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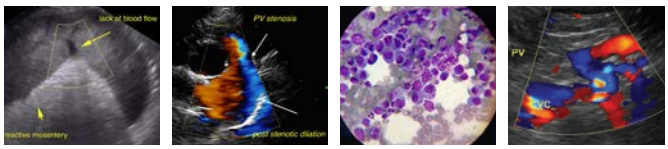

PATIENT
Brett Wolf

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
11 Years

WEIGHT
27.6 Pounds

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

IMAGING PERFORMED BY
Dr. Schanche

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Schanche

INVOICE
39779

DATE
7/22/22

PRESENTING CLINICAL SIGNS

11 year old MN DSH presented for recurrent bouts of diarrhea. Weight 27.6 lbs. 12/15/2021 was diagnosed with diabetes mellitus at 29 lbs. Before this had started to have on and off bouts of pancreatitis earlier that year - responsive to metronidazole. had prednisone and ursodiol at home on hand to use for bouts of pancreatitis. Also hx of constipation - in Jan 2020 had to have a laparotomy performed to assist deobstipation bc of weight. Put on prescription diabetic diet after consultation with NC State Nutrition who are managing his weight loss and with that, lantus insulin and careful monitoring with a free style libre system were able to wean off of insulin in May 2022. Has not had increased drinking or urinating since. Bouts of diarrhea responsive to treatment with 125 mg of metronidazole every 12 hours for 5-7 day period. Periods between pancreatitis flares increasing - was once every few months and since stopping insulin has occured once every 2-3 weeks. On Purina Proplan OM for weight loss management at the moment. Performed a GI panel on 7/15/2022 - Pancreatitis Lipase Immunoreactivity Fasting 16.7 (<3.5) - recommended looking into concurrent disease such as IBD, small cell lymphoma, cholangitis, diabetes mellitus. Rest of GI panel wnl. Full BW Jan 2022 was unremarkable besides elevated glucose. Daily Medications: amitriptyline 10mg 1 tab SID cisapride 1 tab BID or prn (skips when has diarrhea) gabapentin 100mg 1 cap SID proviable otc 1 cap SID B12 0.4ml once per week 1 tsp miralax 1 squirt of cat safe omega oil adequan 0.5 ml once per month Stopped Insulin AS: 05-05-22 at 11:10a: As needed medications: Most recent plan until US results back - If no loose poops hold on metro - if develops loose poop metro 62.5 mg q 12 for 5-7 days, then full week off of metronidazole. AS: 07-18-22 at 1:42p: ursodiol 250mg 1/2 tab prn for pancreatitis (have not used recently) cerenia 24mg 1 tab prn lactulose 2.5ml prn (if not defecating) mirtazapine 15mg 1/2 tab EOD prn

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. 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.

The left kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 5.3 cm.

The right kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 4.8 cm.

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 4.2 mm at the cranial pole. The right adrenal gland measures 4.4 mm at the caudal pole.

Spleen

The spleen is of appropriate size (7.2 mm at the hilus) 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.

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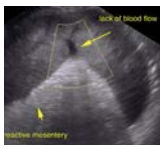
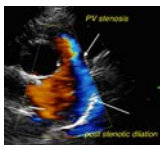
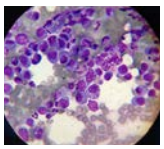
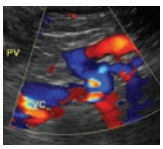

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Liver

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.

The gallbladder is moderately distended with anechoic contents. It is bilobed, which is a normal variation in a cat. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal (3.0 mm) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance. The stomach wall measures

The small bowel has diffuse changes with loss of the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.7 mm. Overall wall layering is preserved. The duodenum wall measures 3.4 mm. Jejunum wall measures up to 3.7 mm.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The pancreas is diffusely hyperechoic relative to the surrounding mesentery fat with normal capsular appearance. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Diffusely thickened small bowel with disproportionately thickened muscularis layer.
- Hyperechoic pancreas.

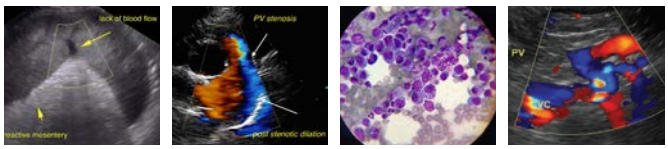
SECONDARY FINDINGS:

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small intestine 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
- ❖ Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided



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

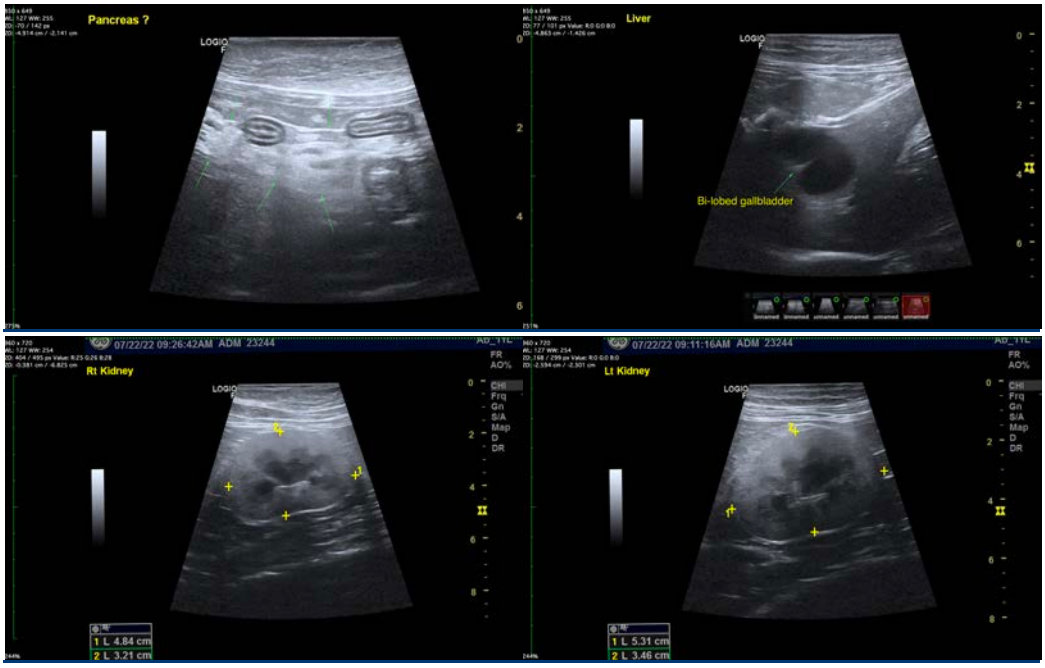
- A complete GI panel has already been performed, which is excellent.

The changes in the pancreas are consistent with chronic pancreatitis. PLI levels have already been monitored and are consistent with this finding. Ongoing treatment with Vitamin B12 and a highly digestible intestinal diet are recommended and already in place. Supportive care for episodes of acute pancreatitis could include fluid therapy, antiemetics, analgesics, and appetite stimulants, if needed.

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

- 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

The management of infiltrative bowel disease in a cat at risk for diabetes mellitus can be challenging. If possible, systemic corticosteroids should be avoided, and instead, treatment with budesonide and/or chlorambucil could be considered.



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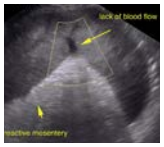
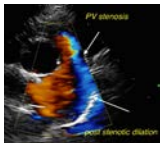
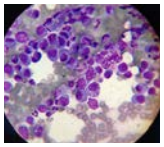
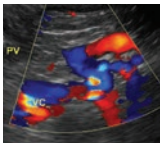

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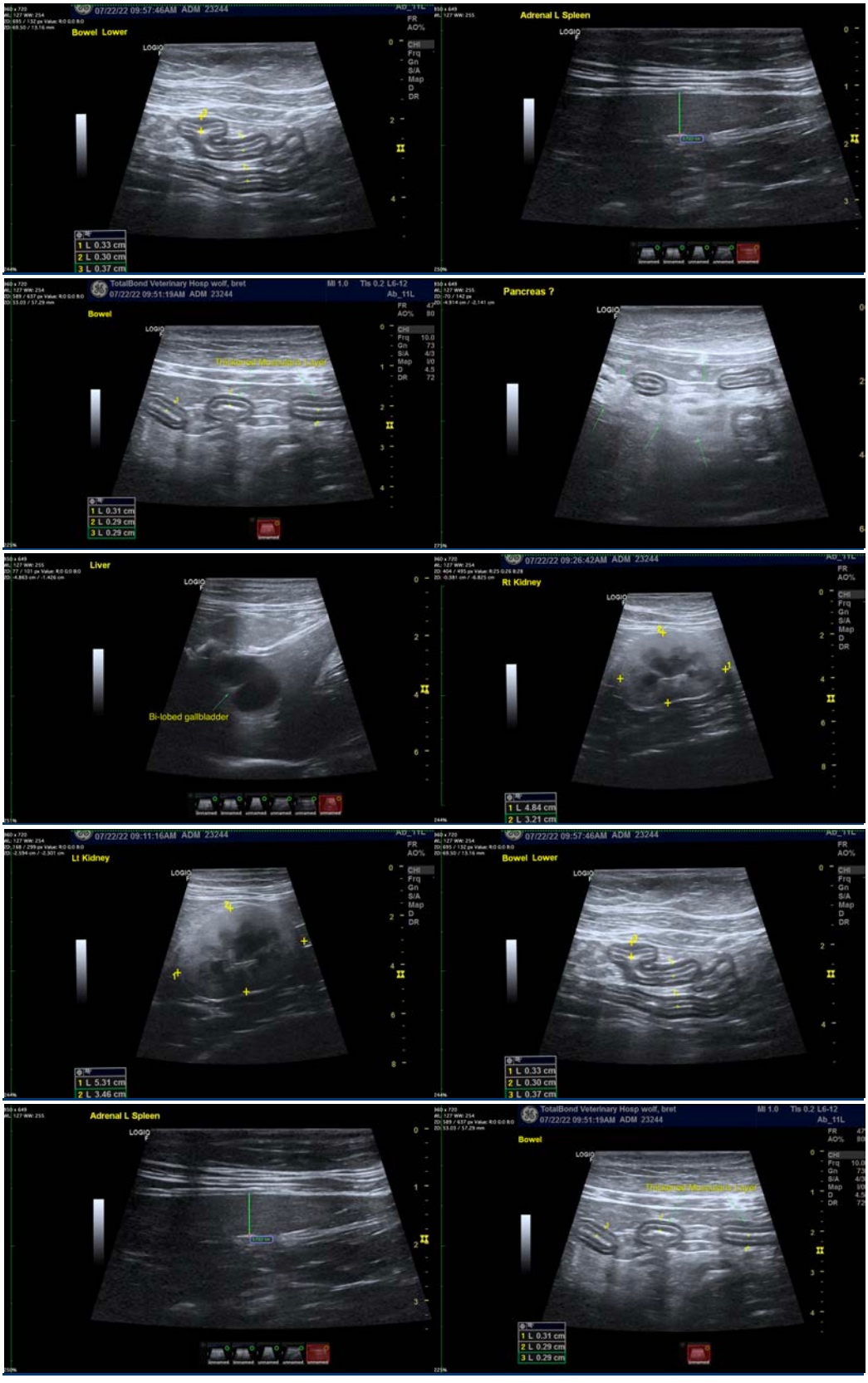

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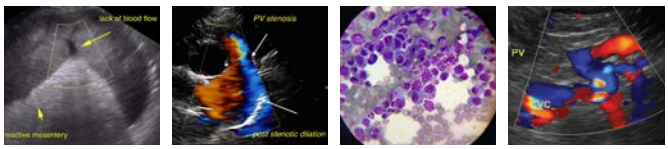

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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