IMAGING PERFORMED BY

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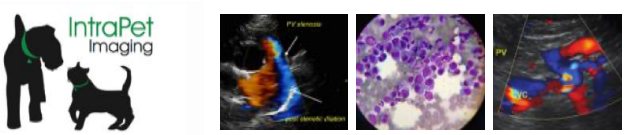

SonoPath
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DATE

8/18/21

PATIENT

Millie Wrabel

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9/10/2020

WEIGHT

4.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Pound

INVOICE

11906

PRESENTING CLINICAL SIGNS

History: 2–3-month history of diarrhea, weight loss, and hyporexia.
7/10/21
1 - 2-month history of occasional vomiting of undigested kibble and hair, progressing to bilious vomiting several times per day. Initially treated with Fenbendazole and Fortiflora. BCS 4/9, remainder of Physical exam WNL.
7/31/21
Patient presented to emergency clinic for evaluation of loose stools, hyporexia, and intermittent vomiting. Patient treated with metronidazole and put on Purina EN diet.
8/10/21
Persistent loose stools progressing to hematochezia despite metronidazole. BCS 3/9, moderate cachexia. Patient has lost 1 lb since initial presentation. Mucous membranes slightly tacky, but remainder of physical exam WNL.
Patient's littermate presented with similar GI signs approximately 1 month prior to this patient. Littermate did not respond to treatment, continued to decline, and was euthanized. A second littermate diagnosed with portosystemic shunt and hookworms but has been doing well on medical management.
Current Medications: Vitamin B12 - 250 ug SQ (administered 8/10/21),
Miratax - Apply 1.5 inch strip to ear pinna SID, Proviable Forte Paste - 1 mL TID, Metronidazole - 32 mg BID x 10 days (finished 8/10/21), Fenbendazole - 5 day course beginning 7/10/21, Hill's Z/D - beginning 8/11/21.
Lab Results: Hypoproteinemia 6.3 -> 4.8 (RR: 6.6), Hypoalbuminemia 8/10/21 2.2 (RR: 2.6), Hyperglobulinemia 2.1 -> 2.6 (RR: 3.9), ALT 8/10/21 26 (RR: 27), ALP 8/10/21 7 (RR: 12). Resting Cortisol WNL. Pre and Post Prandial Bile Acids WNL. FeLV/FIV testing negative x2 (7/10/21 and 7/31/21). Negative Intestinal Parasite Screening (7/10/21 and 7/31/21).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not needed.
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 mildly 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 (3.04 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. Renal vasculature is normal.

The right kidney is normal size (3.09 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.50 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: 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 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 pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

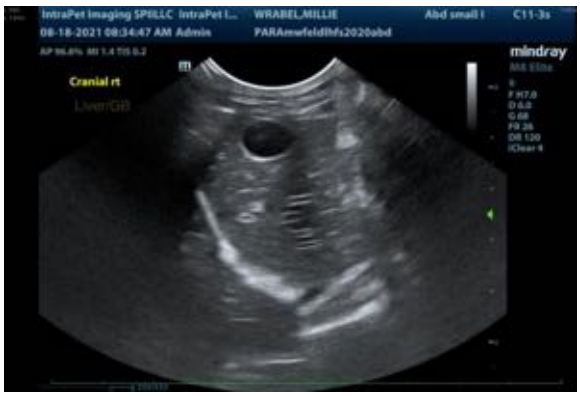
Free Abdomen
There is no evidence of free fluid. Several prominent mid to caudal abdominal lymph nodes are visualized, the largest measuring 1.50 cm in length.

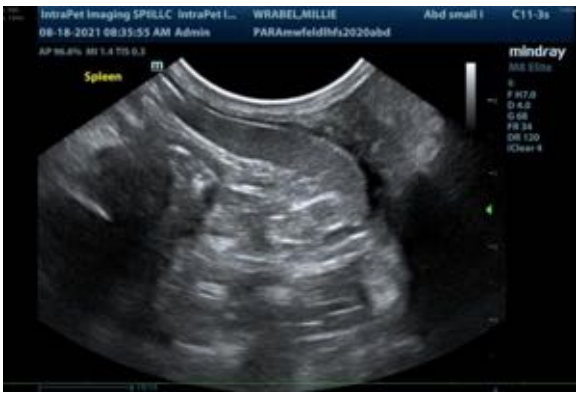
ULTRASONOGRAPHIC FINDINGS

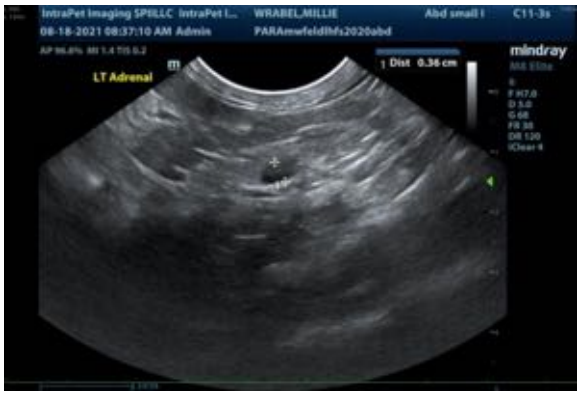
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- An obvious cause for the patient's clinical signs is not identified in this study. However, given the patient's clinical history a protein-losing enteropathy (i.e., inflammatory bowel disease, lymphangiectasia, other) is suspected.

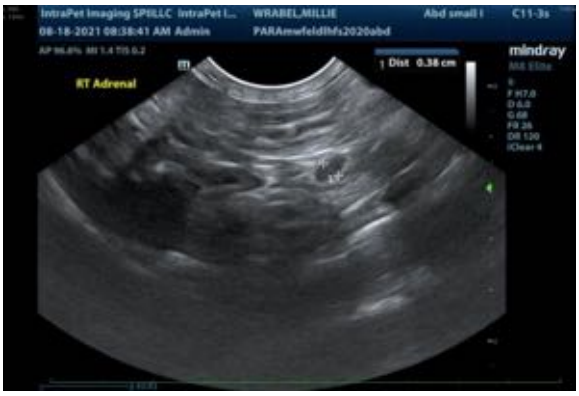
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly given the patient's panhypoproteinemia and potential for third spacing of fluids.
- Other diagnostic considerations include the following:
    1. Serum cobalamin, folate, PLI and TLI
    2. 6-week limited antigen diet trial (the patient's current diet of Hills Z/D would be appropriate for this trial).
    3. A fecal GI PCR infectious disease panel

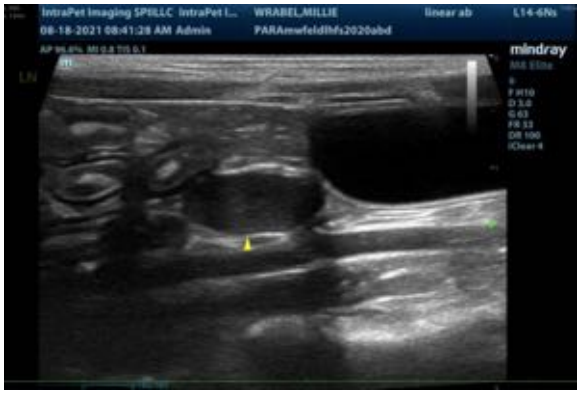
4. Ultimately, endoscopic or surgical gastrointestinal biopsies would likely be necessary to get a definitive diagnosis.

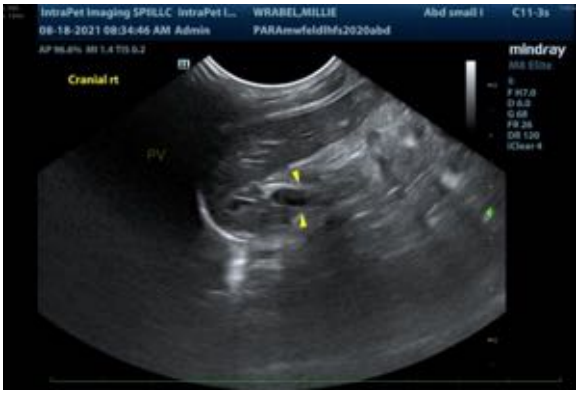


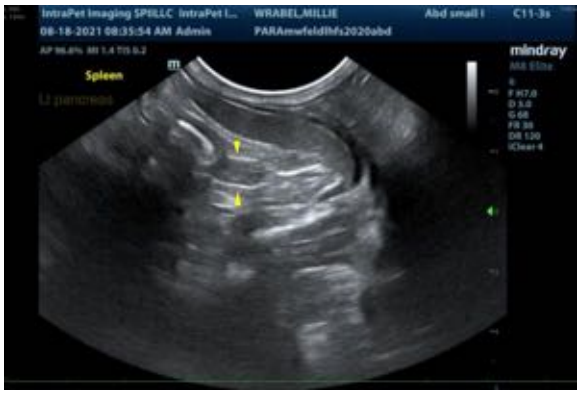


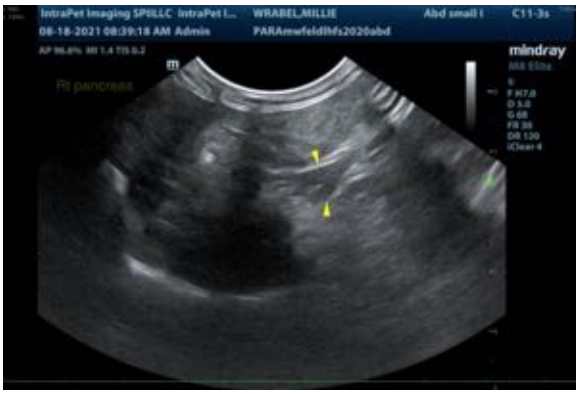


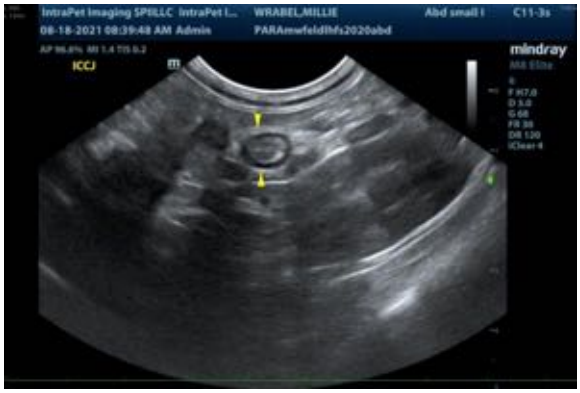


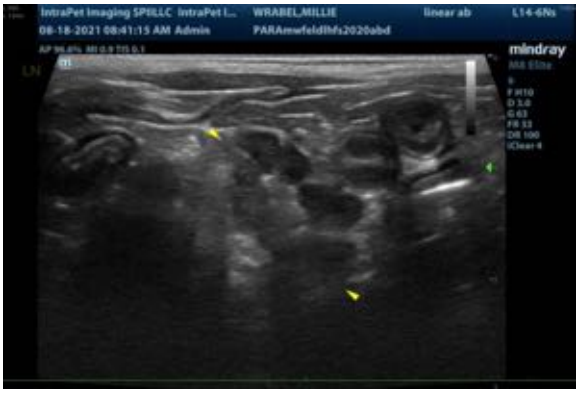


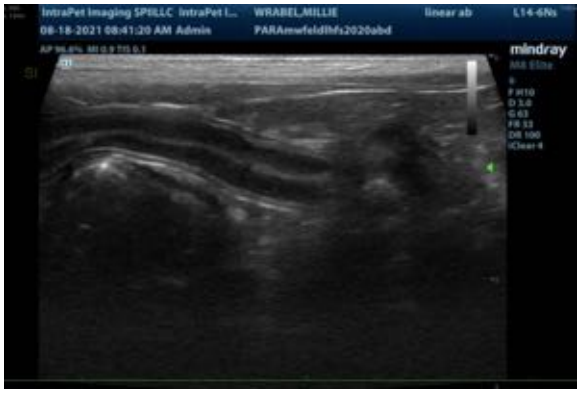












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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