

**DATE**

5/20/22

**PRESENTING CLINICAL SIGNS**

Anorexia, lethargy. Had history of IBDz 1 year ago with similiar symptoms and responsive to medical management. PE - patient is fractious and had to be examined under sedation. Normal heart sounds, normal oral exam, abd palp - cranial abdomen just at abd wall feel a firm, irregular soft tissue "structure"  
Current Medications: Cerenia 8 mg QD, Depo Medrol 20 mg once, Mirataz Transdermal gel - 2 mg QD. First 2 meds started 4 days ago with no response in appetite. No vomit, no diarrhea. Mirataz began 2 days ago.

**PATIENT**

Bella 2 Genna-Walters

Lab Results: NSF.

Radiographs: Much intra abdominal fat. Thoracic films normal.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Isoflurane

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**

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

**AGE**

7/21/20

**Kidneys**

The **left** kidney measures 3.84 cm (3.80-4.40 cm). 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. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic. The **right** kidney measures 3.99 cm (3.80-4.40 cm). 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. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

**WEIGHT**

10 lbs

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Adrenal Glands**

The **left** adrenal gland measures 0.26 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.

**HOSPITAL NAME**

Chadwell AH

The **right** adrenal gland is not visualized, however, no abnormalities are noted in the region where it should be located.

**REFERRING VET**

Dr. Schaupp

**Spleen**

The spleen is within normal limits in size 8.13 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.

**INVOICE**

30544

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is very mildly granular and coarse, but homogeneous. It is diffusely hyperechoic, i.e. it is isoechoic to the falciform fat. Focal lesions are not identified. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A trivial to small amount of echogenic material is present within the GB. The cystic duct is not dilated or tortuous. There are no signs of an obstruction.

### ***Gastrointestinal***

Ingesta and gas are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis. An obvious trichobezoar or foreign body is not evident.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. No abnormalities are observed with the ileocecal colic junction. Abnormally dilated loops of bowel are not observed.

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

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

### ***Pancreas***

No overt abnormalities are observed with the echogenicity or echotexture of either limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

### ***Other***

#### ***Lymph nodes***

One of the mesenteric lymph nodes is prominent and very mildly enlarged at 0.54 cm in diameter x 1.05 cm in length. The lymph node is very mildly hypoechoic.

***Abdominal effusion*** is not visualized.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild and diffuse hyperechogenicity of the liver; cholestasis, suppurative cholangitis/cholangiohepatitis and cholecystitis cannot be excluded despite the absence of abnormalities on the serum biochemical profile. The administration of steroids and hepatic lipidosis due to hyporexia may also be contributing to the hyperechogenicity.
- The absence of sonographic abnormalities of the gastrointestinal tract does not rule out inflammatory bowel disease. An obvious trichobezoar is not evident in the stomach, however, a large amount of gas and ingesta are present, which may be affecting the evaluation of the stomach.
- The very mild enlargement of the mesenteric lymph node is most likely due to reactive hyperplasia.
- Pyelonephritis should not be excluded despite the absence of abnormalities as this may cause vague clinical signs of malaise.
- There are no signs of neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

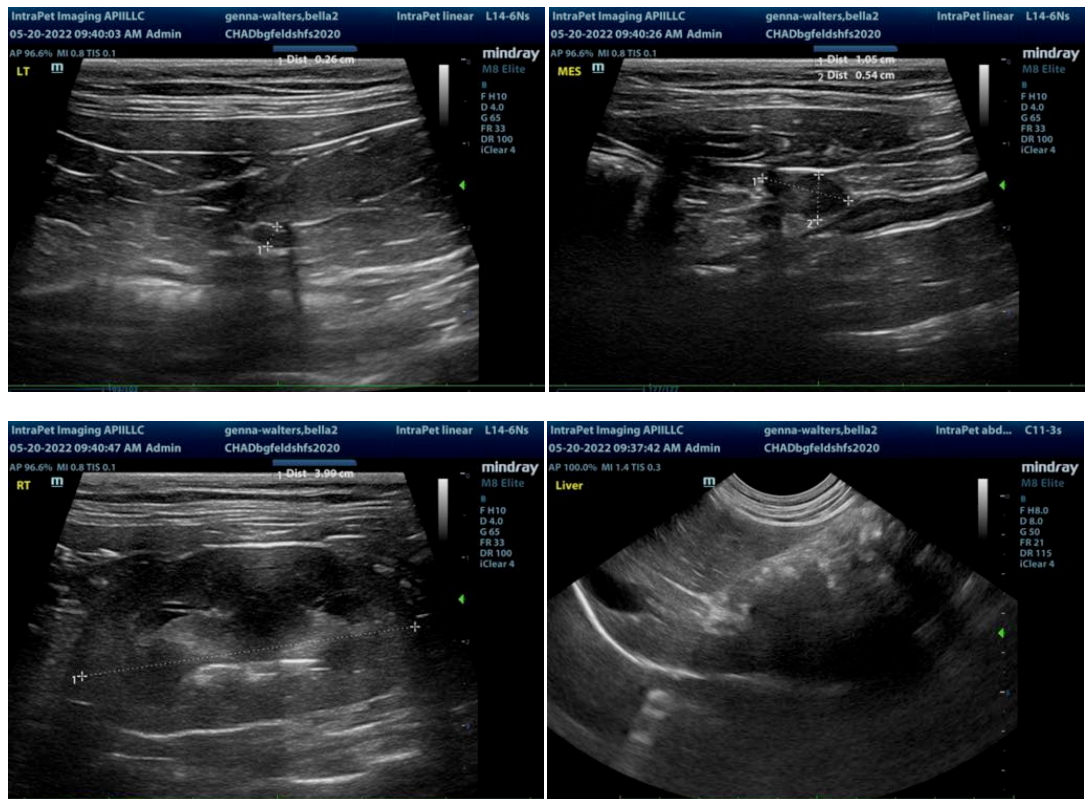
A urinalysis and culture and sensitivity would be ideal.

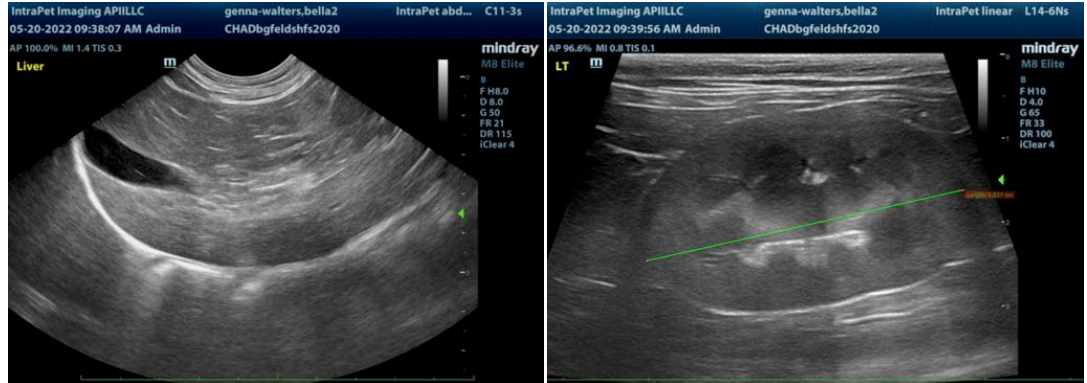
An analgesia trial for visceral pain, for example, buprenorphine is highly recommended, for 5-7 days. Continue for 2 weeks if an improvement is noted.

As mentioned above, cholangitis/cholangiohepatitis, and cholecystitis, cannot be excluded, including secondary bacterial infections ascending from the GI tract. Although indiscriminate use of antibiotics is not recommended, consider administration of a broad-spectrum antibiotic. Due to Bella's fractious nature, cefovecin (Convenia) may be tried. However, discussion with the client that this is not necessarily the ideal drug is suggested. If improvement is observed, 2-3 additional doses 10-12 days apart are recommended.

Depending on Bella's response to the above treatments, additional recommendations include

- Deworming with a topical product (e.g. Profender) due to Bella's fractious nature
- Diet trial (veterinary prescription brand hypoallergenic, i.e., hydrolyzed or novel protein)
- SNAP PLI,
- TLI, serum cobalamin, and folate to assess for underlying maldigestion and malabsorption disease and dysbiosis.





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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