

**PATIENT**  
Thor Kaiser

**History**

Stable diabetic past 2 years.  
Exocrine pancreatic insufficiency managed with pancreatic enzyme supplementation.  
Currently showing weight loss, lethargy, and intermittent diarrhea.

**SPECIES**  
Feline

**Current therapy**

Lantus, clindamycin, cobalamin supplementation, and probiotic. Fed on Friskies and Hills M/D food.

**BREED**  
DMH

**Physical Examination**

Weight loss.

**SEX**  
MN

**Hematology**

Mild monocytosis.

**AGE**  
14 years

**Serum biochemistry**

Elevated lipase.

**WEIGHT**  
15 #

**Abdominal Ultrasound**

- Pancreatitis.
- Prominent jejunal-colic lymph nodes.
- Bilateral prominent adrenal glands.
- Chronic renal changes.
- Hepatopathy.

**HOSPITAL NAME**

SVS Imaging Kansas City

**INTERPRETATION OF THE FINDINGS/DIFFERENTIAL/PERTINENT DIAGNOSES**

**REFERRING VET**

Dr Jennifer Simon

The weight loss is most likely from the chronic diarrhea. At this point important differential diagnoses for the diarrhea would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and poorly controlled exocrine pancreatic insufficiency, with lymphoma a far less likely differential diagnosis.

**DATE**

4/20/22

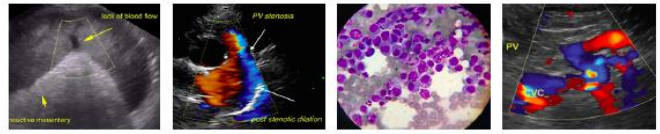
Monocytosis is generally associated with chronic inflammation, which in this case is most likely from the pancreatitis.

The appearance of the pancreas is typical for chronic pancreatitis and would explain the elevated lipase activity and could account for both the diabetes and exocrine pancreatic insufficiency.

The prominent lymph nodes are most likely reactive secondary to the pancreatitis and chronic diarrhea but lymphadenitis and infiltrative neoplasia needs to be considered.

The prominent adrenal glands are most likely from disease stress, rather than emerging Conn's disease as there is no hypokalemia present. Emerging Cushing's disease would be a far less likely differential diagnosis

The mild renal changes with no overt azotemia would be compatible with age-related changes; likewise, the hepatic changes without any elevated liver enzyme activity or loss of liver function (normal albumin and bilirubin) would also be compatible with age-related changes.



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**RECOMMENDATIONS**

Further assessment would be:

**SPECIES**  
Feline

- Fecal analysis – presence of helminths and protozoa.
- Serum fPL/PSL assay – quantify presence of active pancreatitis.

**BREED**  
DMH

- FNA cytology of the lymph nodes – rule out presence of lymphadenitis and infiltrative neoplasia.
- Endoscopy of the upper GI tract with biopsies – presence of inflammatory bowel disease or lymphoma.

**SEX**

MN

**AGE**

14 years

- ACTH stimulation can be considered if there are clinical signs compatible with Cushing's disease – thinning of the skin, poor hair coat, sarcopenia, and abdominal distension.

Without further assessment, additional symptomatic therapy would be:

**WEIGHT**  
15 #

- Feeding a novel protein/hypoallergenic diet.
- Increasing the pancreatic enzyme supplementation.
- Course of fenbendazole.

If there is still a poor response then adding oral budesonide (0.5-1 mg, total dose) should be considered, as this will have no effect on the diabetes control, unlike oral prednisolone.

**HOSPITAL NAME**

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**REFERRING VET**

Dr Jennifer Simon

**DATE**

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Thank you for the referral. Please do not hesitate to contact me if you require any further advice concerning this case and if there is further diagnostic data available.

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