



PATIENT PRESENTING CLINICAL SIGNS

Sparky Strom

History: P has been exhibiting progressively worsening soft stool and weight loss. Weight down from 9 to 8 pounds in the last 6 months. Stool quality improved slightly with probiotics.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Chem 17/CBC/T4/UA/Bile acids performed: Mild ALT increase (158 U/L), Mild increase in Amylase (1510 IU/L) rest, including bile acids and precision PSL, WNL. Chest rads negative for metastasis. Fecal O/P + Giardia negative.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A large 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.

SEX

Neutered Male

The left kidney is subjectively normal size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio minimal loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

13 years

The right kidney is subjectively normal size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio minimal loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

8.06 lbs

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

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(Small Animal Internal
Medicine)

Spleen

The spleen is normal in size (0.80 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.

IMAGING PERFORMED BY

Saum Hadi

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and is homogenous in appearance. No distinct focal lesions are observed. There is a subtle increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Saum Hadi

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

INVOICE

Gastrointestinal

10779

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 diffusely dilated with chyme. 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.

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4/20/22



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Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.15 cm in diameter).

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of chronic pancreatitis but may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.
- The subtle increase in hepatic portal markings is suggestive of an Inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis).
- Trace ascites

Secondary Findings

- Minor, bilateral age-related renal changes

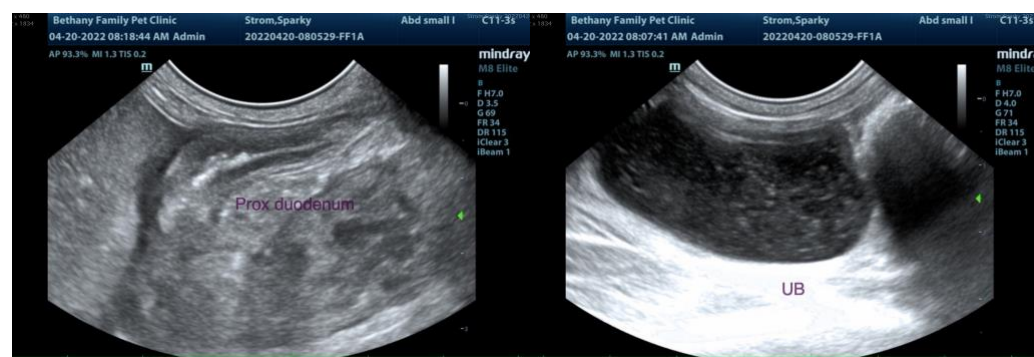
**An obvious cause for the patient's clinical signs is not definitively identified in this study.

Considerations include primary gastrointestinal disease (inflammatory bowel disease, intestinal dysbiosis, infectious parasitic disease, food allergy/intolerance), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole. A GI panel including serum cobalamin and folate, TLI and PLI is recommended. Consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of tylosin.

Ultimately, GI biopsies will likely be necessary to get a definitive diagnosis. Endoscopic or surgical biopsies can be considered. Thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.





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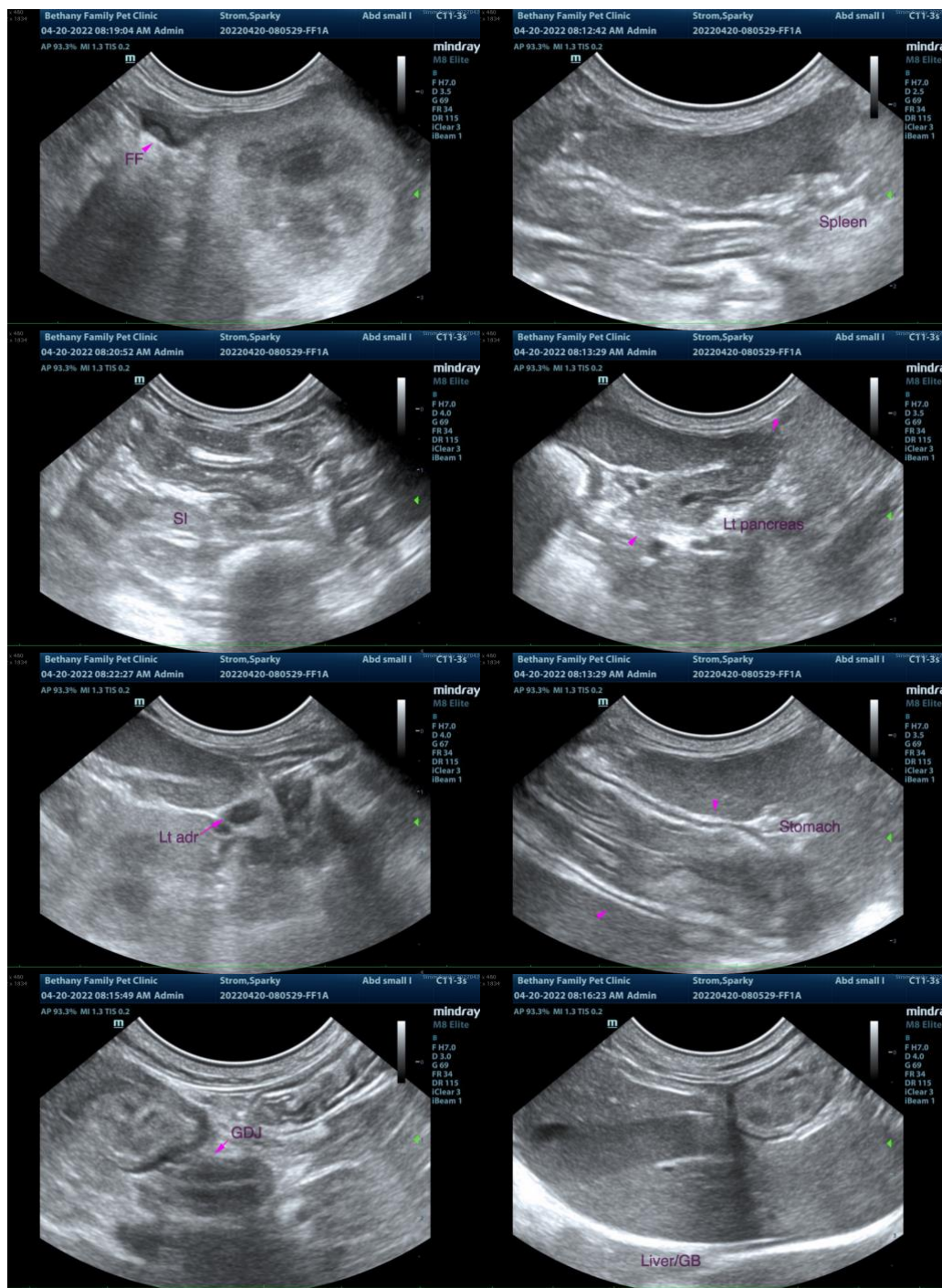
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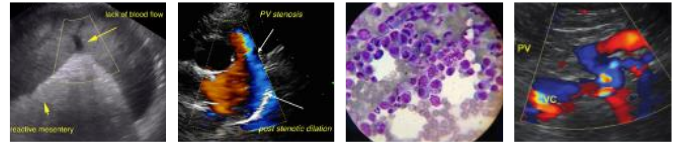


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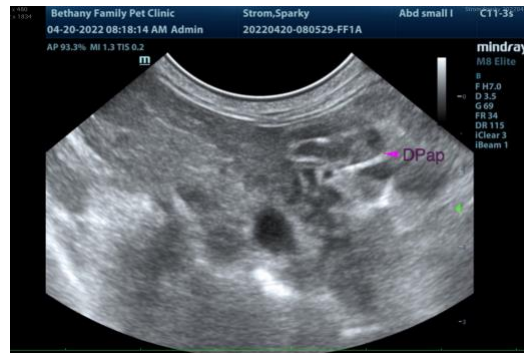
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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