

**DATE PRESENTING CLINICAL SIGNS**

12/9/21

PATIENT

Pip Elste

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/30/19

WEIGHT

6.5 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Warm & Fuzzy VC

REFERRING VET

Dr. Weber

INVOICE

12890

History: P here for chronic liquid D. Per O seems to change weekly. Never fully formed. No changes in the house. Fed separate food sensitive stomach food. Other cats have no bowel issues. No blood or mucous in the stool. P has accidents all over the house. P does some straining in the litterbox and makes meowing noise. Per O P does hide from other cats in the house and doesn't seem to get along with them but O has owned since kitten and D started about 6 months ago. O can't think of any changes in the house or food at that time. P stools started firming with probiotic but stopped.

Current Medications: 10/27/21 - Metronidazole 50mg BID for 10 days - no improvement, 11/10/21 - Prednisolone 2.5mg BID tapering dose for 2 weeks. Helped to decrease frequency but still having D and accidents. 12/2/2020 - Fortiflora for 10 days.

Radiographs: 11/10/21 - radiographs - gas distended colon and slightly thickened intestines.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

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 lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.00 cm, are normal.

The left kidney is normal size (3.55 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 hydroureter.

The right kidney is normal size (3.79 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.72 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 is moderately distended. A bilobed conformation is present. The wall is normal in thickness.

A small amount of echogenic debris is suspended within the lumen. 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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

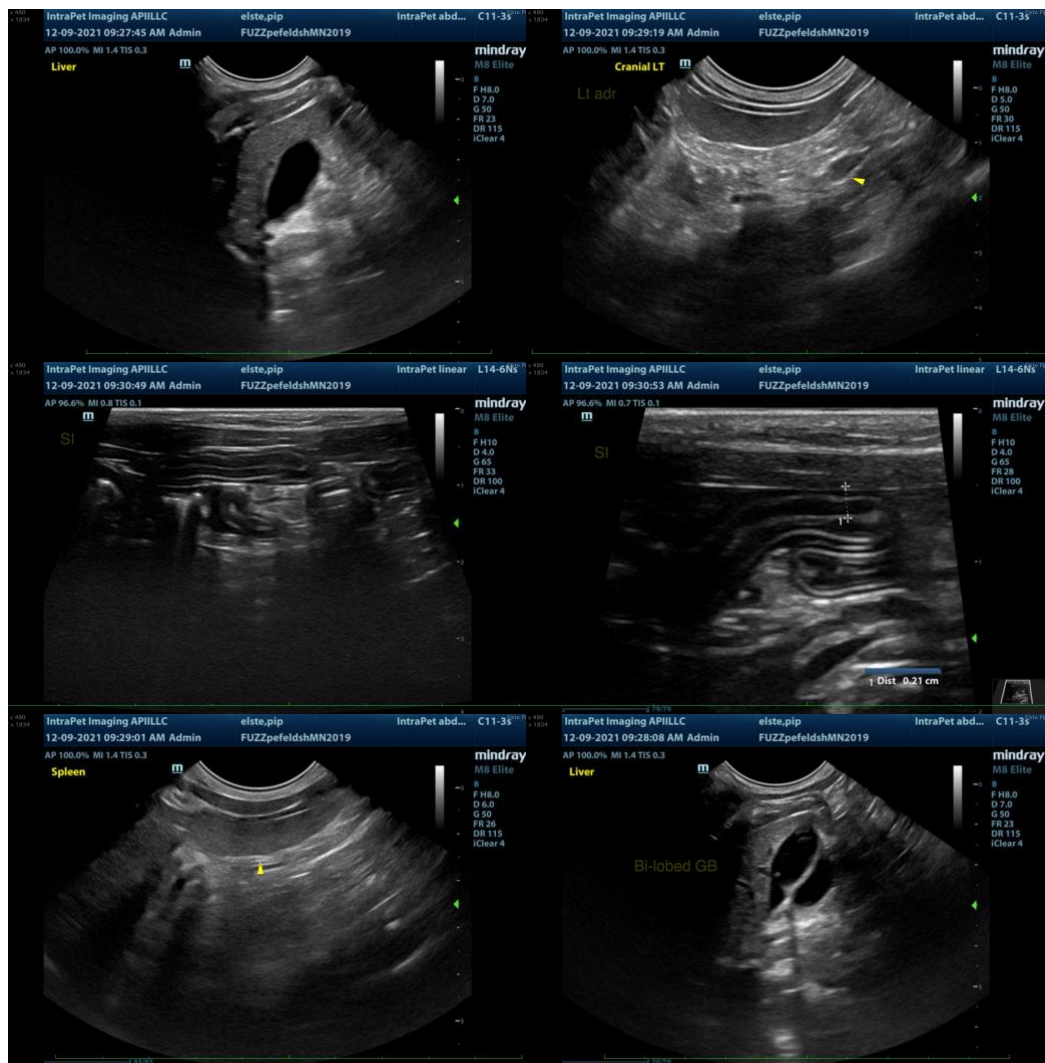
- Bilobed gallbladder- incidental
- The remainder of the abdomen is unremarkable

*An obvious cause for the patients' clinical signs is not identified in the study. Considerations include microscopic gastrointestinal disease (i.e., infectious/parasitic, intestinal dysbiosis, food allergy, inflammatory bowel disease), underlying pancreatic disease (exocrine pancreatic insufficiency, mild pancreatitis), metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:
 1. Serum cobalamin, folate, PLI and TLI
 2. A fecal evaluation for ova/Giardia
 3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
 4. A 6-week limited antigen diet trial to assess for food allergies.
 5. Consider a 4-week course of Tylosin (in lieu of Metronidazole) as empirical treatment for small intestinal bacterial overgrowth.

6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. If biopsies are to be pursued, corticosteroids should be tapered and discontinued prior to tissue sampling as they may mask underlying pathology.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.



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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