IMAGING PERFORMED BY

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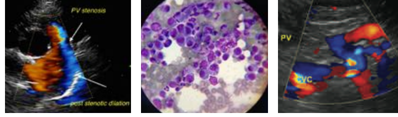

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
6/7/22

PATIENT
Nicholas Moll

SPECIES
Feline

BREED
Siamese Mix

SEX
Neutered male

AGE
5/23/10

WEIGHT
10.9 lbs

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

HOSPITAL NAME
Warm and Fuzzy

REFERRING VET
Dr. Urie

INVOICE
30921

PRESENTING CLINICAL SIGNS

Chronic weight loss, chronic diarrhea, Starting hydrolyzed diet trial
Current Medications: Prednisolone 5mg - Give 1/2 tablet by mouth every 12 hours for 30 days, do not discontinue with out
discussing with a veterinarian- just started, Vitamin B-12 Inj. (1000mcg/mL) per mL SQ q 7 days x 6 weeks.
Lab Results: 5/2/22: Pancreatic Lipase Immunoreactivity Fasting 9.6 (µg/L ≤3.5- normal range), TLI Fasting 127.8 (µg/L 12-82 - normal range)
Cobalamin Fasting <150 ng/L. 3/31/22: ALT 23, AST 13.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 4.35 cm (3.80-4.40 cm). The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 4.63 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 0.53 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 is not visualized.

Spleen

The spleen is within normal limits in size 9.2 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.

Liver

There are no obvious signs of hepatomegaly. Its borders are smooth, but rounded. It is mildly, but diffusely hyperechoic (it is isoechoic to the falciform fat). Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

The gallbladder (GB) is mildly to moderately distended with a small amount of free floating echogenic material. The GB wall is within normal limits in thickness, but is slightly hyperechoic. The cystic duct is not dilated, but is tortuous, however, overt signs of an obstruction are not appreciated. The parenchyma surrounding the GB is very mildly hyperechoic. No abnormalities are noted with the duodenal papilla.

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined, however, the muscularis is more prominent than usual. No obvious abnormalities are observed with its peristalsis.
The muscularis of the duodenum is also prominent. No abnormalities are noted with the definition of the wall layers

Multiple loops of jejunum have a moderately to markedly thickened muscularis. The definition of the wall layers is preserved. These loops of bowel are also thickened overall, measuring up to 0.29-0.32 cm. Fogging of the mucosa of the ileocecal colic junction is noted. A small amount of fluid and gas are present in the small intestines. Decreased peristalsis is observed, i.e. a "to and fro" motion is present.
Gas and ingesta are present within the transverse colon.

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

Pancreas

The pancreas is diffusely hypoechoic, with mildly irregular contours. The surrounding mesenteric fat is mildly hyperechoic. These findings are suggestive of active pancreatitis. Overt signs of neoplasia are not noted.

Other

Lymph nodes

The gastric lymph node is mildly enlarged at 2.95 mm in diameter x 6.22 mm in length. It is very mildly hypoechoic and the surrounding mesentery is mildly hyperechoic.
A few of the mesenteric lymph nodes are very mildly enlarged, however, their echogenicity, echotexture and overall architecture remain within normal limits. The surrounding mesentery is very mildly hyperechoic.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Gastrointestinal (GI) tract**: Severe inflammation is suspected, for example, a chronic enteropathy due to inflammatory bowel disease, food intolerance, dysbiosis and/or fibre responsive diarrhea. Although the definition of the wall layers is preserved, if not exaggerated, neoplasia cannot be excluded with certainty. Differential diagnoses include lymphoma or other round cell tumour, however, a chronic enteropathy is considered more likely.

- **Lymph nodes:** The mild lymphadenomegaly is more consistent with reactive hyperplasia, rather than infiltrative disease.

- **Liver and gallbladder**: Cholestasis, cholangitis/cholangiohepatitis and cholecystitis are suspected. A suppurative component must also be considered. Hepatic lipidosis may also be contributing to the mild hyperechogenicity.

- **Pancreas**: Active pancreatitis is suspected. Overt signs of neoplasia are not appreciated.
- *Note, based on the above findings, severe "triaditis" cannot be excluded.*
- **Kidneys**: Mild signs of age-related degeneration are observed.
- **Urinary bladder**: The free floating sediment within the lumen of the urinary bladder is most likely composed of mucus, crystalline material and exfoliated cells. The debris is likely clinically insignificant given the lack of inflammatory changes to the bladder wall, however, findings should be correlated with clinical signs and a urinalysis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Analgesia for visceral pain, such as buprenorphine (0.005-0.01 mg/kg sublingually every 8-12 hours) for 7-10 days. Continue for 3-4 weeks if an improvement is noted; the dose and frequency may be weaned during that time to the minimum effective dose. +/- gabapentin

If signs of gastroesophageal reflux disease (GERD), 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)

Supplementation with vitamin B12, as per medical file (note, target is above 500 ng/L.

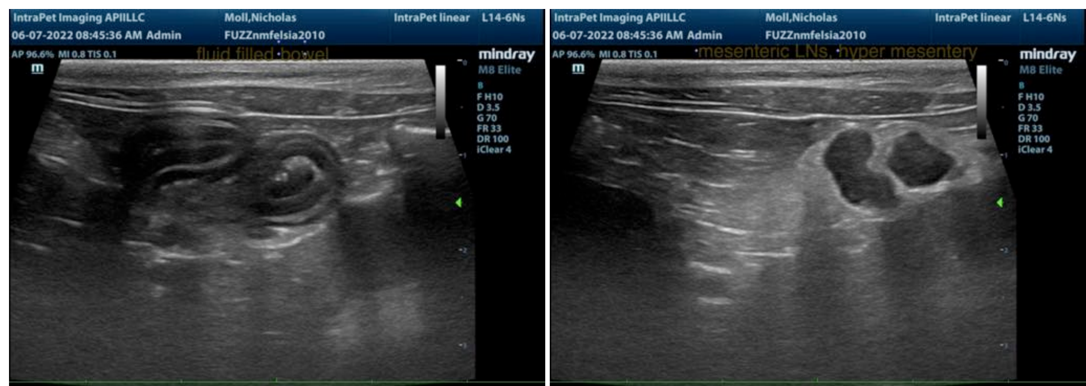
Continue hydrolyzed hypoallergenic diet. Note, additional soluble source of fibre may be required as these diets are restricted in fibre.

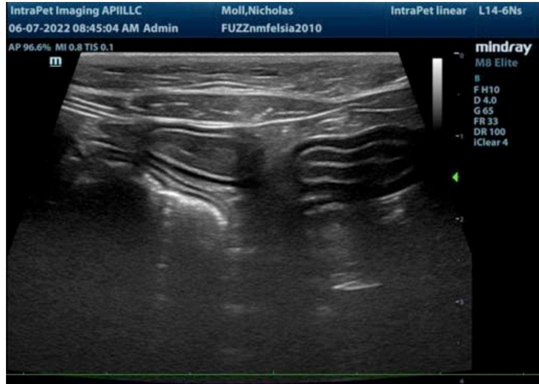
Small, frequent meals are recommended

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

Cholangitis/cholangiohepatitis and cholecystitis cannot be excluded, including a secondary ascending bacterial infection. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic if an improvement is not observed with the above therapies.

Endoscopy and biopsies of the upper <u>and</u> lower GI tract may eventually be required.

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IntraPet linear
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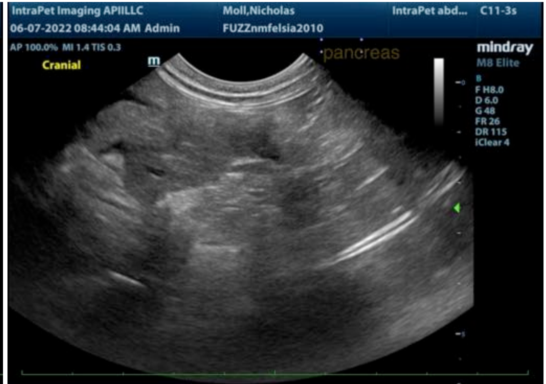
mindray
M8 Elite
B
F H10
D 4.0
G 65
FR 33
DR 100
iClear 4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Cranial
pancreas
mindray
M8 Elite
B
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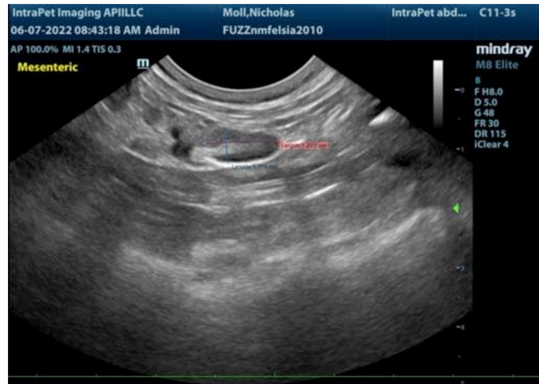
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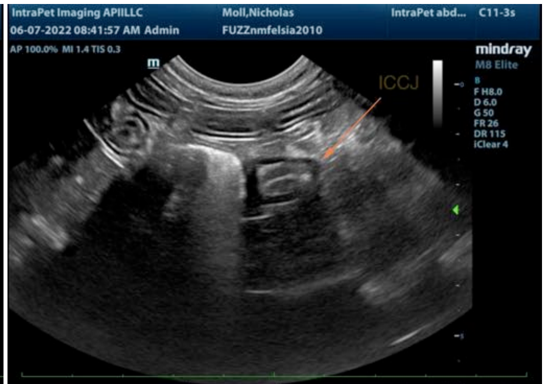
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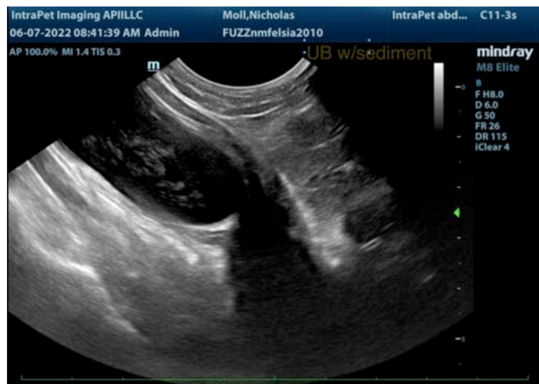
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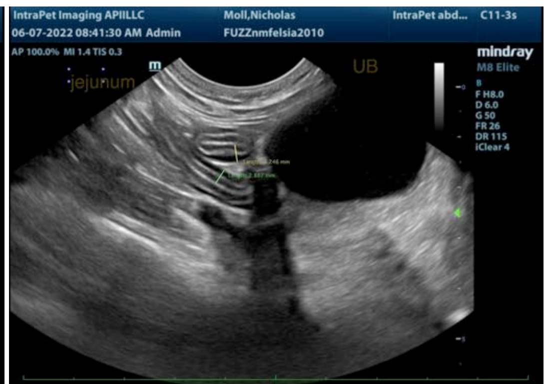
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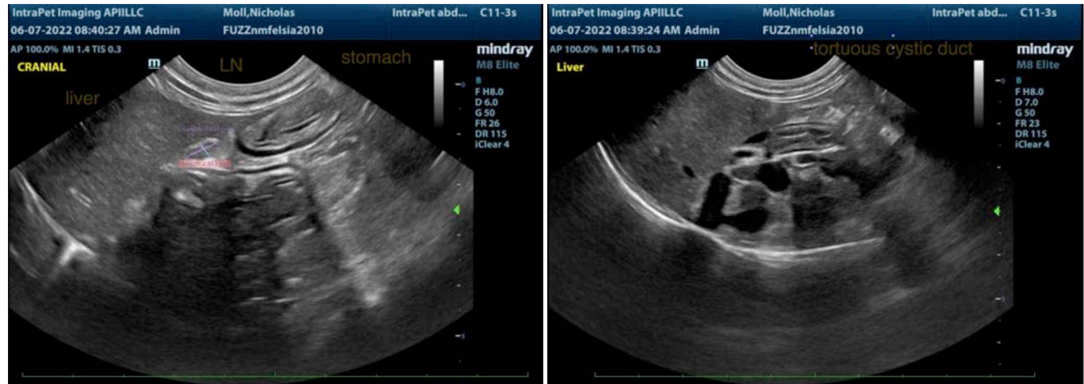

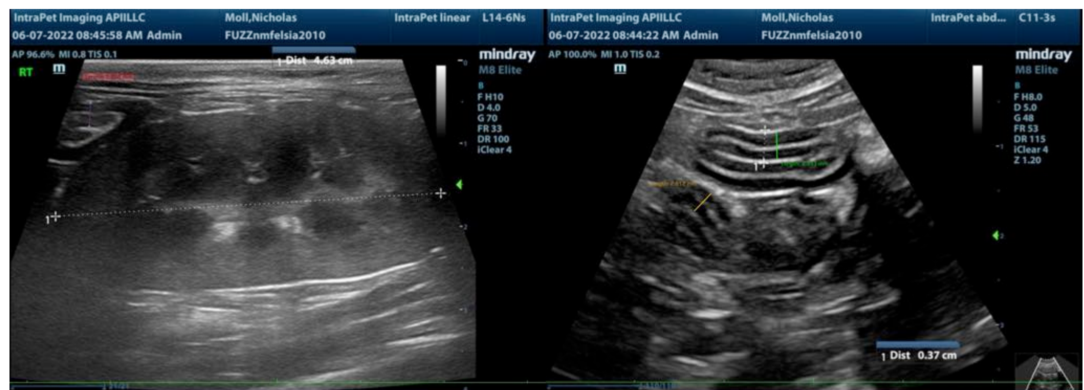

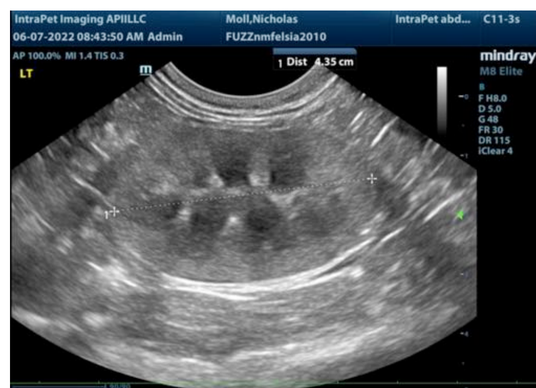

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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