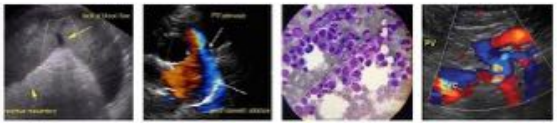


PATIENT

Barnaby Rakowski

SPECIES

Feline

BREED

Domesitc shorthair

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

7.46 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic of Hamilton

REFERRING VET

Dr. Hall

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: Suspected food allergies(atopy) Suspected IBD, on and off diarrhea. Treated for possible UTI with Cefovicin but had diarrhea after this as well. Current concern is diarrhea, not responsive to Metronidazole. Has been on Metronidazole, Vit B12, Solensia and Gabapentin.
Abnormal PE/Chem/CBC/UA Results: BW normal recently. USG 1.036, Urine Culture negative but infection suspected. Diarrhea PCR negative. Low normal Cobalamin in 2021. Has been on supplementation.

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.80 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of 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 (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

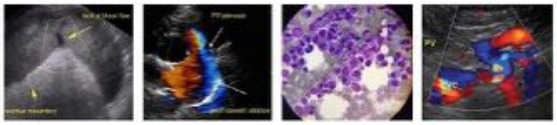
The spleen is normal in size (0.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments.



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Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains echogenic, non-shadowing fecal material. No obvious obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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

Areas of mesentery in the mid-abdominal region are mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are consistent with inflammatory bowel disease. There is potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- Mild mid-abdominal peritonitis, likely secondary to bowel pathology.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral chronic age-related renal changes with a left cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, if not already performed.
- Consider prophylactic deworming with Fenbendazole.
- A repeat Texas GI panel including serum cobalamin, folate, TLI and PLI is recommended to assess the patient's current pancreatic and maldigestion/malabsorption status.
- A hypoallergenic or hydrolyzed protein diet trial should also be considered.
- Consider initiation of a probiotic with a high colony count along with a fiber supplement (i.e., psyllium).
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If biopsies are not pursued, and the patient doesn't respond to the therapeutics listed above, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic/hydrolyzed protein diet) as long as the client understands the risks of treatment without a definitive diagnosis.

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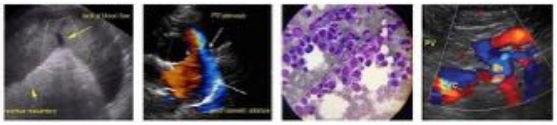

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289-808-2608 infoethefocalzone.com

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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

DATE
8/1/23