

PATIENT PRESENTING CLINICAL SIGNS

Samantha Domotor

Chronic diarrhea since 2014. Manageable with different hypo foods and medications. Was stable and doing well on RC GI dry and canned, vit B12 injections, tylosin, cyproheptadine and fortiflora until approximately 2-3 weeks ago. Stool consistency went from small but formed to mixture of soft but wet leaving residue to liquid with texture. Did not improve with entero-aide or short-term fasting and slow diet reintroduction. Cat has had flare up of herpes conjunctivitis and corneal ulceration (last flareup March 2017). Concern about using steroids as cat is easily stressed and prone to herpes flareups. meds: Tylosin 50mg BID, fortiflora SID, cyproheptadine 1mg SID, vitamin B12 injection 500micrograms once monthly

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Please see attached labs

SEX

Spayed Female

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.

AGE

14 Years

The right kidney is normal in size (3.76 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

8.4 Pounds

The left kidney is normal in size (4.04 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

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

The left adrenal gland is normal in size (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Ingersoll VS

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

REFERRING VET

Dr. Prystayko

INVOICE

40943

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.

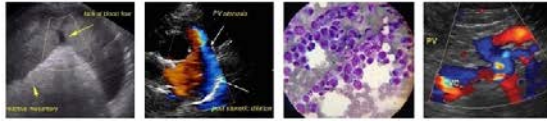
Gastrointestinal

DATE

10/4/22



PATIENT	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.
Samantha Domotor	
SPECIES	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 is empty with no evidence of obstruction or foreign material.
Feline	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
DSH	Pancreas
SEX	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
Spayed Female	Free Abdomen
AGE	There is no evidence of free peritoneal effusion noted in these images.
14 Years	Hypoechoic mesenteric lymphadenopathy and enhanced hyperechoic fat are on the root of the mesentery.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8.4 Pounds	<ul style="list-style-type: none"> 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. Mesenteric lymphadenopathy – Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	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. Evaluation of a TLI is recommended in this patient to rule out exocrine pancreatic insufficiency as a possible cause for the chronic and recurrent, recently more severe diarrhea.
IMAGING PERFORMED BY	Additionally, if not recently evaluated, a fecal exam would be recommended, as would be a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.
Kelly Reschny	
HOSPITAL NAME	In the meantime, understanding that the goal is to avoid steroids if possible, other therapies or changes in therapy could include an empirical deworming with a 5-day course of Panacur, a transition to a different probiotic with recommendations being either Proviale or Visbiome, and potentially a transition to a hydrolyzed protein diet if not already attempted.
Ingersoll VS	
REFERRING VET	Ultimately, biopsies of the GI tract and enlarged lymph nodes may be necessary to definitively diagnose and therefore manage this patient's ongoing diarrhea.
Dr. Prystayko	
INVOICE	
40943	
DATE	
10/4/22	



PATIENT
Samantha Domotor

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
14 Years

WEIGHT
8.4 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

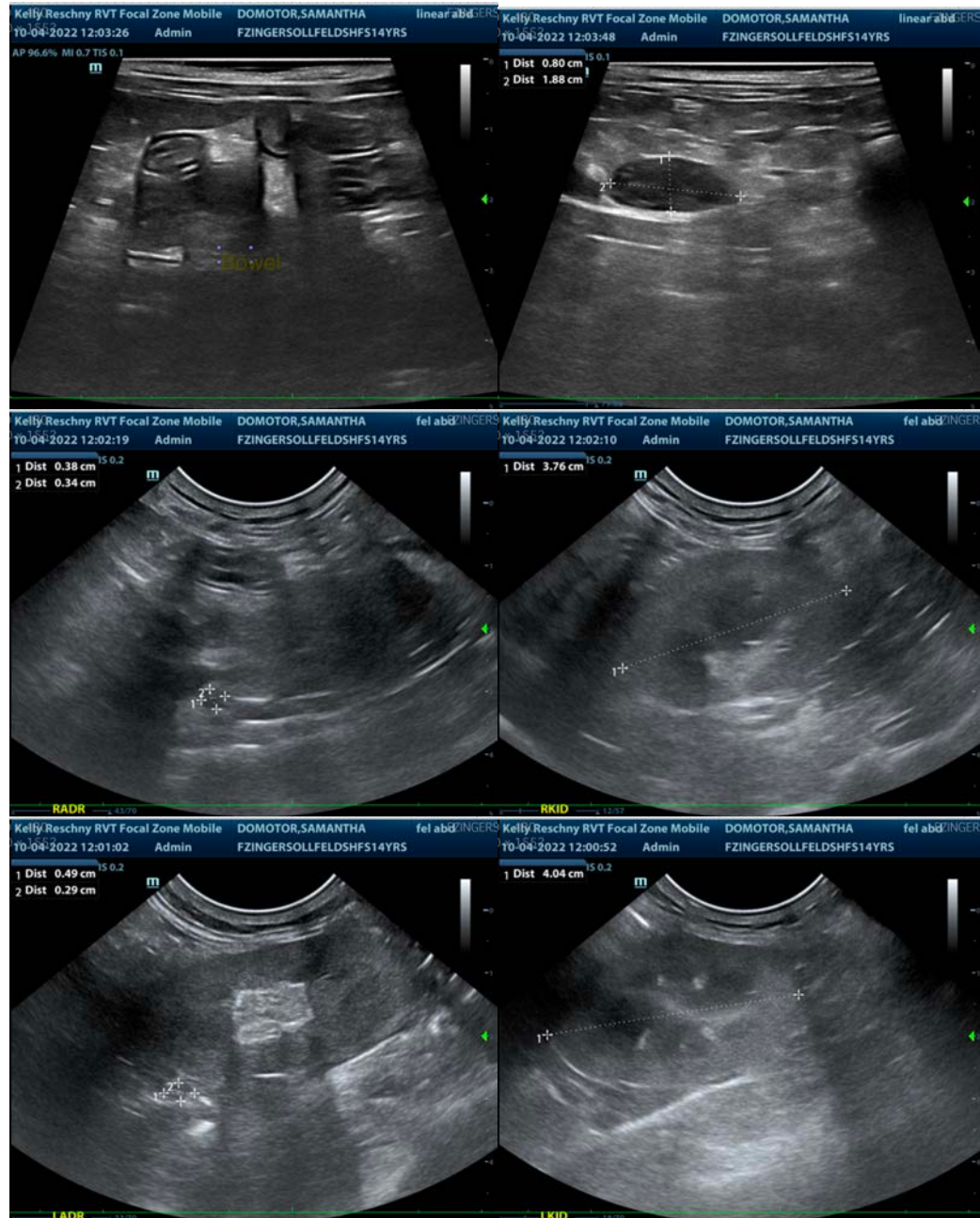
IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Ingersoll VS

REFERRING VET
Dr. Prystayko

INVOICE
40943

DATE
10/4/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com