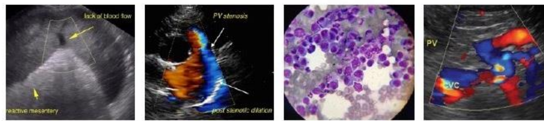




**PATIENT**

Sophie Rogers

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

16 years

**WEIGHT**

11.8 lbs.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Gagemount AH

**REFERRING VET**

Dr. Milliken

**INVOICE**

13680

**DATE**

4/19/22

## PRESENTING CLINICAL SIGNS

Apr. 13/22- Not eating much; drinks a lot; vomits when ate a few treats; used to vomit once weekly when first seen Sept. 21. Was previously seen by Cat Clinic, Hamilton for vomiting and losing weight - treated with Gastro and Cerenia Blood done at Cat Clinic and here Presentation: T: 37.6; Eyes, ears, L.N.: NSF Wt: 11.8 lbs (5.36 Kg) BCS: 3/5; MCS 3/3; has been gradually losing weight. HR: 160 Chest clear no HMR Abd: relaxed, no masses felt nor unusual palpation of intestines; little feces; Colour/CRT/ NSF; very good teeth -T1 G0.5 Has been progressively getting worse; - was good for 3 days after Cerenia injection and hungry; Ate tuna yesterday and kept it down Vomits food and bile and often soon after eats; was fine for few days on oral Cerenia but then vomited while on tablet Tried Hypoallergenic as well as Gastro Seen every few months for vomiting and depressed appetite meds:Cerenia 16 mg - 1/4 q 24 hours; dispensed Prednisilone 5 mg; Biome and Fortifora Abnormal PE/Chem/CBC/UA Results: Blood exam on Feb 17/22 NSF except increase HCT .48 (0.29 - 0.45); Hgb; 163 (103 - 162); Chemistries :NSF except sodium 158 (147 - 157) T4 33.8 (10 - 60) = N At cat clinic Spec FPL 2.8 (high 3.5) so not likely pancreatitis

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

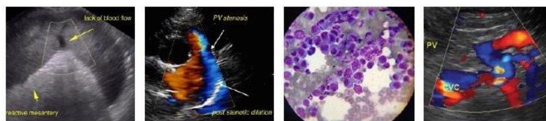
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic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

### *Adrenal Glands*

The bilateral adrenal glands were mildly subnormal in size yet normal position and shape. The subnormal size Is potentially owing to Prednisolone therapy. The left adrenal gland measured 0.26 cm width. The right adrenal gland measured 0.32 cm width.

### *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 0.93 cm width at the level of the hilus.





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### *Liver/ Gallbladder*

The liver was normal in size and contour exhibiting subtle uniform increased hepatic parenchyma echogenicity. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal. The gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering with generalized prominent muscularis layer and segmental mild intestinal mural hypertrophy. No evidence of loss of intestinal wall layering or Intestinal masses was noted. The duodenum wall width measured 0.28 cm. The jejunum wall width measured 0.32 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

### *Free Abdomen*

No omental masses, lymphadenopathy or peritoneal effusion were present.

### ULTRASONOGRAPHIC FINDINGS

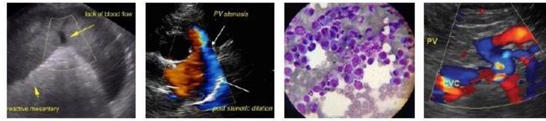
- IBD intestinal pattern
- Sonographically unremarkable stomach with mild gastric ingesta / chyme
- Mild chronic renal changes

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine was consistent with Infiltrative enteropathy and most suggestive of inflammatory infiltrative enteropathy / IBD. Minor potential for neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner, cannot be definitively excluded yet is considered less likely. Potentially, intestinal mural changes may be suppressed by Prednisolone therapy. Intestinal biopsies would be required for a definitive diagnosis.

If documented NPO, some degree of concurrent metabolic gastric stasis could be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically continued IBD protocol with as-needed gastrointestinal support would be reasonable. Sonographic monitoring for evidence of progressive intestinal mural changes is suggested If persistent / progressive IBD signs.





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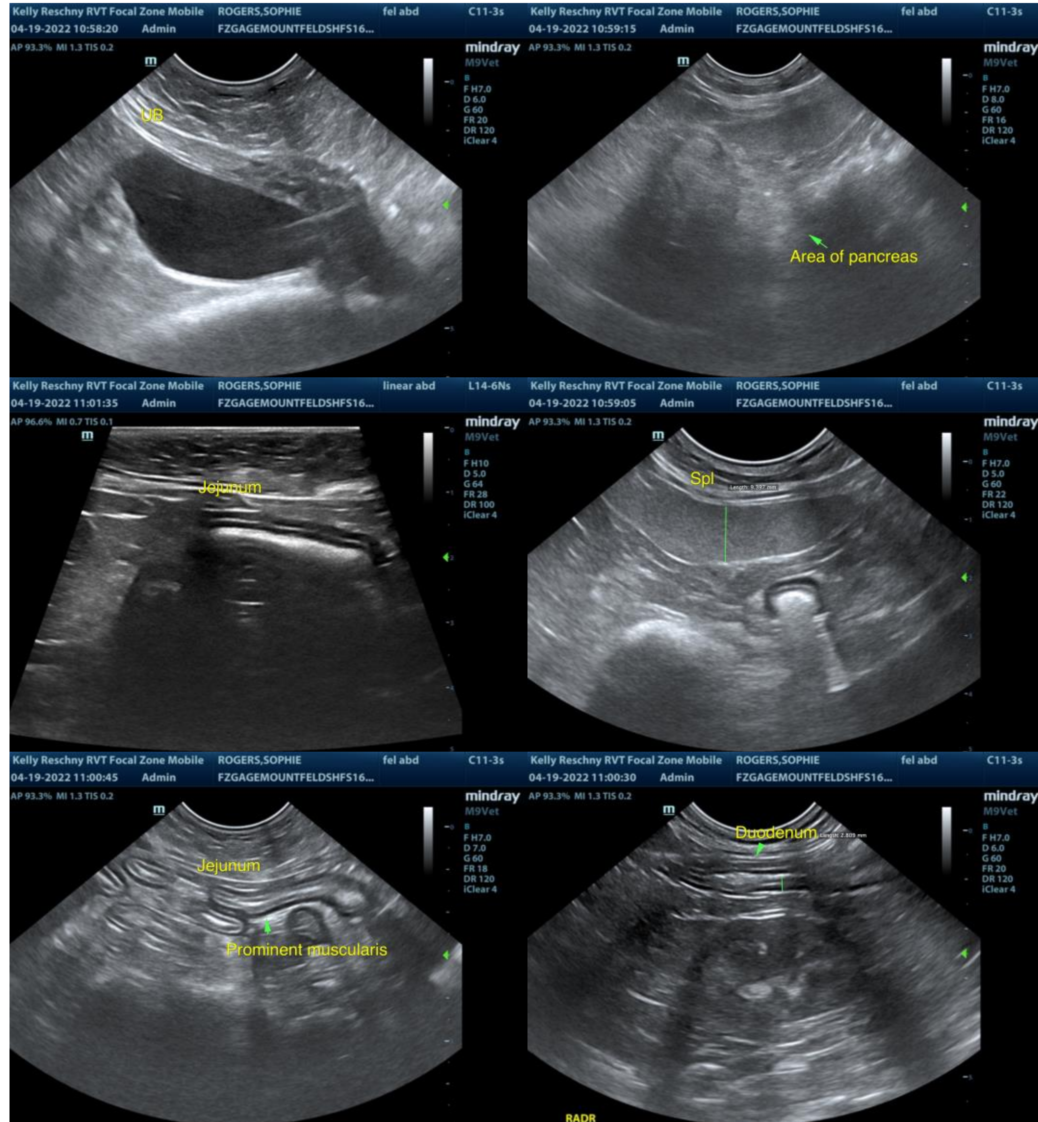

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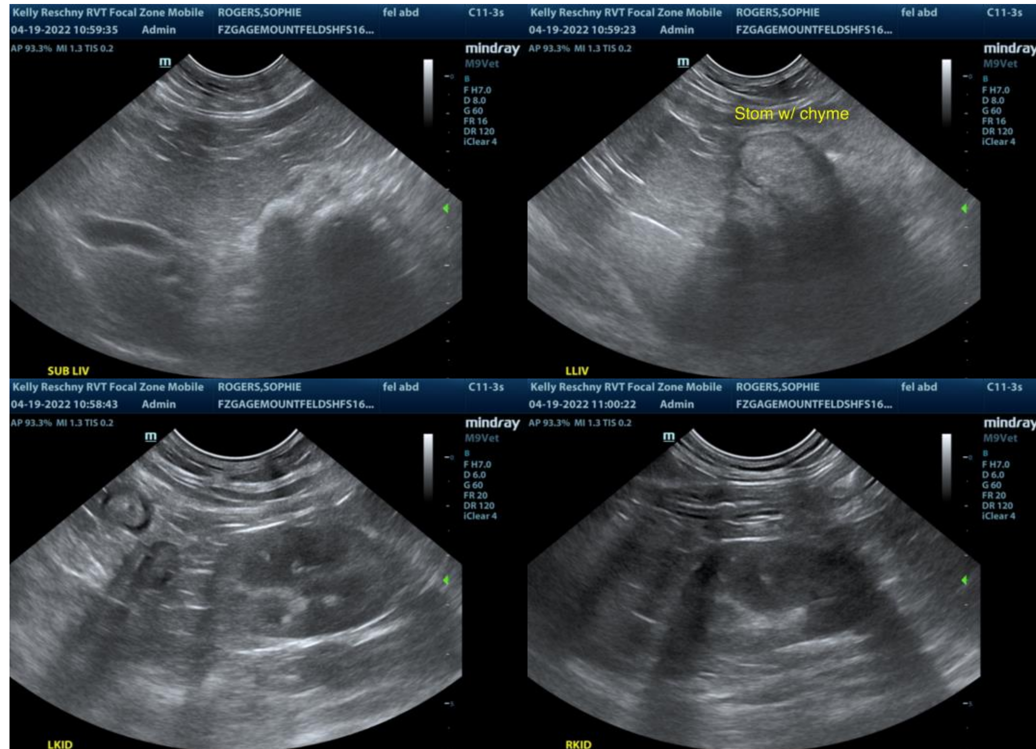


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
**info@SonoPath.com**