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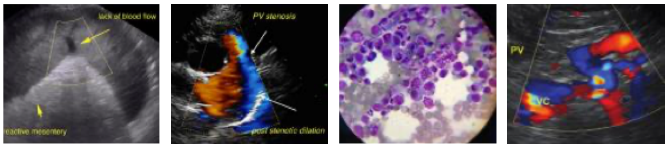
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT
Gotrek Walker

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8 years

WEIGHT
6.72 lbs

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

IMAGING PERFORMED BY
Brittany Gardner DVM

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Brittany Gardner DVM

INVOICE
11444

DATE
8.19.22

PRESENTING CLINICAL SIGNS

History: P presented today for open mouth breathing, vomiting and straining to defecate. Today was straining to defecate, small amount of diarrhea produced. Then he vomited and started open mouth breathing. Hx of GI issues in the past, sensitive to food. Hx o diarrhea the last few days, Did recently get into the other cats food, which O believes started this new issues. Hx of giardia in the past.

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. A scant 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 1-2 cm, are normal.

The **left kidney** is normal size (3.54 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 moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

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

Spleen

The **spleen** is subjectively upper limits of normal size (0.91 cm in width at the level of the hilus) with normal shape and smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 0.94 cm mesenteric **lymph node** is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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 mesenteric lymph node is likely reactive.

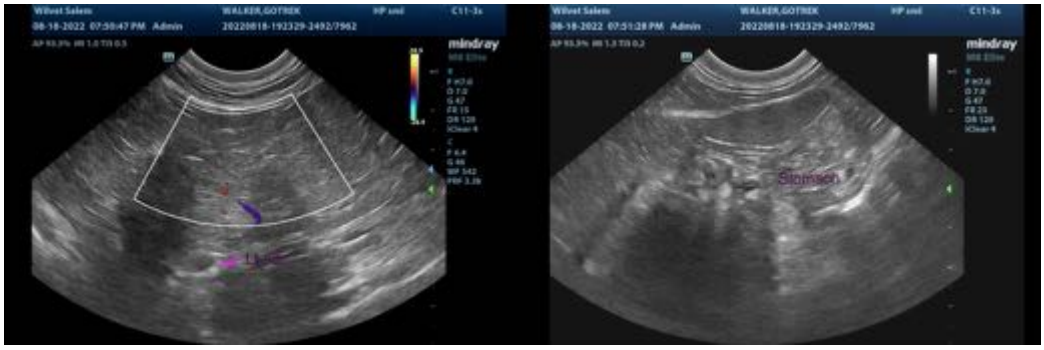
Secondary Findings

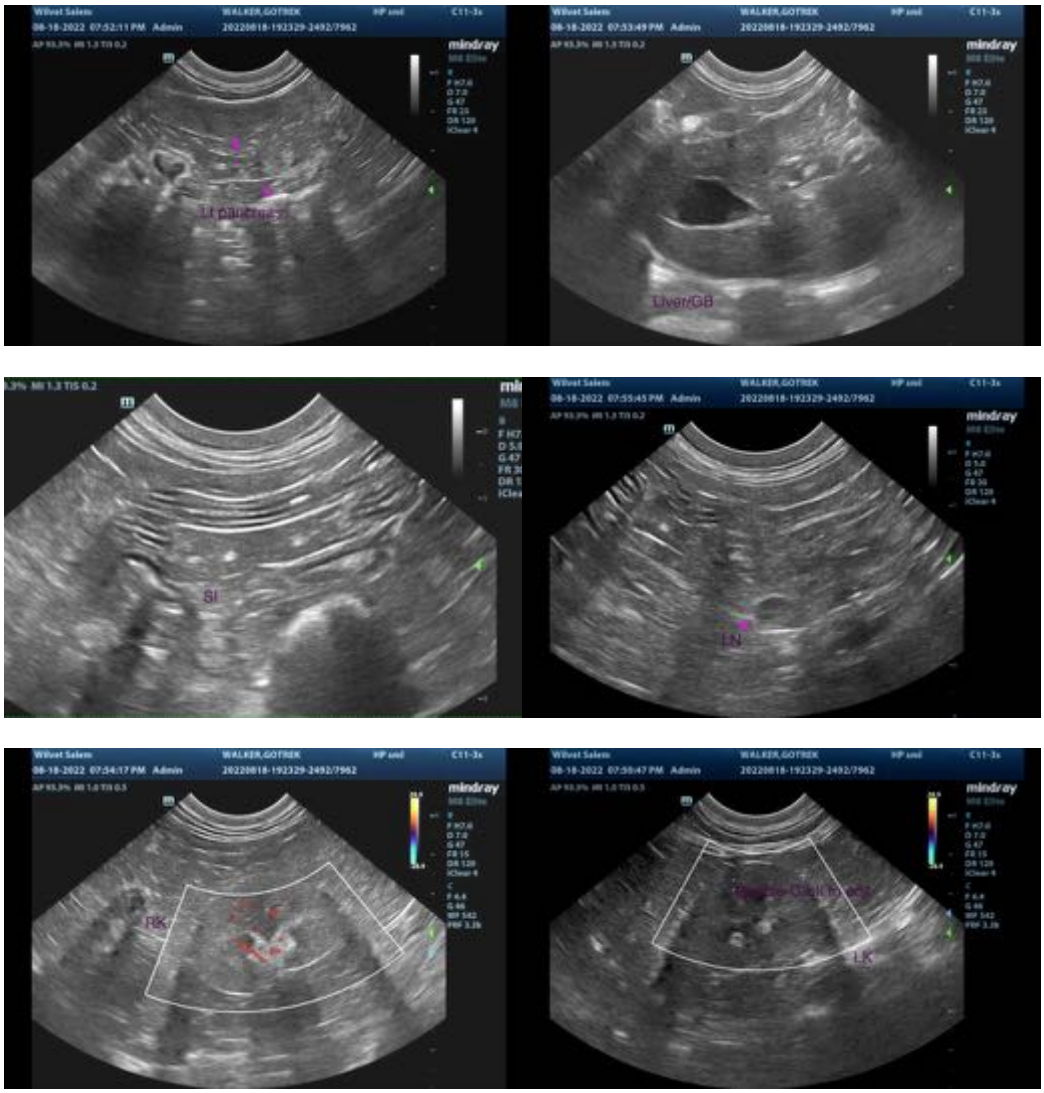
- Bilateral degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the clinical history and sonographic bowel changes, consider the following:

1. A fecal evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole
3. Malabsorption panel including serum cobalamin and folate, TLI and PLI
4. Consider a 6-week novel protein diet trial when the patient is no longer vomiting.
5. Ultimately, endoscopic, or surgical gastrointestinal biopsies will be necessary to get a definitive diagnosis.
6. Given the open-mouth breathing, three-view thoracic radiographs are recommended to evaluate for aspiration pneumonia.
7. In the meantime, supportive care, including fluid therapy, gastric protectants, antiemetics, +/- probiotic with a high colony count (i.e., Proviable Forte) should be considered.





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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