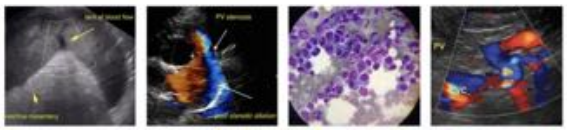


PATIENT

Lear Weaver

SPECIES

Feline

BREED

Sphynx

SEX

Intact Female

AGE

4/1/2015

WEIGHT

2.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl MP ER

REFERRING VET

Dr. Danielle Fraser

INVOICE

12616

DATE

4.2.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Lear is an 8y/ F/ Sphynx presenting for a one-month history of urinary incontinence of hematuria and a 24-36hr history of vomiting and diarrhea. O reports ~1 month ago pt started having hematuria accidents in the house and was seen by RDVM where pt was started on betacillin (amoxicillin drops) which O reports seemed to help but did not resolve. Over the past 24-36hrs pt has started vomiting, having diarrhea, and hematuria accidents have increased. Pt is NI in food and water.

-Pt is UTD on vaccines and preventatives
-Indoor only
-NI in food/water

PE:
-Mentation: Bright, alert and responsive.
-Hydration: 5-7% dehydrated
-Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted
-Oral Cavity: Moderate dental tartar and calculus; mucous membranes are pink and moist; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated
-Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous.
-Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation
-Neurologic: Appropriate mentation, normal CNN, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed).
-Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation
-Rectal: Not performed
-Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical
-Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale
-Musculoskeletal: BCS 4/9, noted epaxial cachexia, no evidence of weakness or lameness during ambulation; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).

Abnormal lab-work values: Chem 17: Creat 0.6 (L), Phos 2.1 (L), Ca 6.5 (L), Glob 6.2 (H)
Current Medications: Cerenia 1 mg/kg IV

Radiographic Findings: Three radiographs of the thorax and abdomen are submitted for evaluation. The thorax is within normal limits without evidence of cardiac or pulmonary pathology identified. The colon is markedly distended with gas and liquid appearing fecal material. On the right lateral projection, what is likely a dilated segment of small bowel is also identified in the caudal abdomen. The stomach and small bowel are otherwise empty. There is very little intra-abdominal fat indicating emaciation. This compromises evaluation of abdominal structures. Only minor degenerative spinal changes are evident and are likely incidental.

Assessment: There is evidence of emaciation. The abdomen is distended and abnormal. An expert ultrasound examination of the abdomen is recommended. There is no evidence of urinary tract calculi.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.40 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (4.03 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.69 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.31 cm in diameter).

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen is diffusely distended with diarrheic stool. There is no obvious evidence of an obstructive pattern.

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 mesentery throughout the abdomen is mildly hyperechoic. A small amount of free fluid is present. A few prominent mesenteric lymph nodes are visualized (the largest measuring 2.11 cm in length). In addition, a 0.69 cm lymph node is observed in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia. A benign process is favored.
- Mild diffuse peritonitis, suspected to be secondary to bowel pathology.

  *An obvious cause for the patient's hematuria is not identified in this study. Considerations include urinary tract infection, feline idiopathic cystitis, benign essential renal hematuria, blood from another source (i.e., vulva/uterus), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hematuria, consider the following:

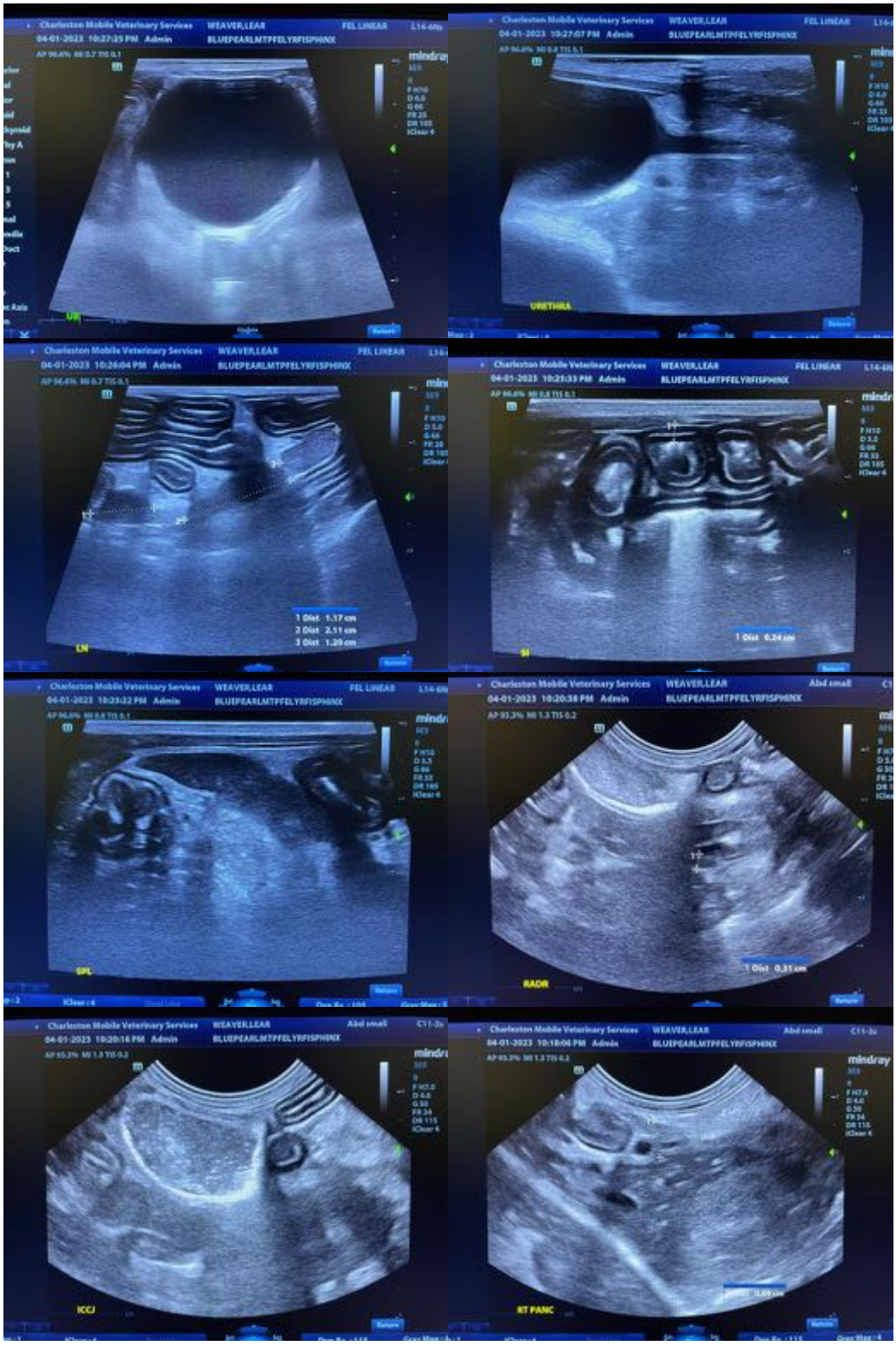
  1. Vaginal cytology to better assess for uterine/vulvar disease
  2. Urinalysis (send to a diagnostic lab) with culture and sensitivity.
  3. Depending on the results of the above results, empirical treatment for feline idiopathic cystitis may be warranted.

- Regarding the bowel changes and GI signs, consider the following:

  1. Fecal evaluation for ova and Giardia
  2. Prophylactic deworming with Fenbendazole
  3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
  4. 2-4-week hydrolyzed protein or limited antigen or hydrolyzed protein diet trial (if clinical signs are chronic).
  5. Initiation of a probiotic +/- fiber supplement
  6. Depending on the progression of clinical signs and the results from the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be warranted.

- Regarding the patient's hypocalcemia, consider the following:

  1. PTH/PTHrP/ionized calcium/vitamin D levels (Michigan State)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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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