



PATIENT

Kara Allamandola

PRESENTING CLINICAL SIGNS

History: intermittent diarrhea/ vomiting for years. Suspect IBD. Elevated liver values. significant weight loss. On cerenia and metronidazole

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: AST 136, ALT 137, ALKP 159, UA: protein 2+, bili 1+, USPG 1.061

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Spayed female

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

AGE

13 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.8 pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.8 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Diane McFadden

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor luminal debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Ramapo Valley Animal
Hospital

REFERRING VET

Dr. Katara

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm.

DATE

03/18/2022

The small intestine presented intact wall layering with propensity for mildly prominent segmental muscularis layer yet without evidence of loss of intestinal wall layering, significant mural hypertrophy



PATIENT	or intestinal masses. The jejunum wall measured 0.25 cm in width. The ileocolic wall measured 0.33 cm wall width.
Kara Allamandola	Normal visible colon wall layers were present with apparent semi-formed feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
BREED	
DSH	<i>Free Abdomen</i>
SEX	Multiple focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Regional perilymphatic to peri intestinal mesenteric inflammation was evident. An example of lymph node size was 1.4 cm x 0.6 cm.
Spayed female	
AGE	An intermittent scant pocket of peritoneal free fluid noted adjacent to the intestinal loops and around the caudal liver margins.
13 years	
WEIGHT	
6.8 pounds	<ul style="list-style-type: none"> • Hepatopathy-suspect inflammatory hepatopathy/cholangiohepatitis with potential for vacuolar hepatic changes and/or emerging lipidosis. If evidence of anorexia, neoplasia is possible yet thought less likely. • Chronic active pancreatitis. • Inflammatory enteropathy pattern with associated nonspecific yet suspect mesenteric lymphadenitis. • Mild chronic renal changes.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Diane McFadden	
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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an ultrasound guided hepatic FNA for screening cytology and primary assessment for evidence of inflammatory cells may be considered. Triad disease is a suspected top differential diagnosis in this case. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would likely require full thickness intestinal +/- hepatopancreatic biopsies. Empirically, triad disease protocol which may include cobalamin supplementation, hydrolyzed diet and prednisolone trial at lowest effect dose to control clinical signs with assessment of clinical response would be reasonable.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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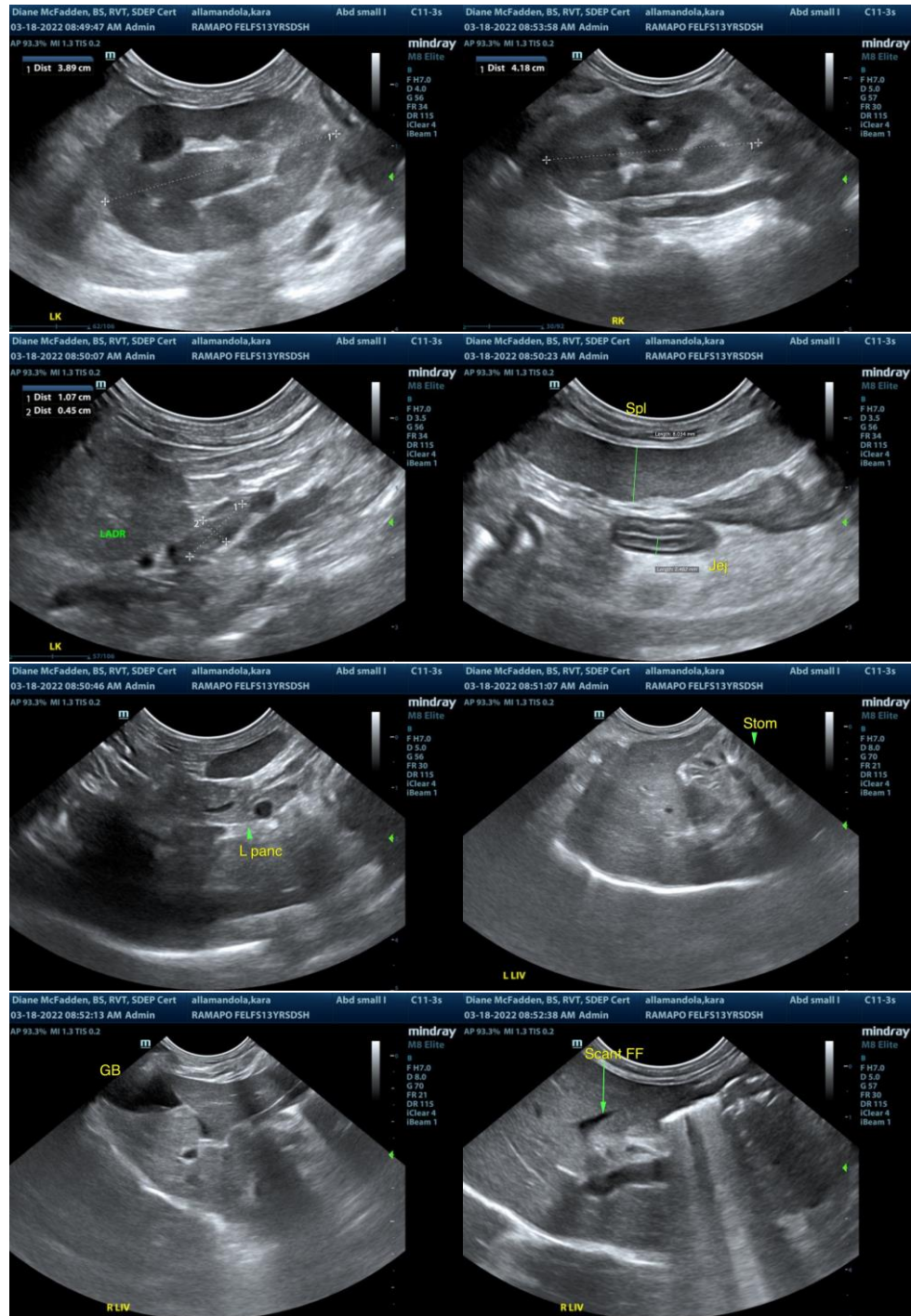
Dr. Katara

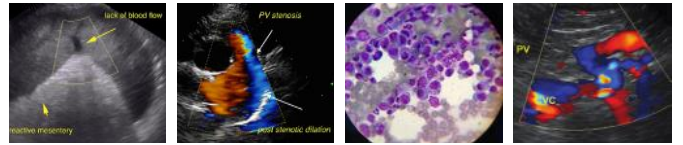
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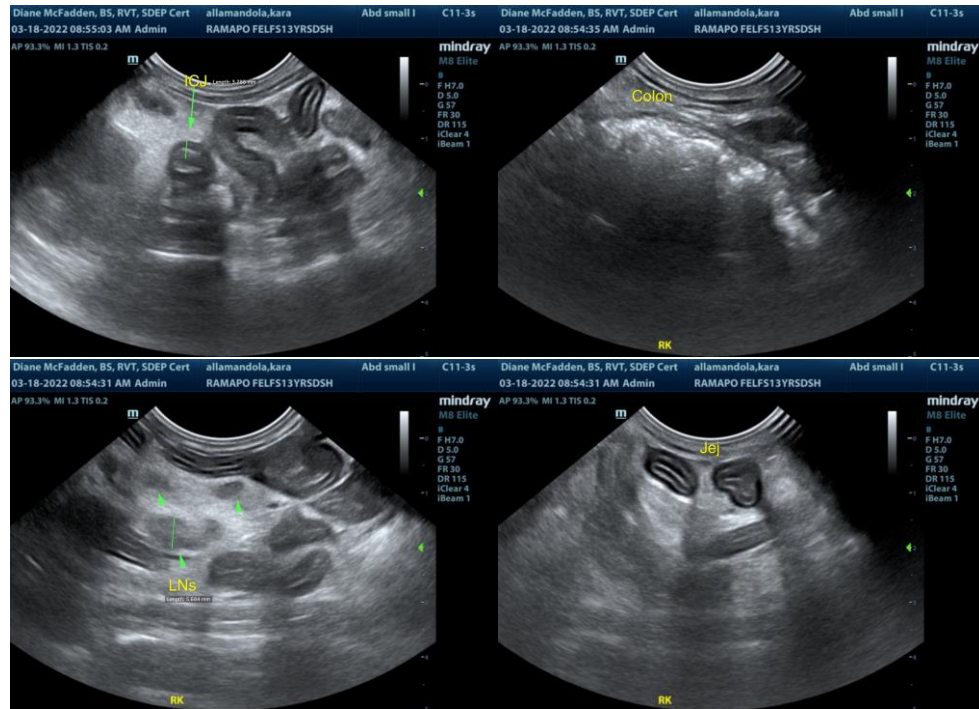
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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