

PATIENT PRESENTING CLINICAL SIGNS

Kali Neckels

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.46 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

Dr. Wright

INVOICE

42344

DATE

10/26/22

P presents fasted for continued chronic diarrhea, weight loss, and anemia. P is on hydrolyzed protein diet due to history of suspected IBD. Pet is eating, not vomiting at home, but pet vomits in the car on the way to and from the vet. WT: 6.46 lbs / 2.93 kgs BCS: 4/9 BAR, TPR - see screens; CRT > 2 sec/pale pink, slightly moist MM. slightly prolonged skin tent. COAT/INTEG: no lesions nor ectoparasites appreciated. EYES/EARS: OU WNL. AU clear. N/T: No nasal discharge, no sneezing, no cough on tracheal palpation. ORAL: Dental calculus 3/4. HEART/LUNGS: no murmurs nor arrhythmias, synchronous pulses, Lungs clear, No coughing. LN: peripheral LNs are normal in size, shape, consistency. GI/UG: gas/fluid filled loops of bowel chronic diarrhea M/S: no lameness nor abnormalities appreciated. NEURO: appropriate mentation, no deficits appreciated, nor spinal pain.

Abnormal PE/Chem/CBC/UA Results: 10/26/22 : CBC - Hcct 27.48 % (hx of 25.22%) Low, PLT 55 K/uL Low (manual eval pending), EOS 0.77 K/uL High 10/21/22: CBC: WBC - 23.62 $10^9/l$ (3.50-20.70) MON - 1.50 $10^9/l$ (0.09-1.21) NEU - 17.52 $10^9/l$ (1.63-13.37) EOS - 0.83 $10^9/l$ (0.02-0.49) RBC - 6.33 $10^{12}/l$ (7.70-12.80) HGB - 8.2 g/dl (10.0-17.0) HCT - 25.22% (33.70-55.40) Chemistry/IOF: ALT - 244 U/l (12-130) fPL snap test: normal Urinalysis: inactive sediment, pH - 6.0 Specific Gravity - 1.027 T4 - 2.9ug/dL (grey zone) Current Medications convenia & cerenia inj 10/21/22 and sent home propectalin, today torb/alfaxan Radiographic Findings n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measures 2.89 cm.

The left kidney is normal in size (3.9 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

The right adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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

The 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



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis
- **Chronic Kidney Disease (right kidney visibly more affected than the left)** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's historical clinical signs combined with the reported eosinophilia, an infiltrative, inflammatory and/or parasitic, dietary allergy, etc. bowel disease is probable, and a normal ultrasound does not rule out infiltrative bowel disease. Further investigation of the GI tract is recommended in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function. However, given the lack of visible abnormalities and the high normal T4, as well as the mildly increased ALT that can occur with hyperthyroidism, hyperthyroidism may also be contributing, and recommendations include ruling out early or emerging hyperthyroidism with a free T4.

In the meantime, in addition to the hydrolyzed protein diet, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Provable or Visbiome. Ultimately, if weight loss and



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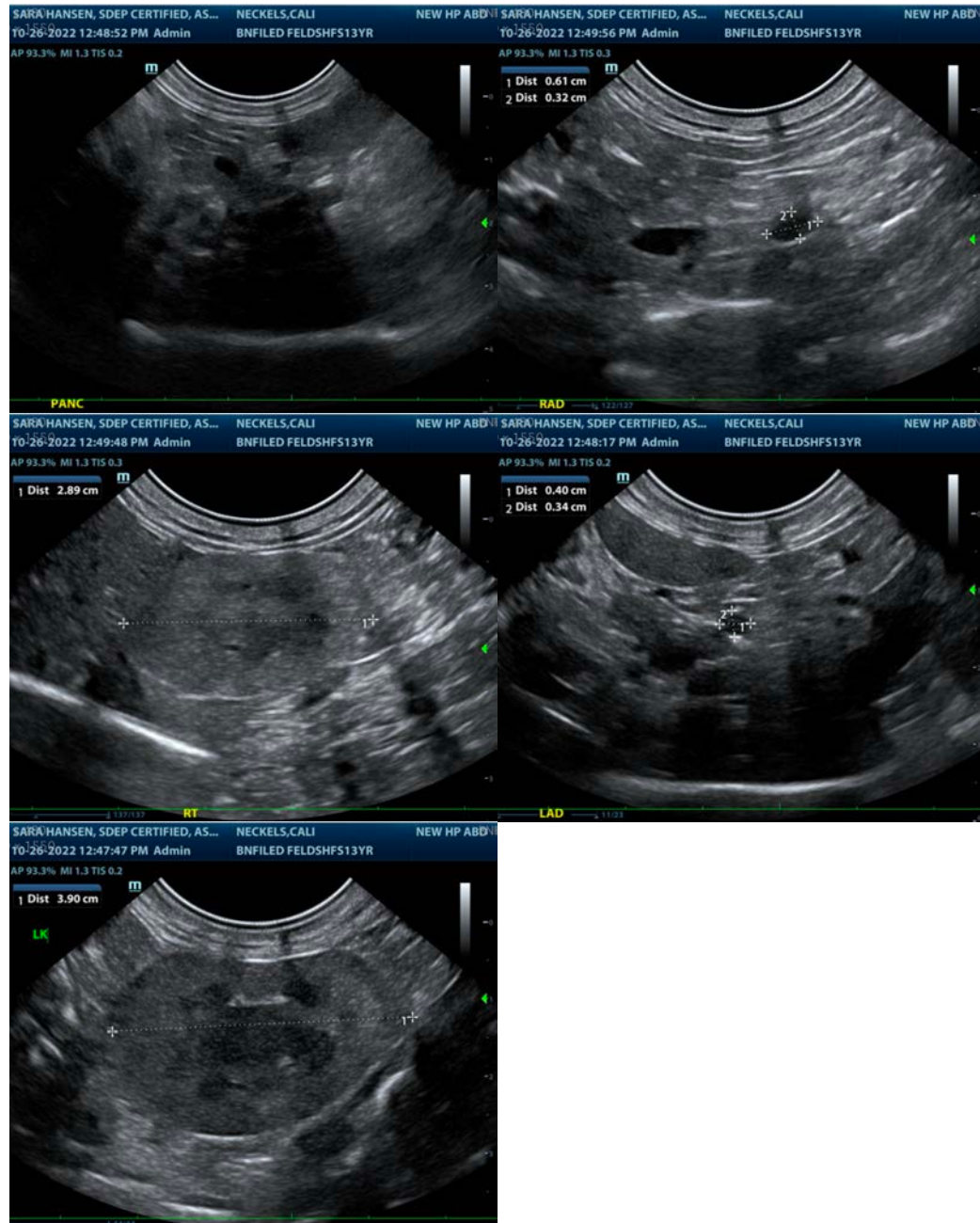
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diarrhea persist and the free T4 is normal, biopsies of the bowel may be necessary to definitively diagnose and therefore adequately manage the suspected underlying bowel disease.

If hyperthyroidism is not diagnosed as an explanation for the increased ALT, further investigation of the liver in the form of a fine needle aspirate is recommended if patient's coagulation status is appropriate.





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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.

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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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