

**DATE PRESENTING CLINICAL SIGNS**

12/1/21

PATIENT

Louie Koesters

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/8/09

WEIGHT

17 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

12774

History: Patient presented on 10/23 for a two-week history of diarrhea. At the time, owner reported no vomiting, good appetite. On exam, he was overweight at 4/5 BCS, was resistant to hip extension, had mild to moderate dental tartar, and a grade II/VI systolic cardiac murmur. A course of Provable was started, and his methimazole dose increased due to grey zone T4 on bloodwork. Patient presented for eye discharge on 11/26; at that time, the owner reports no change in diarrhea since previous presentation, but that patient had had 1-2 weeks where his appetite was very poor. His appetite has since improved, but his stool remains loose.

Current Medications: Rx) Methimazole transdermal -- 4 mg to inside of ear BID (dose increased to this level on 10/26). Rx) Cidofovir 0.5% ophthalmic solution - 1 drop both eyes every 12 hours as needed for eye discharge. Rx) Atenolol 12.5 mg PO SID.

Lab Results: CBC: Elevated retics. Chem: WNL. T4: 4.2 ug/dL. Spec fPL: WNL. Fecal: neg. Attached separately.

Radiographs:

Date of Previous IntraPet Ultrasound: 7-31-2019 (ECHO).

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney is normal size (3.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.97 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

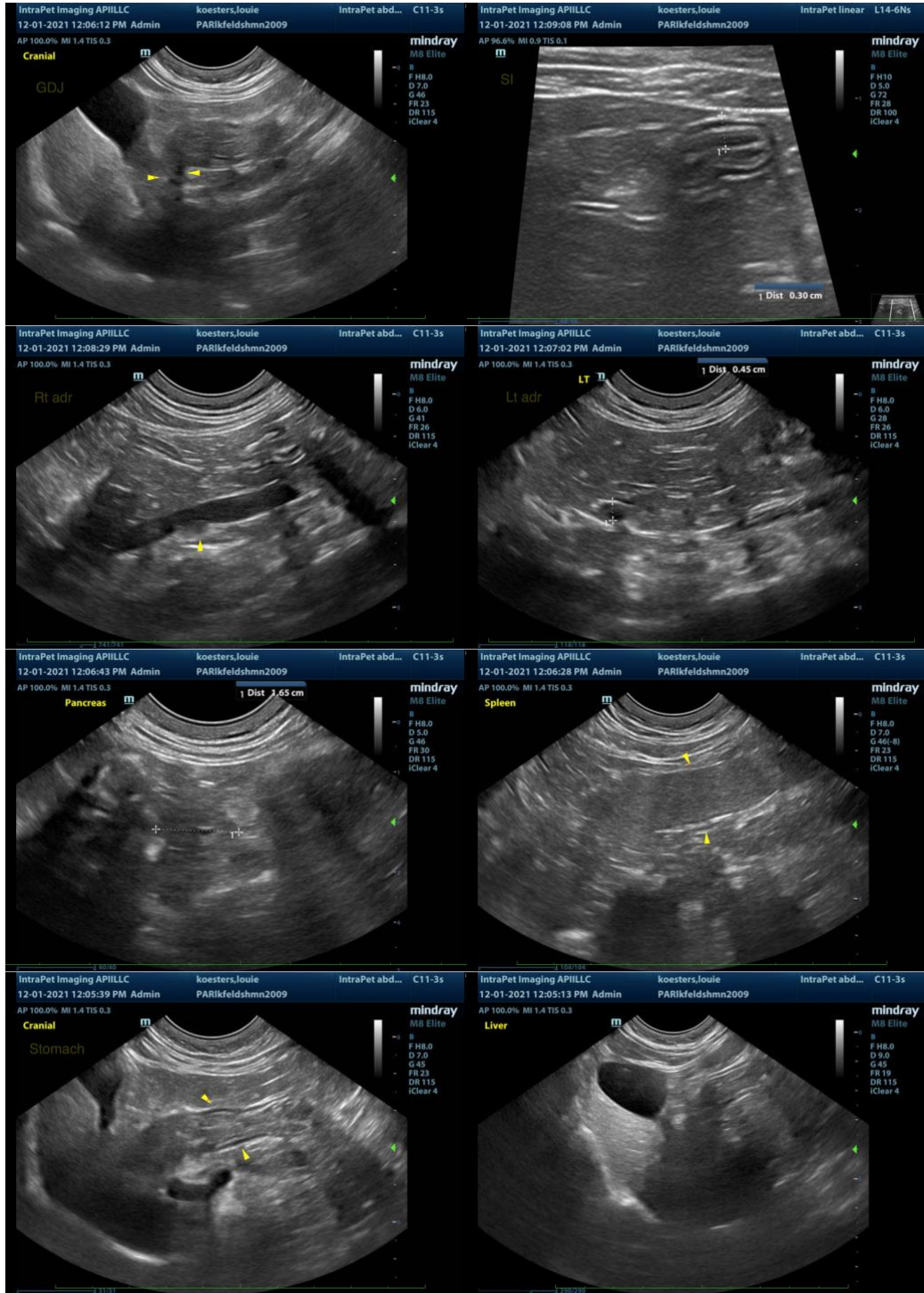
ULTRASONOGRAPHIC FINDINGS

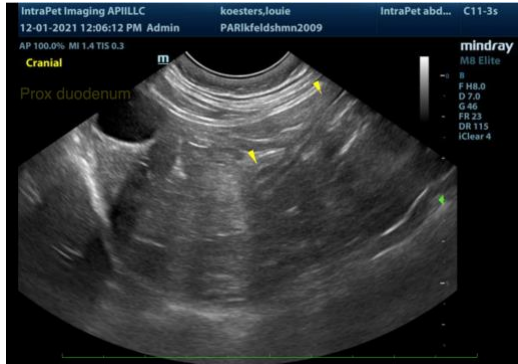
- Unremarkable abdomen

Differentials for the patient's clinical signs include microscopic GI disease (i.e., inflammatory bowel disease, infectious parasitic, intestinal dysbiosis), low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, consider prophylactic deworming with fenbendazole.
- Serum cobalamin, folate, PLI and TLI
- A 6-week limited antigen diet trial to assess for food allergies
- Depending upon the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Given the patients' heart murmur, a cardiac work up (i.e., three-view thoracic radiographs, echocardiogram, ECG, blood pressure measurement) could be considered, particularly if the patient is to undergo anesthesia.





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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