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Clinical Sonography & Telecytology
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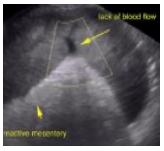
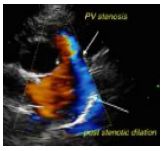
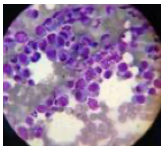
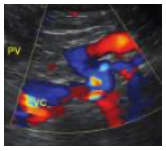





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sneezy Thompson

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
12 Yrs.

WEIGHT
9.8 lbs.

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

IMAGING PERFORMED BY
Dr. Budden

HOSPITAL NAME
Frontier VH

REFERRING VET
Dr. Budden

INVOICE
13355

DATE
5/10/22

PRESENTING CLINICAL SIGNS

History: Recheck GI ultrasound from 4/21/2022. No more diarrhea. Still vomiting intermittently. Appetite is normal. Only current medication is Methimazole. Current diet is an OTC diet and boiled chicken. Comfortable on abdominal palpation. Well hydrated on exam. Stable grade 1/6 parasternal systolic HM (not mentioned on history of last exam, but present since then). Lost 0.2# since last exam. Abnormal PE/Chem/CBC/UA Results: 5/10/2022: BNP SNAP test normal Pending cobalamin/folate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**This study was limited to the gastrointestinal tract. There is a potential for pathology in organs that were not visualized.

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 is normal to mildly thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb and base are visible with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and diffusely heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.12 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

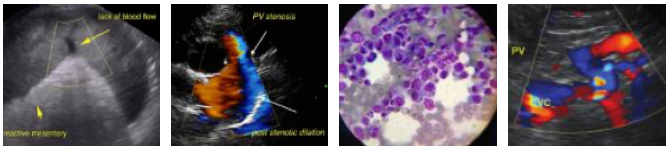
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent jejunal lymph nodes are visualized, the largest measuring 0.85 cm in length. In addition, a few colic lymph nodes are seen, the largest measuring 0.54 cm in length. The mesentery surrounding all visible nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are consistent with chronic active pancreatitis.
- Bowel pattern consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:



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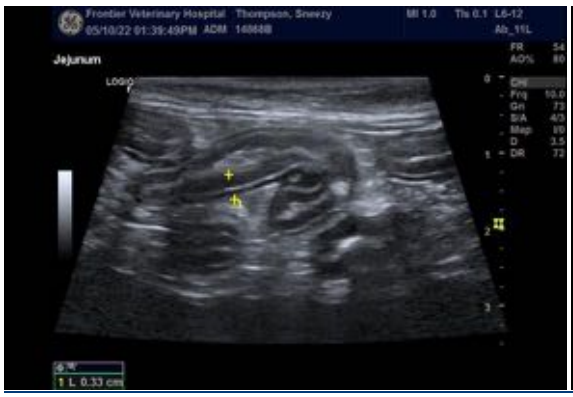
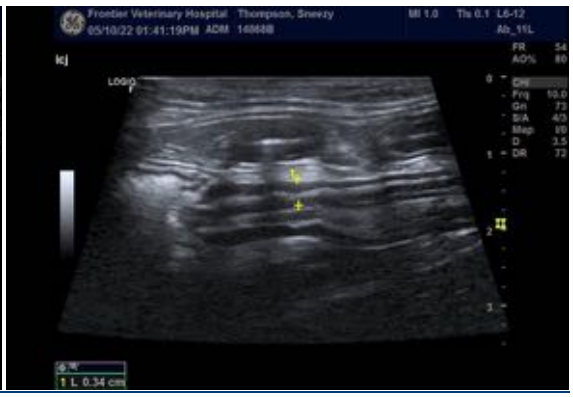
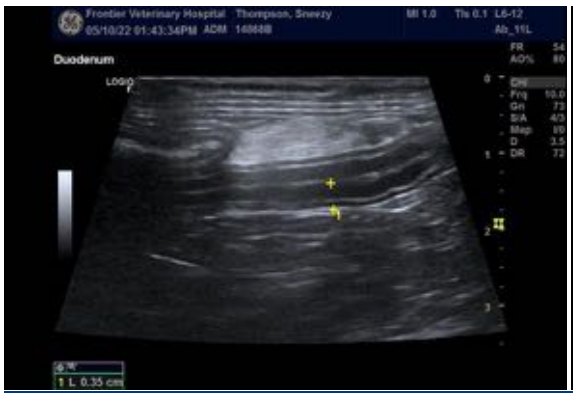
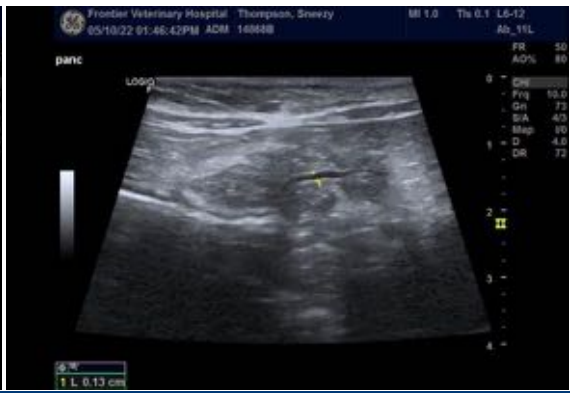
1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider triple therapy as empirical treatment for Helicobacter gastritis:
   Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days
   Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days
   Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days
   (+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)
5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
6. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
7. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.









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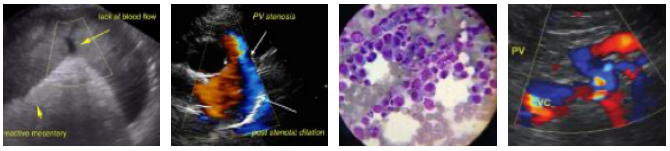

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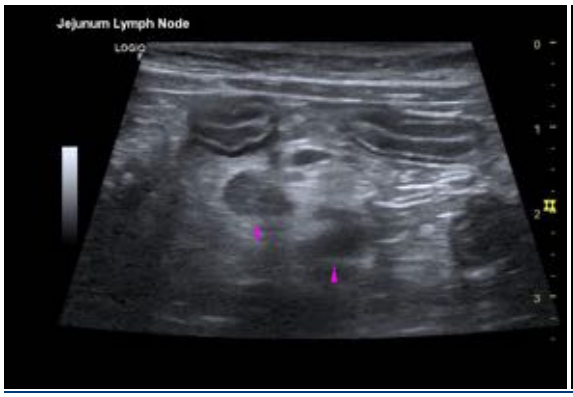

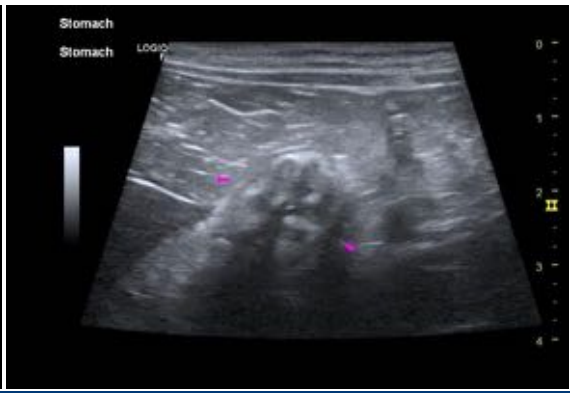

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com