

PATIENT

Sweetie Pie Sheffield

PRESENTING CLINICAL SIGNS

History: 1-2 weeks of not eating. diarrhea/hard stools. trying to defecate - after multiple attempts comes out hard followed by diarrhea. Vomiting 2-3x a week.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine, and no luminal sediment is present. The urethra was visible 2.0 cm beyond the cystourethral junction. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

BREED

Domestic Shorthair

SEX

Spayed female

The left kidney exhibits moderately corticomedullary differentiation. There is diffuse mineralization present within the renal (cortex / medulla / pelvis). There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.3 cm.

AGE

16 years

The right kidney exhibits moderately decreased corticomedullary differentiation. There is diffuse mineralization present within the renal (cortex / medulla / pelvis). There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 3.5 cm.

WEIGHT

9 lbs

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 0.45 cm at the cranial and caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.33 cm at the caudal pole.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen is borderline increased thickness measuring 1.1 cm at the hilus.

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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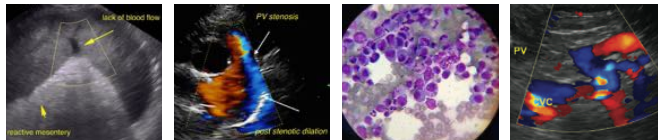
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The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

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Gastrointestinal

The stomach is empty. The gastric wall is (0.22) cm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The jejunal wall is mildly increased in thickness measuring up to 0.28 cm with intact wall layering and appropriate muscularis to mucosal ratio.

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Domestic Shorthair

The visible portions of the colon are of normal thickness, up to (0.13) cm, with intact wall layering. The ileocecal junction is visualized and appears normal.

SEX

Spayed female

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

AGE

16 years

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. There is an enlarged, iliac lymph node that measured 1.3 cm in length. There are several, mildly enlarged mesenteric lymph nodes that measured up to 1.1 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Mildly thickened small bowel loops.

Mildly enlarged mesenteric and iliac lymph nodes.

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SECONDARY FINDINGS:

Chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small intestine and lymph nodes are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or gastrointestinal lymphoma. Recommendations include:

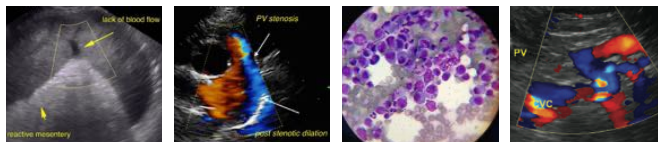
- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel.
- ❖ Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy,

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ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered. (dog only - Resting cortisol levels could also be considered).

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Additionally given the history of constipation a rectal exam and colonoscopy should be considered to rule out disease in the intrapelvic portion of the colon.

Feline

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

BREED

- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

Domestic Shorthair

SEX

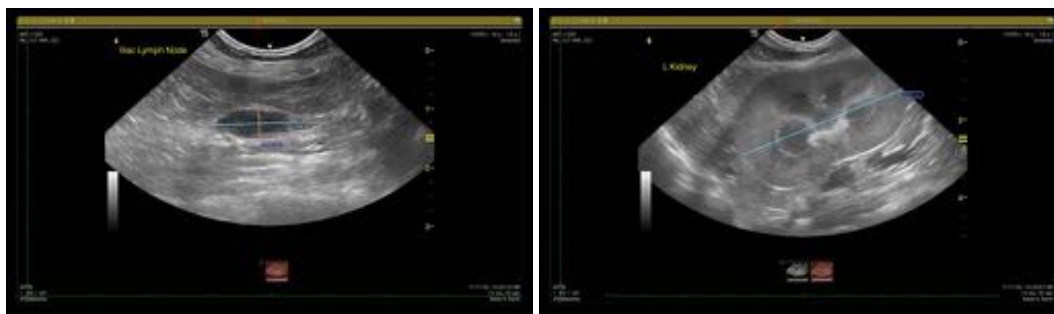
Spayed female

AGE

16 years

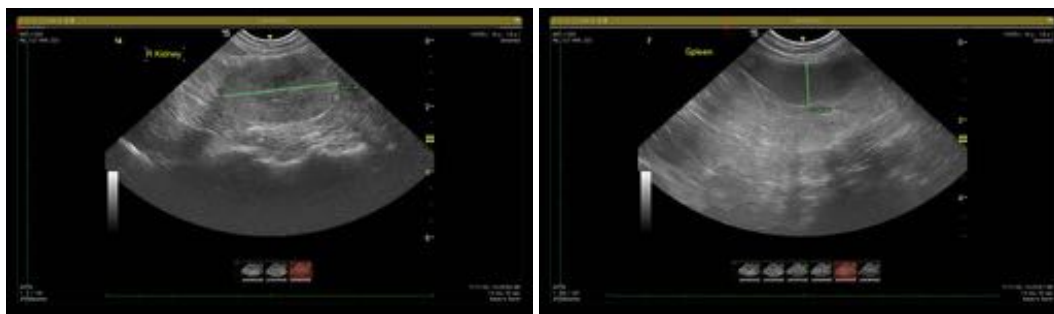
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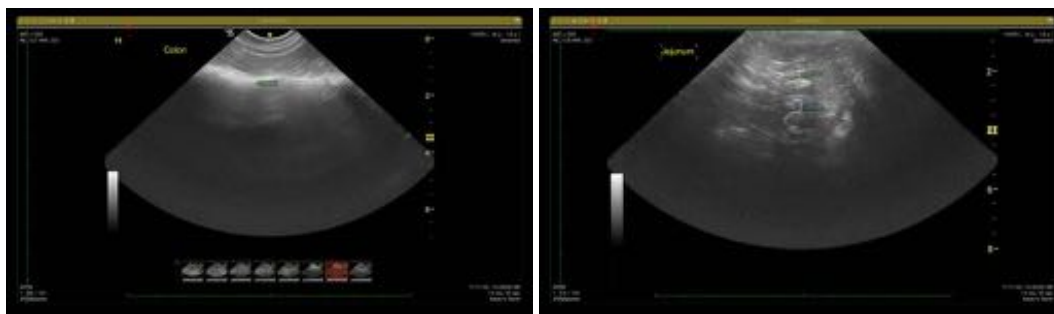


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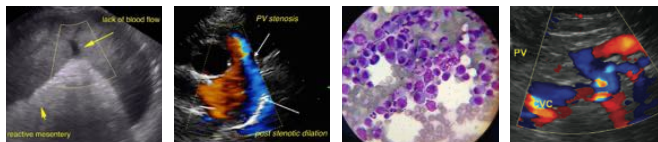
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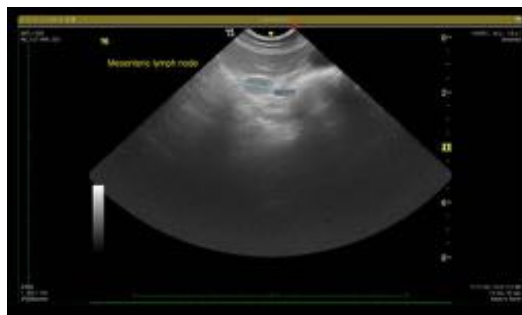
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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