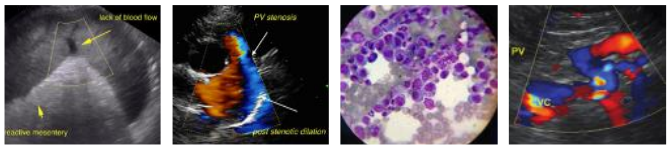
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gato Lucero

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Pacific Crest Mobile VS

REFERRING VET

Dr. McBroom

INVOICE

20509

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: Gato Lucero 14yr FS DSH Abdominal ultrasound to follow some repeated bacteria. No changes in urinary habits Meds: Levothyroxine 2.5 mg p.o. q12h D-Mannose Visbiome 1 week Clavamox rx'd 11/11/22 after UA showed cocci growth (see labs) Was seen week of 11/8/22 with rDVM as followup for possible pancreatitis; she had been seen at walk-in on 10/27 for vomiting but was too fractious for diagnostics without sedation so was treated empirically as outpatient and seemed to recover well Has some history of general lethargy and occasional vomiting in past 6 months noted in record

Abnormal PE/Chem/CBC/UA Results: Her PE is pretty unremarkable, slight muscle wasting, mild dental disease, no heart murmur or arrhythmia, BCS 5/9, good skin/coat condition 11/08/22: CBC: platelet clumping Chem: BUN 41 (H) Creat 2.2 (H) T4 1.0 (N) UA: USG 1.035 Rare RBC, rare WBC 3+ cocci 12/21/22 CBC: unremarkable Chem: Creat 1.9 (was 2.2 11/2022) T4 1.5 (pt on methimazole 2.5mg q 12h) UA: USG 1.029 (was 1.035 1/2022) - slightly low USG r/o secondary to UTI vs emerging renal Cocci 4+ ; culture ID was Enterofaecalis and no treatment indicated Rare RBC, rare WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Left kidney is normal is size (3.65 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.

Right kidney is normal is size (3.54 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.

Adrenal Glands

Left adrenal gland is normal in size (0.66 cm long x 0.35 thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

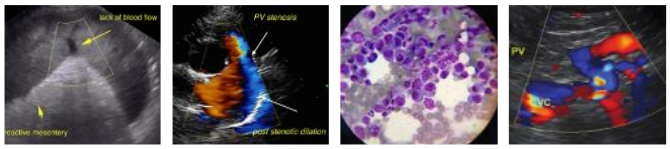
Right adrenal gland is normal in size (0.63 cm long x 0.34 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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.



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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.

Gastrointestinal

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.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

- There is no ultrasonographically visible evidence for this patients reported bacteriuria, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Ultimately, biopsies of the GI tract, being sure to include ileum, may be indicated to definitively diagnose, and therefore manage any infiltrative bowel process present, especially if clinical signs, including the vomiting and/or diarrhea, weight loss, etc. persist.

In the meantime, empirical therapies could include a diet change to a hydrolyzed protein diet, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless not indicated based on GI panel results), and a probiotic, such as Visbiome or Proviable, as is already in place.

Alternatively, if the urinary signs supersede the gastrointestinal signs, diet transition to a urinary health diet, such as Royal Canin Urinary SO or similar could be considered instead.

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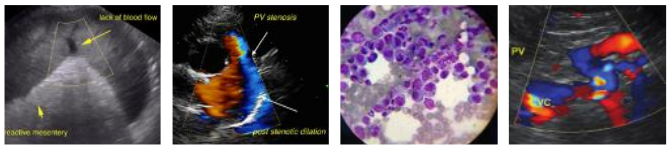

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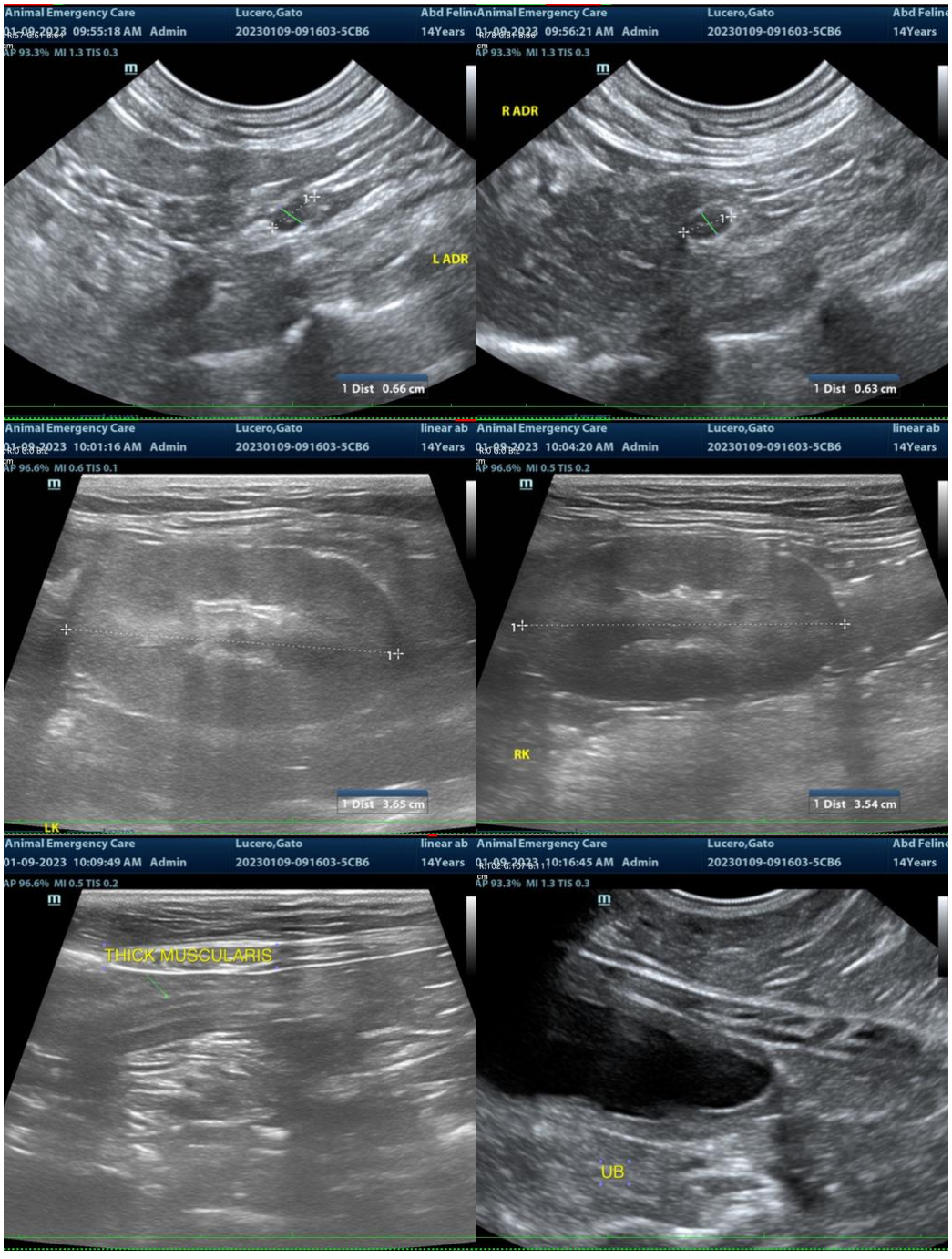

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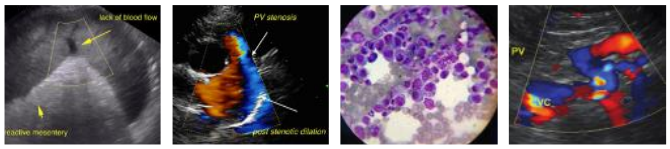

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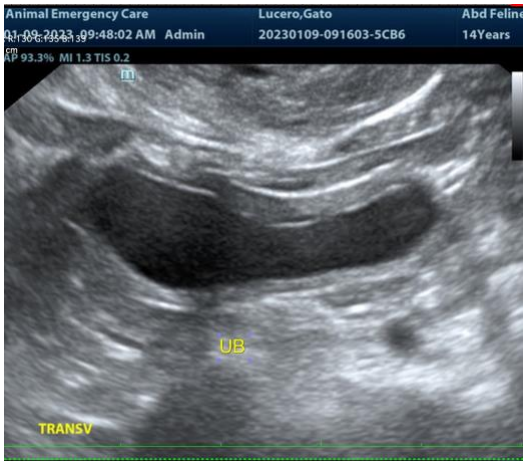

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com