



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Peaches Brennan
History: Chronic diarrhea and vomiting, controlled until recently
Medication: Metronidazole, B12, Steroid, z/d, probiotic, Cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES Feline
Urinary System

BREED Domestic Shorthair
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 were noted.

SEX FS
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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small cortical cyst was noted in the right kidney along with suspect caudal cortical infarct. The right kidney measured 3.2 cm. The left kidney measured 3.4 cm.

AGE 11 years
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT 8 Pounds
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm in width. The left adrenal gland measured 0.36 cm in width.

Spleen

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

Liver

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with minor, echogenic luminal debris extending into the cystic biliary duct. The proximal common bile duct was dilated (0.21 cm) and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

HOSPITAL NAME

Easton AH

REFERRING VET Gastrointestinal

REFERRING VET Dr. Nankman
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. Gastric body wall measured 0.24 cm. Pylorus wall measured 0.27 cm.

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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.26 cm.



PATIENT Peaches Brennan
The descending colon exhibited prominent intact yet indistinct wall layering. The descending colon wall measured up to 0.43 cm in width. The descending colon was primarily empty with luminal gas and mild non-formed feces.

SPECIES *Pancreas*
Feline
The pancreas was normal in size and contour with mildly hypochoic to heterogeneous parenchyma.

BREED Domestic Shorthair
Free Abdomen
Intermittent, mildly prominent to enlarged mid abdominal mesenteric nodes were present. Example measured 1.5 cm x 0.5 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SEX No effusion.

PRIMARY FINDINGS

- Chronic enteropathy with mild to moderate colitis
- Associated mesenteric lymphadenopathy – probable lymphoid hyperplasia or mild reactive lymphadenitis.
- Subtly hypochoic pancreas

SECONDARY FINDINGS

- Mild chronic renal changes with probable caudal right kidney cortical infarct and cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fresh fecal analysis recommended to rule out parasitic ova/giardia if not recently done or if clinically indicated. Given the presence of colitis, a higher fiber, hypoallergenic diet (if available) may prove beneficial. If the patient is refractory to Metronidazole, a compounded Tylosin trial or combination of compounded Metronidazole/Sulfasalazine may prove beneficial. Continued empirical therapy for IBD warranted. The potential use of Prednisolone may be masking small intestinal and colonic mural changes. Potential for neoplastic infiltrative enterocolonopathy, which may present sonographically similar, cannot be definitively excluded, yet considered less likely.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

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Rebekah Jakum, CVT
ARDMS/RVT

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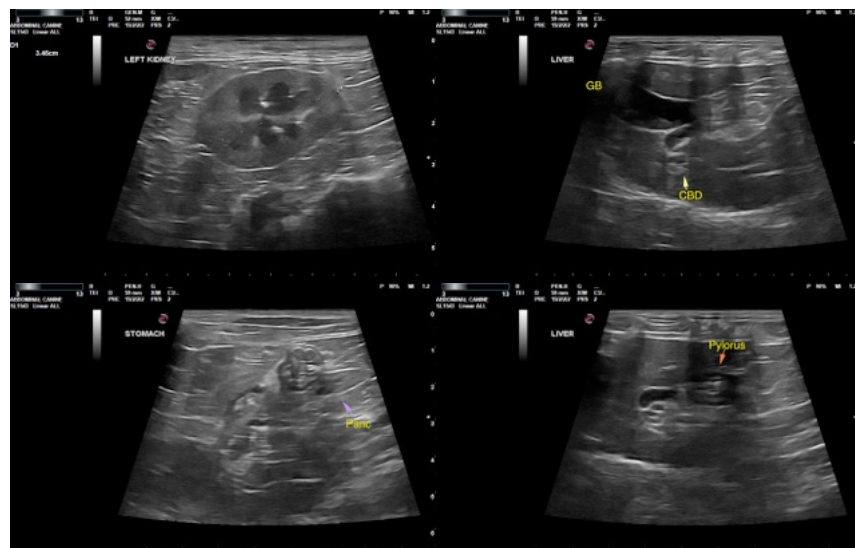
Dr. Nankman

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PATIENT

Peaches Brennan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

11 years

WEIGHT

8 Pounds

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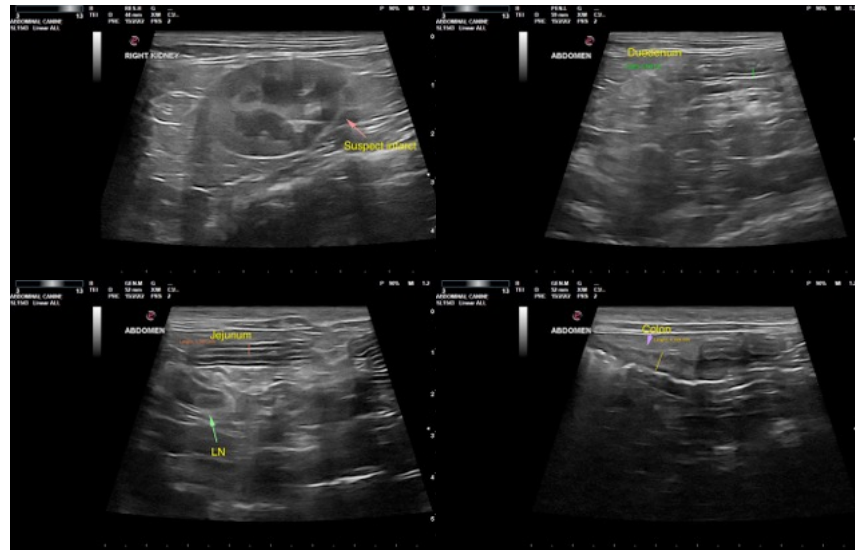
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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