Report Requested By
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Report Provided By
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TVC-CASE-1153314
Panther (Robertson)
Cat | Domestic Short Hair (DSH) | 15 years | Female (Spayed)

Submitted : 2026-10-29

Internal Medicine consultation

Clinical Findings

Clinic Provided History:

15 YO indoor only cat. Hx of chronic Bronchitits past 2-3 years. On Depo Inj q 6 weeks. Does not tolerate inhaler. Hard to pill. Chronic alergic conjunctivitis - responds to MaxiDex and Depo. Normal E/D/BM/U. But did have D+ in clinic today (stressed?). Eats PVD Senior Wet and Z/D Dry. Cat has muscle atrophy. Gr 3/6 murmur - Previous Echo was NSF. Unkempt/greasy coat. Dental Dz. Abdomen mildy distended. Otherwise normal PE. CBC/CHEM: M3 Eosinophilia. fPLI: High. UA: NSF.

Concerned Re: Chronic bronchitis and conjunctivitis. Chronic depomedrol use (long acting steroid). Heart murmur (not new - not progressive). Pancreatitis on ultrasound. Eosinophilia due to allergic bronchitis (shown on radiographs)? Received depomedrol last week.

Current Medications (Please indicate dosage and frequency)

B12 Injections (1st week)
Depomedrol

How are Images Submitted?: DICOM

Date Of Most Recent Images 2026-01-01

Findings

Abdominal ultrasound consisting of 45 still and CINE loop images.

Kidneys: The kidneys are normal in size, shape, margination and echotexture. The right kidney measures 4.3 cm in length.

Adrenal glands: The left adrenal gland measures approximately 0.4 cm and the right adrenal gland measures approximately 0.4 cm.

Lymphatics: There are some mildly enlarged jejunal LN with surrounding hyperechoic mesentery.

Lower urinary tract: The urinary bladder wall is normal in thickness and there is a large amount of suspended echogenic debris.

Spleen: The splenic tissue is normal in size, shape, margination and echotexture with no evidence of masses or nodules.

Liver: The hepatic parenchyma is normal with no evidence of echotextural abnormalities, no masses or nodules.

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Gallbladder: The gallbladder is normal.

Gastrointestinal tract: The overall thickness of the gastrointestinal tract is normal. There is some echogenic shadowing in the lumen of the stomach. There is some mild gas distension of the lumen of the duodenum and a corrugated wall.

There is some fluid distension of the lumen of the jejunum. The jejunal wall is 0.25 cm thick. The layering of some portions of the SI is thickened in the muscular layer.

Pancreas: The pancreas has a mildly hyperechoic appearance.

Peritoneal/retroperitoneal space: Hyperechoic mesentery in the abdomen.

Conclusions

Pancreas - Mildly hyperechoic appearance on the left side
Bladder - large amount of suspended, echogenic urinary debris
Stomach - Filled with echogenic ingesta
SI - Corrugated and mildly fluid distended duodenum and fluid distended jejunum with some enlargement of the muscular layer
LN - Mildly enlarged and hypoechoic mesenteric LN
Mesentery - Hyperechoic around the mid-abdomen

The ultrasound shows a hyperechoic pancreas on the left side but a normal size and shape. The finding could be due to fat deposition or fibrosis from chronic pancreatitis. Given the elevation in QPL, chronic pancreatitis is suspected. Consider supportive care with anti-nausea medications, pain medications, fluids, and appetite stimulants if needed.

The bladder has a large amount of echogenic urinary debris. This can be due to to crystals, cellular debris, or fat droplets. A UA and culture if indicated can be considered.

The stomach is distended with fluid and ingesta. There are fluid distended loops of SI and corrugated duodenum with a thickened muscular layer of the jejunum. A chronic enteropathy is possible. The elevation in the eosinophils can be due to IBD, paraneoplastic disease (lymphoma), or from lower airway disease due to asthma. The patient is already receiving treatment for airway disease and intestinal disease (IBD versus lymphoma) since he is receiving depomedrol. A GI panel can also be considered to evaluate for low B vitamin levels. This can be seen with chronic intestinal disease. About 80% of patients with small cell lymphoma have low B12 levels so this could increase concern for this condition. The addition of chlorambucil is also a consideration if not responding to other treatments at 20 mg/M2 every 2 weeks.

There is a hyperechoic appearing mesentery in the abdomen around some mildly enlarged and hypoechoic mesenteric LN. The finding is likely due to inflammation (peritonitis) from pancreatitis or gastroenteritis.

Diagnostic Recommendations:
1) GI panel
2) GI biopsies are a consideration but may not be useful on the steroids

Treatment Recommendations:
1) Continue depomedrol and consider 20 mg every 3-6 weeks
2) Continue diet change as planned
3) Possible addition of other supportive medications (Cerenia, fluids, appetite stimulants, pain medications)
4) Chlorambucil treatment if lymphoma is suspected

Signature

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