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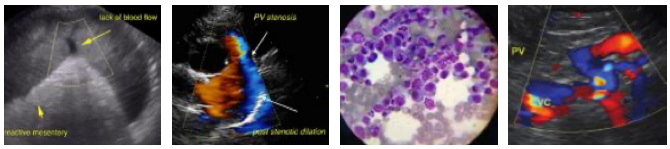

PATIENT
Butters Ward

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years

WEIGHT
8.7 Lbs.

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

IMAGING PERFORMED BY
Dr. Goodman

HOSPITAL NAME
Evendale-Blue Ash PH

REFERRING VET
Dr. Goodman

INVOICE
13066

DATE
12/15/21

PRESENTING CLINICAL SIGNS

History: Originally presented 6/14/2021 for acute vomiting, acute diarrhea and weight loss. CBC/Chem/UA/T4 was run and cholesterol was low and creatinine kinase elevated. Performed Texas A&M GI panel on 6/25/21 along with an abdominal ultrasound read by Dr. Nicastro. GI panel showed low cobalamin and B-12 series was started and started patient on HA diet. Recheck ultrasound performed and sent out on 8/11/21 and a urine culture was a performed on 8/27/21 and came back with no growth. Patient presented for recheck GI panel at the end of B-12 series on 9/28/21 and was doing really well but the owner noted he did best with getting the B-12 every week versus the one injection with a month between them. Owners have been giving B-12 every 1-2 weeks since the recheck GI panel. Presented on 11/11/21 for an annual wellness with CBC/Chem/UA/T4 and cholesterol was still low. Started on prednisolone transdermal (5mg SID for 7 days, then 2.5mg SID). On 12/10/21, owner reported decreased appetite despite being on the prednisolone. Presented 12/13/21 for the decreased appetite, CBC/Chem/Lytes/SDMA/UA performed in house showed anemia, bilirubinemia and bilirubinuria. Increased prednisolone to 7.5mg SID and started on doxycycline 40mg SID. Blood smear performed and pathologist review of CBC and anemia PCR sent to idexx, results pending. Presented today for a recheck and abdominal ultrasound. Total bilirubin improved, PCV/TP stable. Fluid in abdomen is a new finding, sample sent to lab for analysis, results pending.
Abnormal PE/Chem/CBC/UA Results: 6/14/2021: SDMA - 15 BUN - 34 Cholesterol - 77 Creatinine Kinase - 4203 RBC - 6.88 6/25/21: Texas GI Panel attached below (report received on 6/30) 8/27/21: Urine Culture and MIC - no growth 9/28/21: Texas GI Panel after B-12 series (report received 9/29) 11/11/21: SDMA - 15 BUN - 38 Cholesterol - 81 Creatinine Kinase - 96 RBC - 6.89 12/13/21: SDMA - 16 BUN - 23 ALP - >10 TBIL - 2.1 RBC - 4.50 HCT - 17.4 BIL in urine 6mg/dL 12/15/21: PCV/TP - 17%/7 TBIL - 1.3

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 moderately distended. A small 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 cm, are normal.

The left kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.19 cm) in the longitudinal plane. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present in the longitudinal plane. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.88 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.

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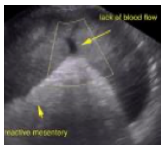
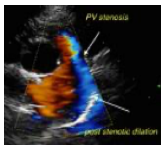
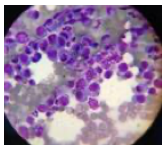
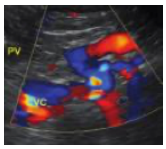

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Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

The gall bladder is moderately distended. The wall is slightly thickened (up to 0.19 cm) and is hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.26 cm in diameter, 1-2 cm from the duodenal papilla. The cystic and common bile duct walls are slightly thickened. The duct can be followed to the level of the duodenal papilla which is normal in size (0.32 cm in width). There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis-to-mucosal ratio in most segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

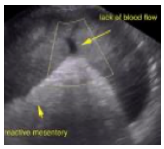
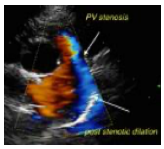
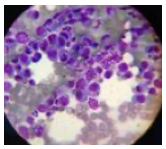
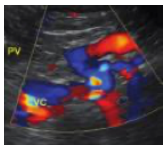
Free Abdomen
The mesentery in the cranial abdomen is hyperechoic. A small amount of anechoic free fluid is visualized.

A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.40 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. Changes are similar to previous scan.
- The pancreatic changes are suggestive of chronic active pancreatitis. Changes are similar to previous scan.
- The small intestinal wall changes are most consistent with inflammatory bowel disease with lower potential for emerging lymphoma. Changes are similar to previous scan.
- The gallbladder and cystic/common bile duct wall changes are most consistent with cholecystitis/cholangitis.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis, or less likely, emerging lymphoma.

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- The significance of the ascites is unclear. It may be secondary to increased hydrostatic pressure, low oncotic pressure or increased vascular permeability.

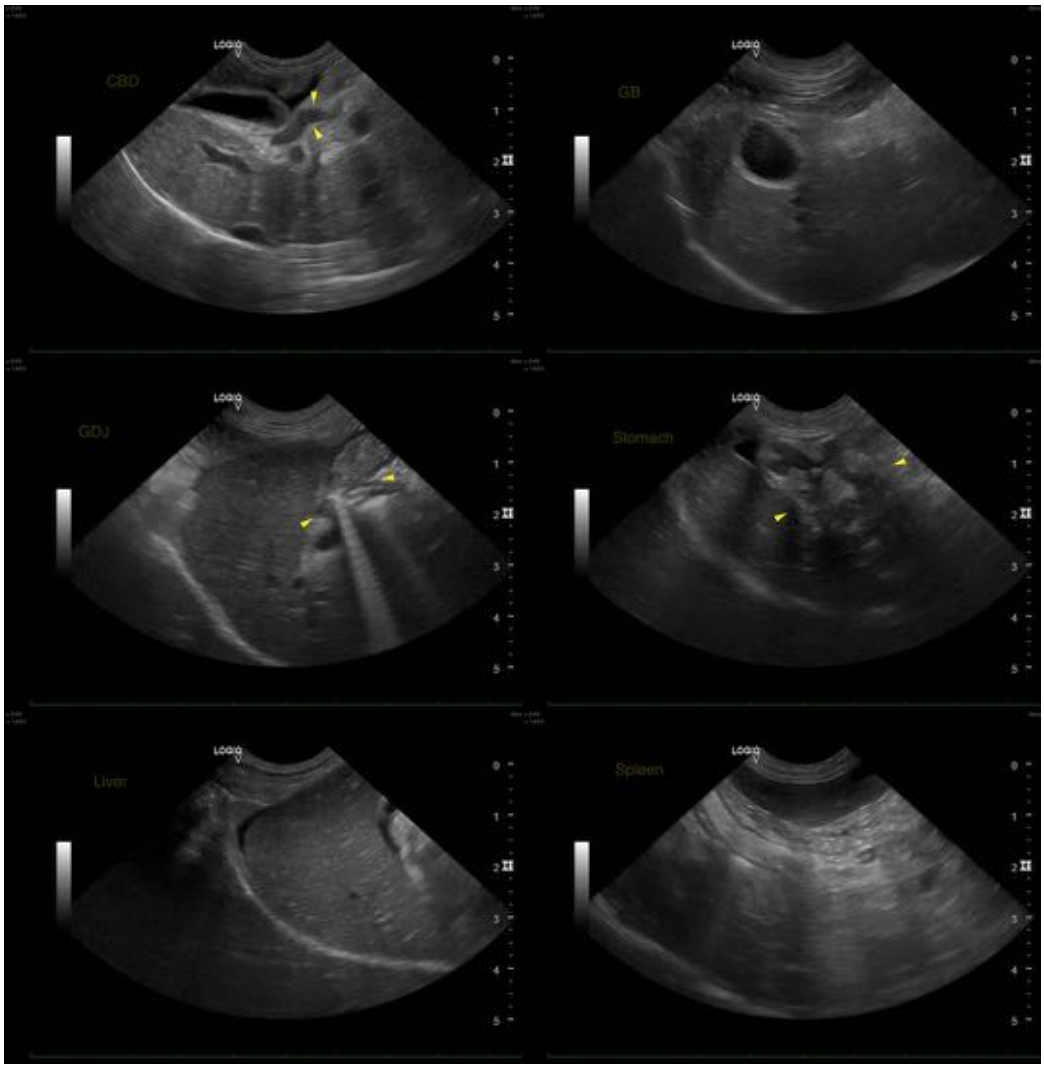
***Given the sonographic changes, “triaditis” is a concern in this patient.

Secondary Findings

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If clotting status is appropriate, consider aspiration of the abdominal fluid and liver for cytologic evaluation. 25-gauge needles should be used.
- Given the anemia and hyperbilirubinemia, a slide agglutination test is also recommended as well as a mycoplasma haemofelis PCR panel +/- testing for tick-borne disease.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.



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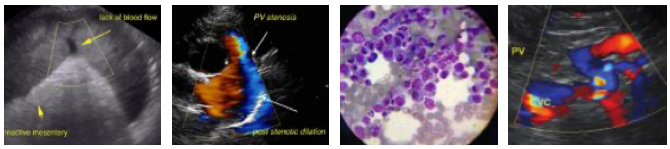

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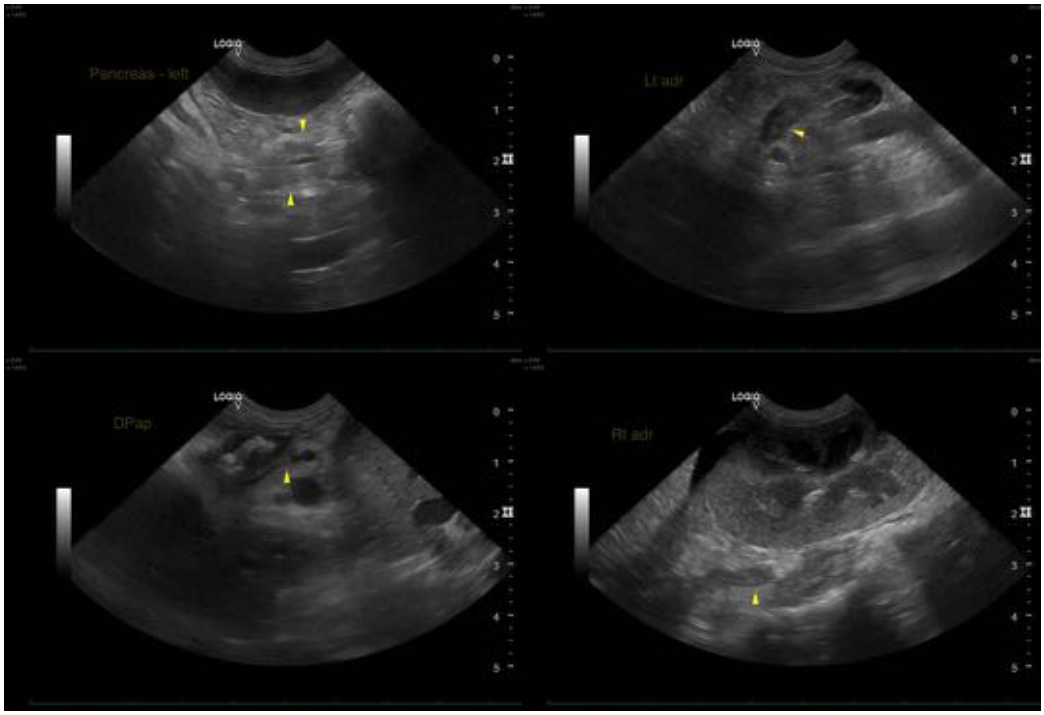


ADDENDUM

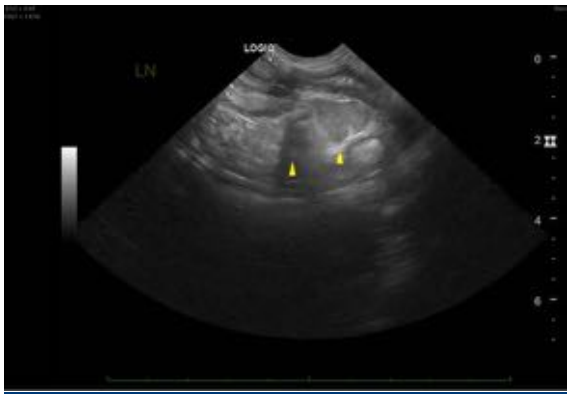
On today's scan, the gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern. A few prominent mesenteric lymph nodes are observed, the largest measuring 1.76 cm in length. Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Overall, the changes are similar to the scan performed on 12/15/21.

RECOMMENDATIONS

A needle aspirate of the liver is NOT recommended at this time. If the patient is improving, continue supportive care and serial monitoring of the patient's PCV and total bilirubin is recommended.



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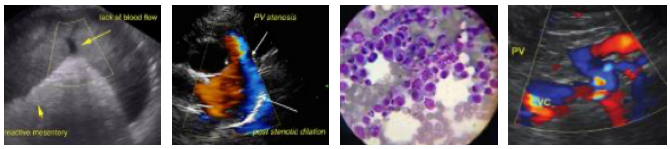

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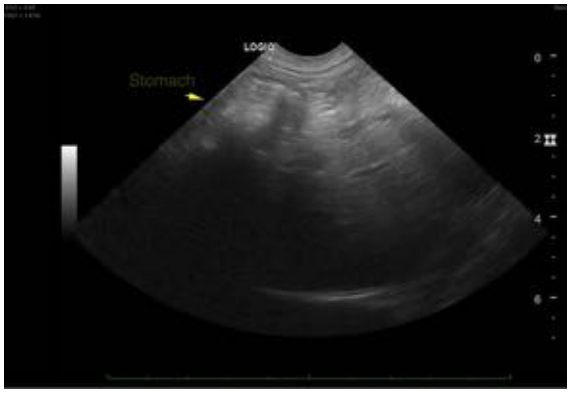

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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