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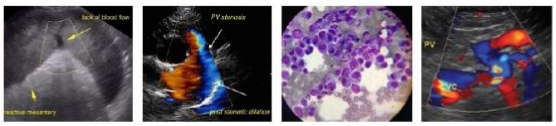

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Sookie Vander Hoeven

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 years

WEIGHT

15.4 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Brochu

INVOICE

10416

DATE

2/17/22

PRESENTING CLINICAL SIGNS

History: Seen for PE on February 14th for vomiting (food and bile) and QAR over the last 3-4 days; no pu/pd in last 2-3 months; owner noted no hx of FB and currently feeding low calorie diet for ~8 weeks. -On PE: QAR/dull, HR 176bpm, dental dx, M1 gas and M1 firm stool in distal colon on abdominal palpation, T 38.0 C, M1 palpable spine. -R/o pancreatitis, constipation, FB, IBD/GI lymphoma -Bloodwork, U/A and radiographs in clinic done. -Spoke with owner and appetite could have been decreasing for weeks which owner believes d/t new diet; discussed presymptomatic treatment first. - Sookie was given 120mL LRS SQ fluids, Vetergesic injection, enema, AG expression and cerenia injection. Discussed with owner tx with IV fluids and U/S if not improving. -Owner called back February 16th, noting that was brighter then declined, drinking a little and hiding. -Discussed IV fluids/supportive care +/- U/S.; owner declined EVC overnight d/t cost. -IV fluids and hospitalization started February 16th; hasn't eaten while in clinic or at home o/n. Ampicillin 118mg IV BID, Vetergesic 0.36mL IM SID, Mirataz 3.8cm Transdermal, Cerenia 0.54mL IV SID. CBC Chem unremarkable. Specific Gravity 1.028

Abnormal PE/Chem/CBC/UA Results: Please see attached lab work and radiographs.

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 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 cm, are normal.

The left kidney is normal size (3.37 cm in length); with a slightly irregular 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.83 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 visible/tortuous, but not overtly dilated.

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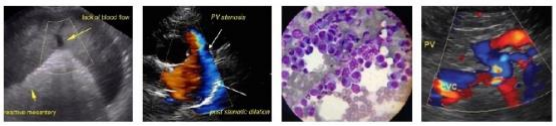

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Gastrointestinal

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 is normal to mildly thickened (up to 0.37 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio and thickening of the submucosal layer. In at least one segment, there is questionable loss of the normal layering pattern. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

In one video clip, the left limb appears to be prominent in size with irregular peripheral contours and hypoechoic parenchyma. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery throughout the midabdoinal cavity is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bowel changes could be consistent with emerging lymphoma or severe inflammatory bowel disease.
- Peritonitis is present, likely secondary to bowel pathology.
- The pancreatic changes are suggestive of chronic or acute-on-chronic pancreatitis.

Secondary Findings

- Minor age-relate renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel Panel (send to Texas A&M)
- Fecal evaluation for ova and Giardia
- Supportive care for acute pancreatitis/gastroenteritis is recommended, including fluid therapy gastric protectants, antiemetics, pain medication (as needed), +/- fresh frozen plasma.
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis, particularly if the patient does not respond to supportive care.
- Given the history of vomiting, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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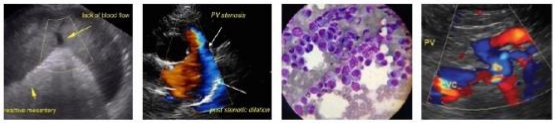

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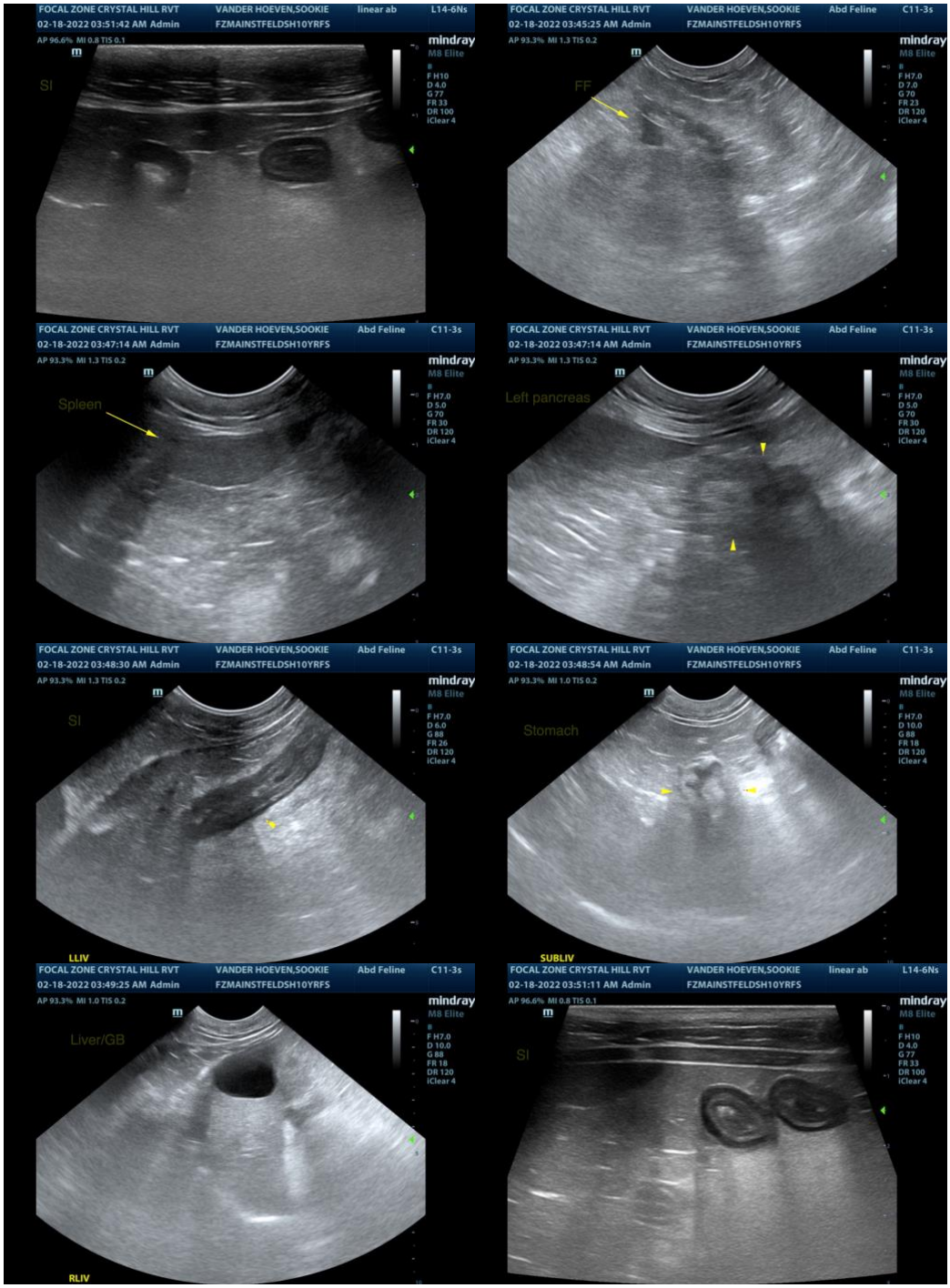
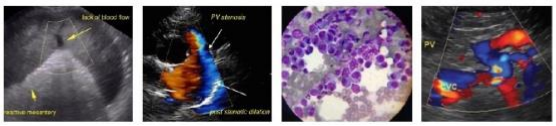


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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