



**PATIENT**

Gabriel Chase

**PRESENTING CLINICAL SIGNS**

Some vomiting, mostly diarrhea No response to tylen, maybe a slight response to pred in the past  
Abnormal PE/Chem/CBC/UA Results: PE: BCS 3.5/9 CBC: wnl CHEM: wnl UA: NP IBD vs neoplasia vs other

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DLH

The urinary bladder is well 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.

**SEX**

Neutered Male

**Kidneys**

**AGE**

13 Years

The **left** kidney measures 3.51 cm (3.80-4.40 cm); mildly decreased. The capsule is smooth. The cortex is mildly hyperechoic and a mild to moderate loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present. Two nephroliths are visualized, measuring 6.8 mm and 2.0 mm, respectively. There is no evidence of pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

**WEIGHT**

7.6 Pounds

The **right** kidney measures 4.25 cm (3.80-4.40 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild to moderate loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present. A few, very small nephroliths are visualized. There is no evidence of pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic. However, a scant amount of anechoic perirenal fluid is observed. The right kidney is hyperechoic to the liver.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**IMAGING PERFORMED BY**

Chelsea Pastor

**Adrenal Glands**

The **left** adrenal gland measures 0.33 cm in diameter and 1.09 cm in length. 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**

Fredon AH

The **right** adrenal gland measures 0.52 cm at the cranial pole, 0.38 cm at the caudal pole and 1.34 cm in length. 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. Michelle Roche

**Spleen**

The spleen is within normal limits in size, echotexture, and echogenicity. The capsule is smooth. The splenic vein appears dilated and mildly tortuous. The splenic vein measures 5.88 mm in diameter. Acquired shunts cannot be excluded based on other vessels identified in the surrounding area.

**INVOICE**

37551

**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 visualized.

**DATE**

5/9/22



**PATIENT**

Gabriel Chase

The gallbladder wall is within normal limits in thickness (1.0 mm) and echogenicity. A thin, anechoic line is present between the wall of the gall bladder and a second hyperechoic line, which is suggestive of edema. A small amount of echogenic material is present 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.

**SPECIES**

Feline

**Gastrointestinal**

**BREED**

DLH

Fluid 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.

**SEX**

Neutered Male

The lumen of the duodenum is dilated and filled with a large amount ingesta and fluid. Another segment of duodenum is 0.27 cm, which is at the high end of normal. An ileus is suspected.

A moderate amount of gas and fluid are present in the lumen of the small intestines. The small intestines are at the high end of the normal reference range to mildly thickened (0.33 cm). Decreased peristalsis is observed, i.e. a "to and fro" movement is noted. The surrounding mesentery is diffusely hyperechoic.

**AGE**

13 Years

Abnormally dilated loops of bowel are not observed, other than the duodenum.

The colonic wall is not thickened and mural detail is considered normal. Soft stool is present in the colon.

**WEIGHT**

7.6 Pounds

**Pancreas**

The **left limb** is diffusely hypoechoic. The surrounding mesenteric fat is mildly hyperechoic, suggestive of saponification. These findings are suggestive of active pancreatitis. Overt signs of neoplasia are not noted.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

The right limb is not visualized due to the gas, fluid and ingesta present in the duodenum.

**Other**

**IMAGING PERFORMED BY**

Chelsea Pastor

**Lymph nodes**

A few hypoechoic lymph nodes are observed in the region of the ileo-cecal-colic junction. The surrounding mesentery is mildly hyperechoic.

**HOSPITAL NAME**

Fredon AH

**Abdominal effusion** is not visualized.

**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

Dr. Michelle Roche

- The abnormalities of the intestinal tract observed are suggestive of inflammation and a mild to moderate diffuse ileus. Underlying inflammation associated with inflammatory bowel disease is suspected, however, infiltrative disease, such as lymphoma or other round cell tumour, cannot be excluded.
- Mild pancreatitis is suspected based on the findings noted with the left limb.
- Although the liver is not overtly abnormal, cholestasis, cholangitis/cholangiohepatitis cannot be excluded.
- Cholecystitis cannot be excluded.

**INVOICE**

37551

**DATE**

5/9/22



**PATIENT**

Gabriel Chase

- The mild lymphadenomegaly may be due to reactive hyperplasia, however, infiltration with neoplastic cells must be considered.

**SPECIES**

Feline

- Multiple changes are observed with the kidneys, including age-related degeneration, as well as mineralization and nephrolithiasis. The trivial amount of free fluid present surrounding the right kidney may be due to pyelonephritis. Glomerulonephritis cannot be excluded.

**BREED**

DLH

- Sediment in the lumen of the urinary bladder is most likely clinically insignificant, however, a urinalysis and culture and sensitivity are suggested to exclude subclinical pyelonephritis.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and culture and sensitivity are suggested to exclude subclinical pyelonephritis.

Analgesia for visceral pain, such as buprenorphine, is suggested, as well as supportive care, such as maropitant once a day for a few days, +/- subcutaneous fluids (administered at home).

**AGE**

13 Years

A TLI, serum cobalamin, and folate are strongly recommended to assess for underlying maldigestion and malabsorption disease, as many cats with IBD and pancreatitis may also suffer from exocrine pancreatic insufficiency. If the test is cost prohibitive, supplementation with vitamin B12 is suggested, although a diagnosis of EPI will not be obtained.

**WEIGHT**

7.6 Pounds

Deworming with a broad spectrum dewormer, such as fenbendazole, is suggested if Gabriel goes outdoors or if he lives with other pets that go outdoors.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

If Gabriel is eating well, adding psyllium to his diet is suggested, as some cats require additional fibre. The amount should be increased gradually to avoid bloating and discomfort and then adjusted based on the consistency of his stools.

**IMAGING PERFORMED BY**

Chelsea Pastor

A veterinary prescription brand hypoallergenic diet, whether hydrolyzed or novel protein, may be tried. 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. Note, hydrolyzed diets are low in fibre, therefore, supplemental fibre will likely be required.

**HOSPITAL NAME**

Fredon AH

Small, frequent meals are recommended.

A 10-14 day trial with famotidine or omeprazole may be considered.

**REFERRING VET**

Dr. Michelle Roche

Cholestasis, cholangitis/cholangiohepatitis and cholecystitis cannot be excluded, and secondary ascending bacterial infections are common. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic. Gabriel may not be tolerant of oral antibiotics.

Although not ideal, an injection of cefovecin (Convenia) may be tried, i.e., it avoids the GI tract. Discussion with the client that this is not necessarily an ideal drug is suggested, however. If an improvement is observed, at least 2 additional doses are recommended 10-12 days apart.

**INVOICE**

37551

If there is no response to the above, endoscopy and biopsies of the upper and lower GI tract are suggested.

**DATE**

5/9/22

If further diagnostics are not pursued, and chemotherapy would not be performed if neoplasia were diagnosed, one could consider pursuing empirical therapy. For example, prednisolone may be



**PATIENT**

Gabriel Chase

administered (1 mg/kg/day), in addition to a hypoallergenic diet, that is easily digestible, but appetizing to prevent further catabolism and sarcopenia. A tapering dose is pursued after two weeks of administration at the above dose.

**SPECIES**

Feline

**BREED**

DLH

**SEX**

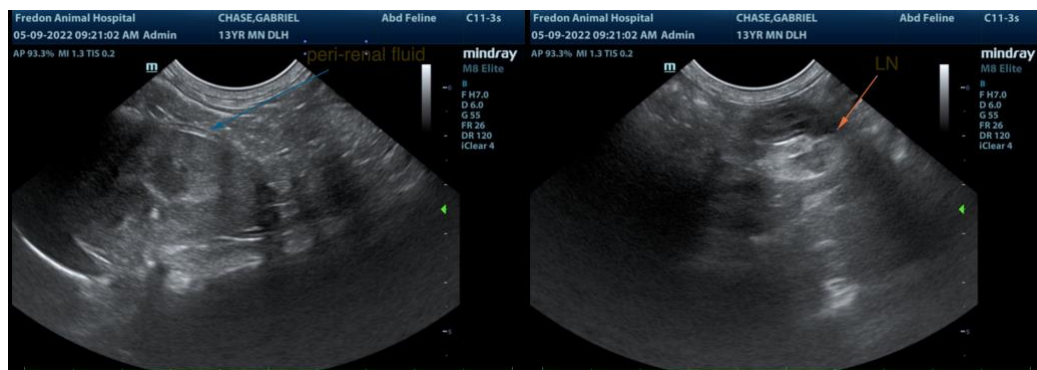
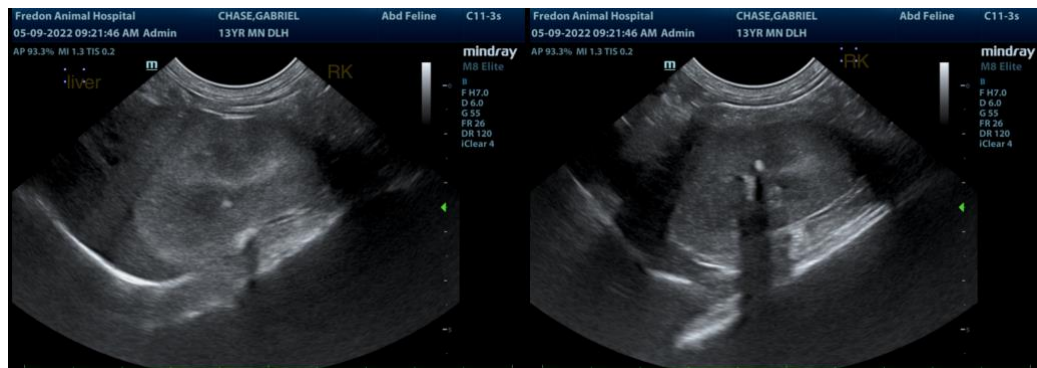
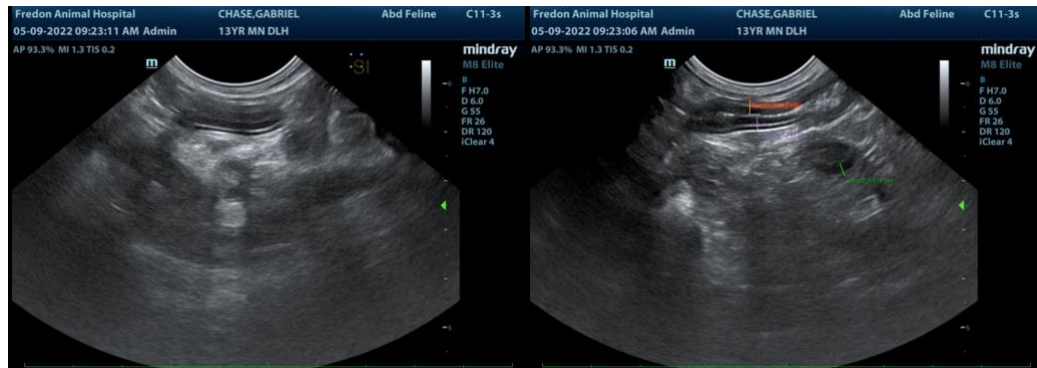
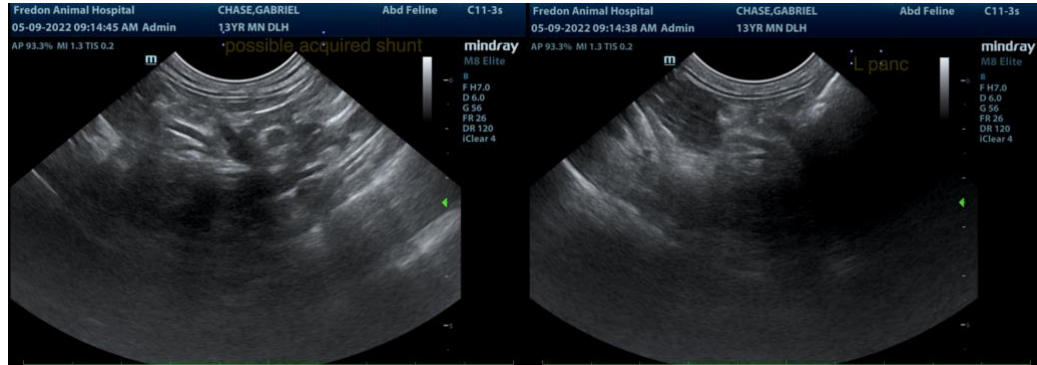
Neutered Male

**AGE**

13 Years

**WEIGHT**

7.6 Pounds



**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Michelle Roche

**INVOICE**

37551

**DATE**

5/9/22



**PATIENT**

Gabriel Chase

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

7.6 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

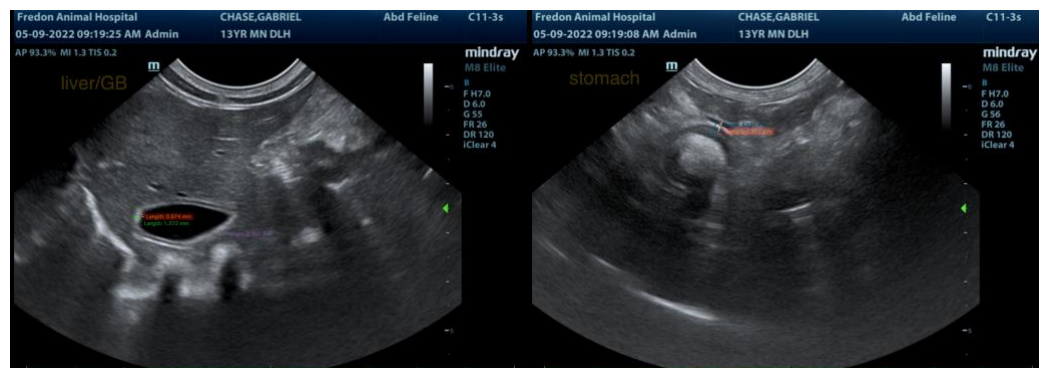
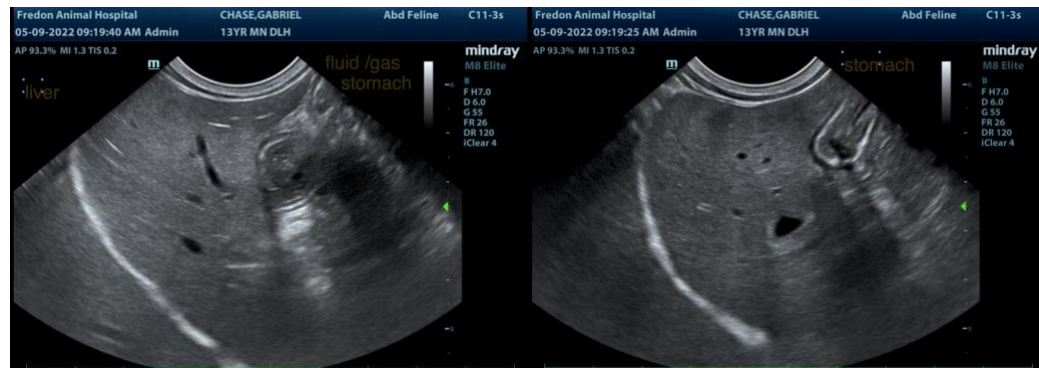
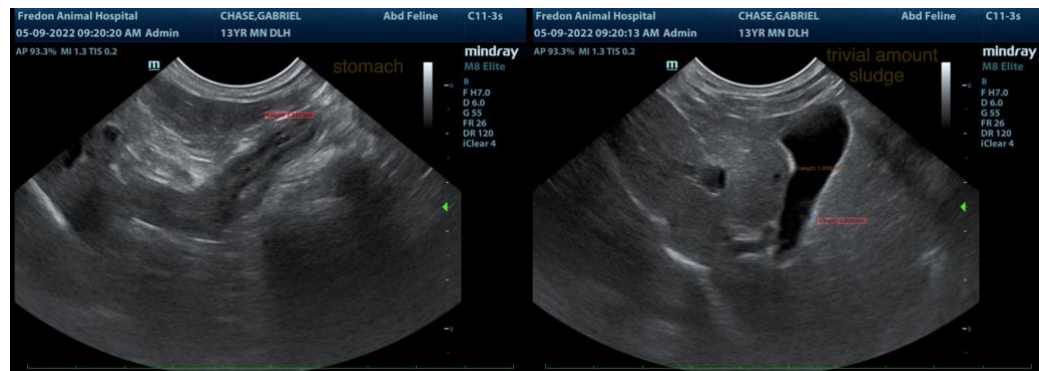
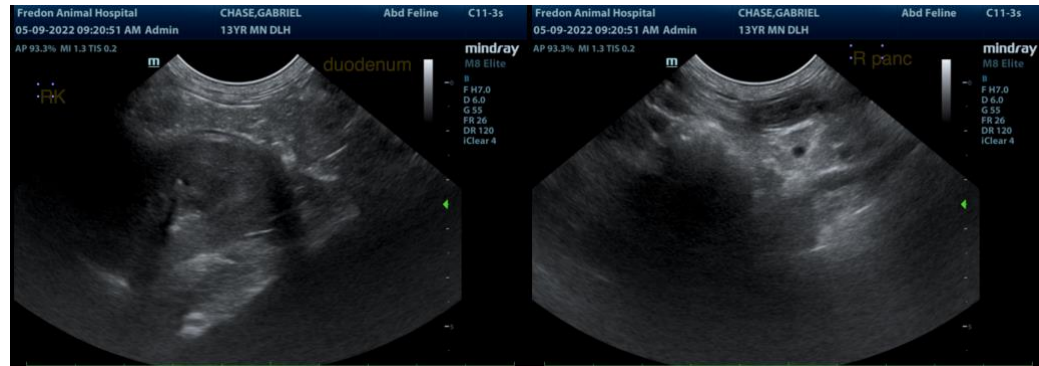
Dr. Michelle Roche

**INVOICE**

37551

**DATE**

5/9/22





**PATIENT**

Gabriel Chase

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

7.6 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

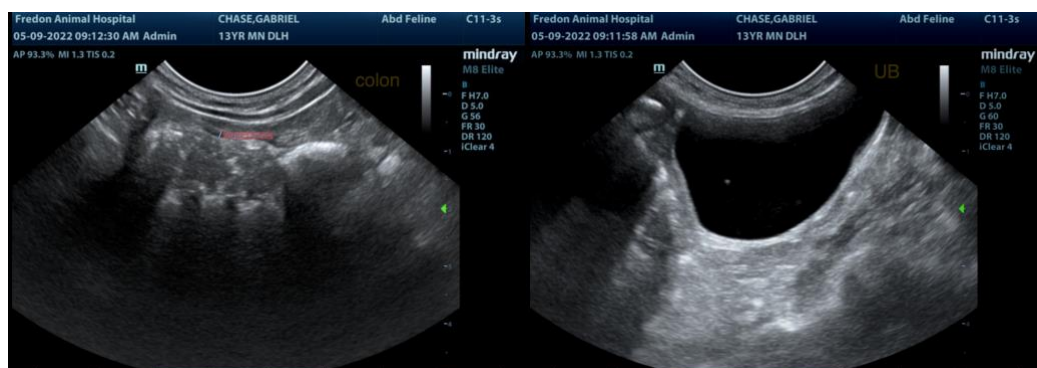
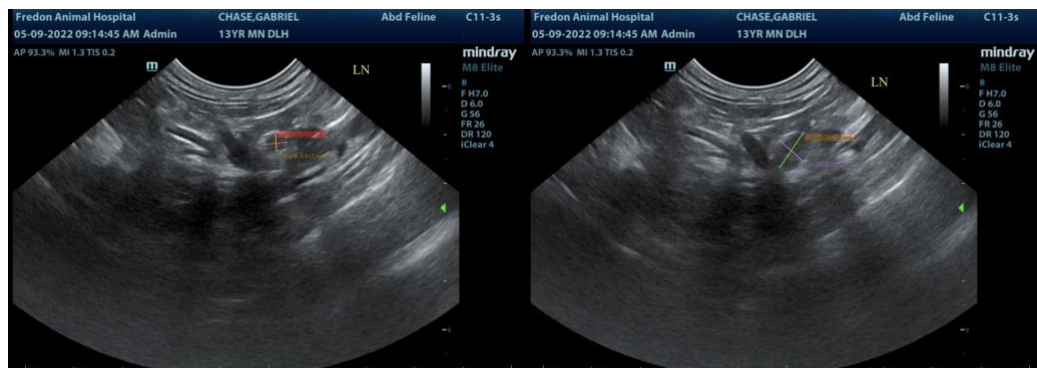
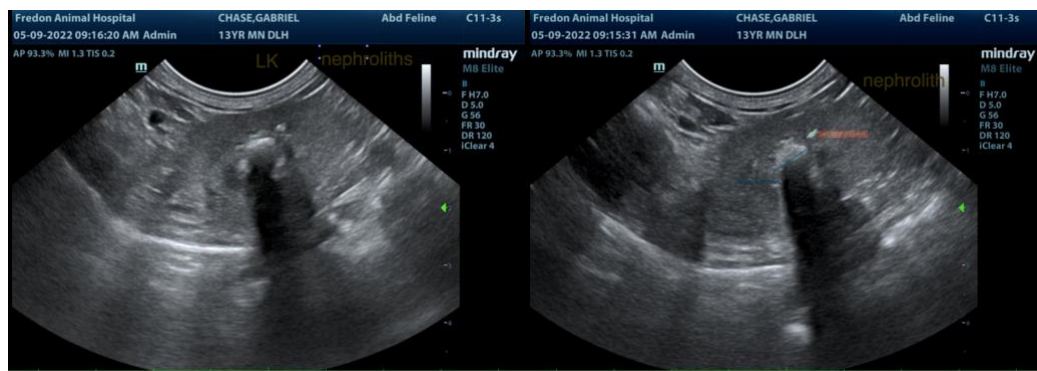
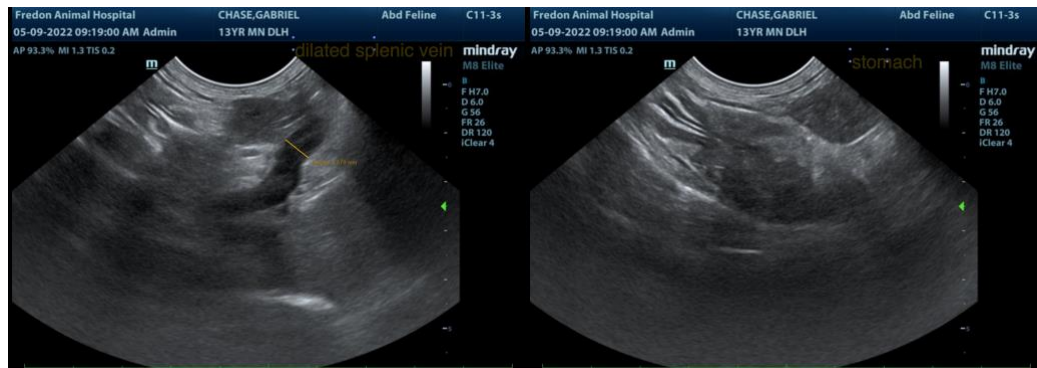
Dr. Michelle Roche

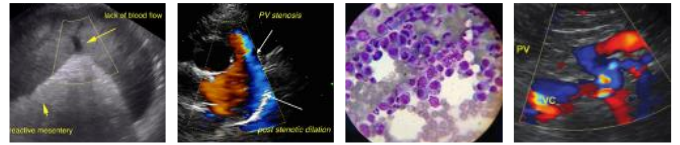
**INVOICE**

37551

**DATE**

5/9/22





**PATIENT**

Gabriel Chase

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

7.6 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

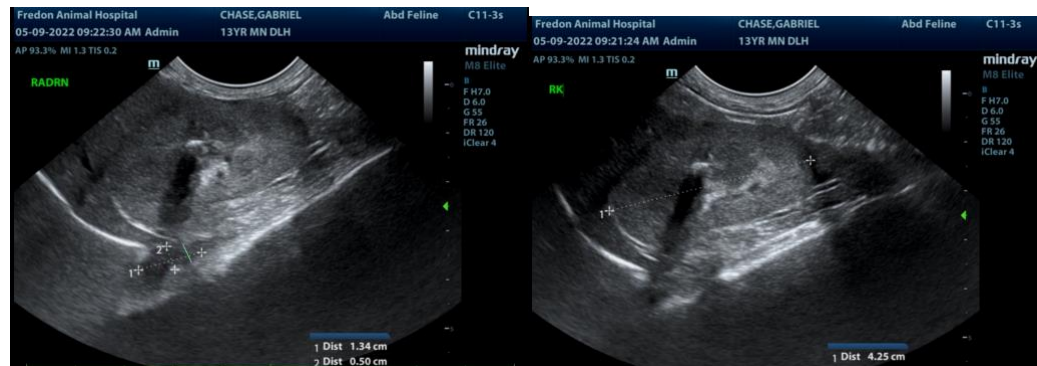
Dr. Michelle Roche

**INVOICE**

37551

**DATE**

5/9/22



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

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)