

**DATE PRESENTING CLINICAL SIGNS**

9/9/21

History: Patient present for Exam on 7-13-21 (due to FAS came back later in the month for lab work) Concerns: Vomiting/pacing and self-barbering with significant alopecia, some lethargy noted. Previously used Chlorphenamine - non-responsive; trial Apoquel- off label - non-responsive; In past has been responsive to Prednisolone.

PATIENT

Otis Welsow

Current Medications: Gabapentin.

Lab Results: 7/27/21- SDMA elevated, some crystals present in UA. Rechecked 1-month post and SDMA /Creat now elevated as well as AST/ALT. UPC normal, USG 1.0147 with an inactive sediment. SDMA 15, creatinine 2.6, normal BUN. ALT 208. USG in July 1.058, normal T4.

SPECIES

Feline

Radiographs: indicated some increased ingesta- no uroliths/nephroliths.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Dexmedetomidine 0.5 mg/ml (0.1 mls IM), Butorphanol 10 mg/ml (0.1 mls IM), and Ketamine 100mg/ml- 0.1 mls IM administered prior to scan.

BREED

Domestic shorthair

Stat Report: STAT report not requested by the veterinarian.

SEX

Male, neutered

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 distended. A small 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.

AGE

4/1/2018

The left kidney is normal size (4.11 cm in length); normal shape and architecture with smooth peripheral margins.

WEIGHT

13.7 lbs.

There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

Adrenal Glands

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

HOSPITAL NAME

Noah's Ark Veterinary &
Boarding Resort

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Martinez-Hernendaz

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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

12054

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 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 of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.70 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

Minor bilateral chronic renal changes.

Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

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.

Urinary bladder debris.

*It is unclear whether the patient's low-grade azotemia is secondary to dehydration (given the concentrated urine) and/or if mild renal disease is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of vomiting, the following diagnostics/therapeutics can be considered:
 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. +/- endoscopic or surgical gastrointestinal biopsies
- Given the renal changes, consider a urine culture and sensitivity and baseline blood pressure measurement. Serial monitoring of the renal values and specific gravity are recommended to assess for progression.





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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