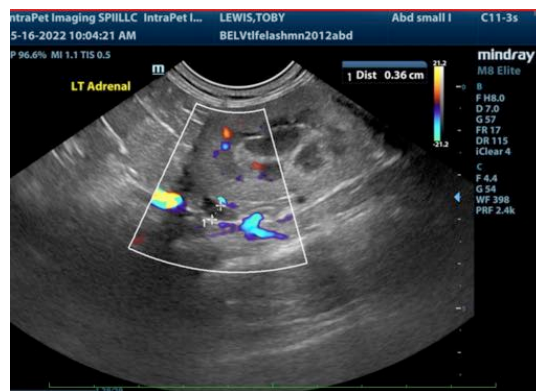
- Age-related changes are observed with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline laboratory work, including, a CBC, serum biochemical profile, and urinalysis, are recommended.

Other recommendations include

- Deworm Toby and any other pets in the household, with fenbendazole, 50 mg/kg by mouth once a day for 3 days and repeat 3 weeks later.
- Diet trial (veterinary prescription brand hypoallergenic, hydrolyzed or novel protein) for a minimum of 14 days.
- Addition of soluble fibre, such as psyllium, is suggested to help treat the diarrhea. Note, hydrolyzed diets tend to be low in fibre.
- Serum cobalamin, folate, TLI, may be required depending on Toby's response to the above treatment suggestions.
- Endoscopy and biopsies of the upper and lower GI tract diet, if no response to deworming and diet trials.
- Empirical treatment with corticosteroids (1 mg/kg/day) may be considered in the future, IF further diagnostics are not pursued, *following* administration of above treatments.





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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM
Lisa.Carioto@sonopath.com