



PATIENT	PRESENTING CLINICAL SIGNS
Milo Hilton- Dolter	History: Presented to primary care for vomiting and diarrhea, history of ex lap 1 month ago in Spokane, no details on lead-up to that but found intussusception and pt had approx. 12 inches of jejunum resected. He has done well post-op, until he developed diarrhea last week, owner presumed due to feed change. He then started vomiting this morning and had no interest in eating.
SPECIES	Abnormal PE/Chem/CBC/UA Results: He is a healthy appearing kitten of normal coat and body condition, bright and alert. Radiographs today showed gas dilated bowel presumed to be colon. No bloodwork done today. A UA was performed due to very full bladder during ultrasound (had SC fluids couple hours before ultrasound), and NSF, very concentrated urine w USG >1.050 Fecal exam is pending
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	
SEX	Urinary System
Male	Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
AGE	Left kidney is normal is size (4.09 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
6 Months	Right kidney is normal is size (4.58 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
WEIGHT	Adrenal Glands
3 kg	Left adrenal gland is normal in size (0.95 cm long x 0.34 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
INTERPRETED BY	Right adrenal gland is normal in size (0.95 cm long x 0.32 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
Dr. Callihan	Liver
HOSPITAL NAME	Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Animal Emergency Care	INVOICE
REFERRING VET	20474 Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
Dr. Bailey	DATE
INVOICE	Gastrointestinal
20474	1/7/23



PATIENT	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Milo Hilton- Dolter	
SPECIES	The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.
Feline	
BREED	The visible colon is normal in wall thickness and layering. Contents are consistent with soft stool.
DSH	
SEX	Pancreas
Male	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable.
AGE	There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
6 Months	Free Abdomen
	There is no evidence of peritoneal effusion.
WEIGHT	The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
3 kg	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. In one focal area of the mid abdomen, there is slightly more corrugation than appreciated elsewhere. This is likely a normal post-op variant given the large amount of bowel resection. There is no evidence of foreign body or an obstructive pattern to suggest otherwise. Having said that, a partial or early obstruction cannot be definitively ruled out, such as one caused by adhesions vs other. The enhanced mesenteric fat is likely residual resolving post-surgical change +/- an inflammatory change associated with ongoing gastroenteritis/colitis.
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
Dr. Callihan	
HOSPITAL NAME	<ul style="list-style-type: none"> Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
Animal Emergency Care	
REFERRING VET	
Dr. Bailey	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
20474	Top differential for this patients gastrointestinal signs, given the history of a large amount of bowel resection, is short bowel syndrome and ongoing dysbiosis and/or vitamin/mineral/amino acid deficiencies, etc. associated with it. Recommendations include:
DATE	
1/7/23	



PATIENT

Milo Hilton- Dolter

If not recently evaluated, a general metabolic health screen is recommended, including CBC/chemistry panel and electrolytes, as the urinalysis was reportedly already done.

SPECIES

Feline

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

BREED

DSH

Additionally, other B vitamins, such as thiamin, amino acids, such as taurine, etc. may also be deficient, and ultimately, given this patients young age, consultation with a veterinary nutritionist is recommended to help guide vitamin, mineral, protein testing, supplementation and diet choice, etc.

SEX

Male

In the meantime, a probiotic, such as Visbiome or Provable, as well as transition in diet based on trial-and-error response with some potential options being a biome diet or potentially a higher fiber diet or even a hydrolyzed protein diet, again based in trial-and-error response.

AGE

6 Months

Empirical deworming with a 5-day course of Panacur is also recommended.

Ultimately, given the inflammatory change noted above, as well as the corrugation described above, if clinical signs persist, recheck imaging is recommended to further evaluate improvement vs progression, etc. of those changes that may indicate an evolving obstruction, again not suspected but possible.

WEIGHT

3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

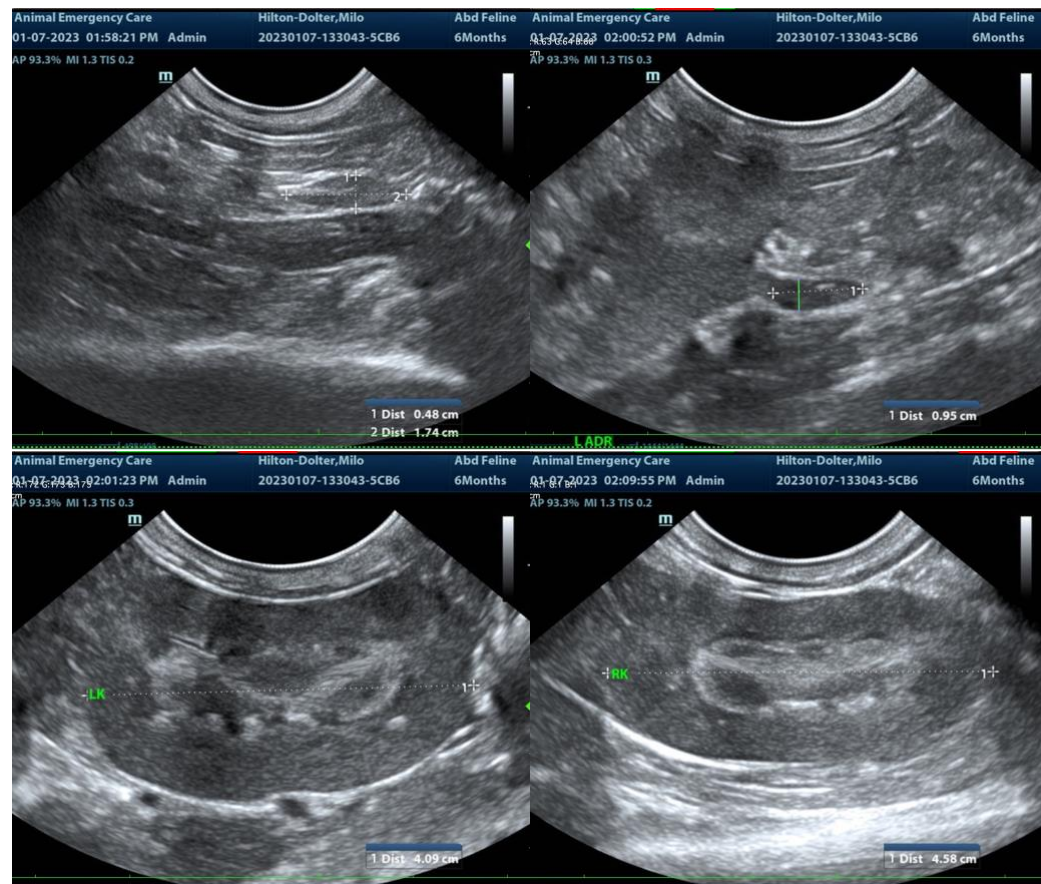
Dr. Bailey

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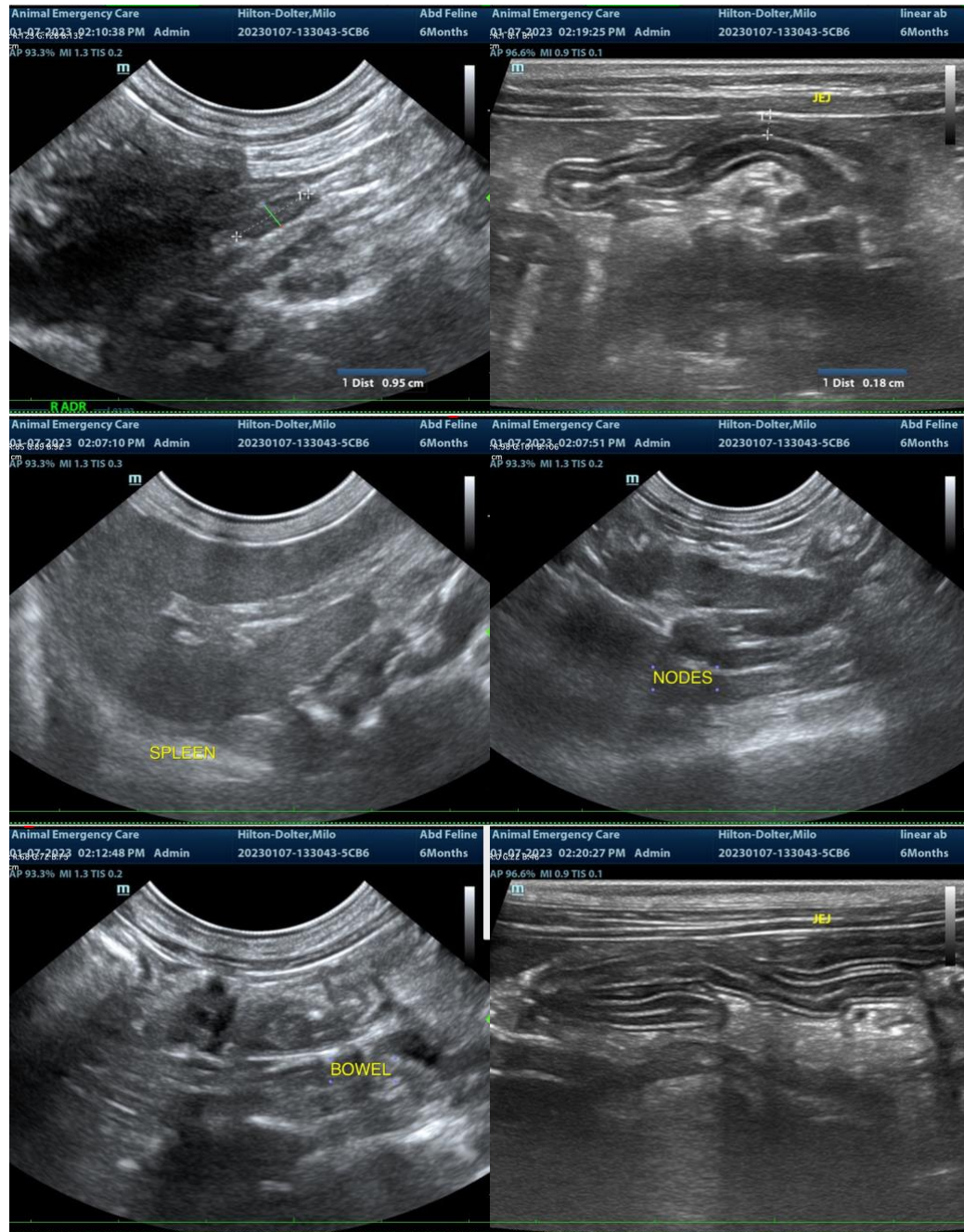
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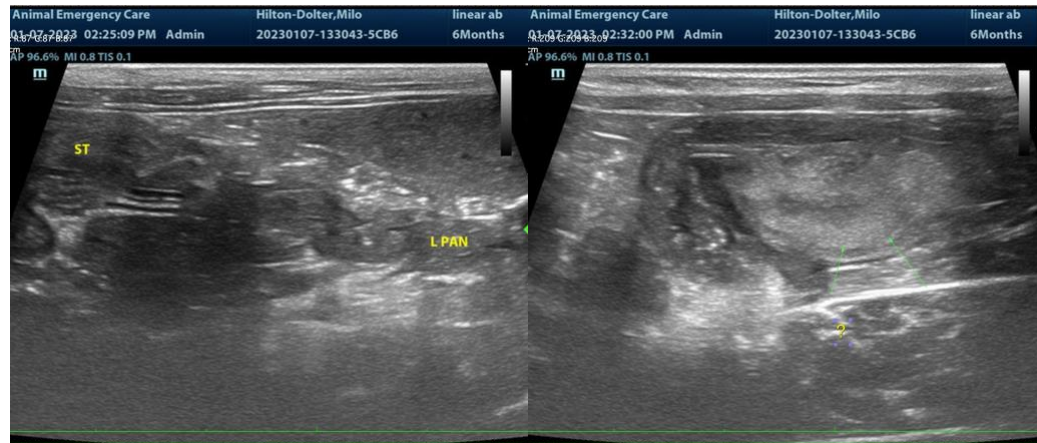
Dr. Bailey

INVOICE

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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.

Beth Johnson, DVM DACVIM

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