

PATIENT PRESENTING CLINICAL SIGNS

Dahlia Edwards

Nov-1st-2022: vomiting -- Sunday night had a hairball, and then Monday morning vomitted once, no vomiting since diarrhea-- very bad odor and straight liquid, lethargic, drinking more water, past couple weeks not as interested in her wet food Soft and non-painful on abdominal palpation. No masses or organomegaly detected. Diarrhea losing weight (1 kg during 6 months). Metronidazole 15 mg/kg PO BID x 10 d prednisolone 1 mg/kg PO SID x 10 d, the EOD Drontal 1 tab PO , repeat after 2 wks Rec'd to continue with Forti flora 11/10th/2022 Recheck : Not improving, still on Diarrhea 4 - 5 times a day in the last 2 days, Not eating well, No blood in BM, Urine normal, but less amount, Drinking more water, Soft and non-painful on abdominal palpation. No masses or organomegaly detected. Diarrhea Mild periodontal disease throughout mouth. Dental tartar & callous Soft and non-painful on abdominal palpation. No masses or organomegaly detected. losing weight (1 kg during 6 months) Improved diarrhea for 3 days, then return reduced appetite meds: Prednisolone, Metronidazole, Probiotic Abnormal PE/Chem/CBC/UA Results: OPG-Negative ova & Giardia BW- Neut on border, mild decrease CHOL (0.830), fPL-WNL. Otherwise NSF UA- spg 1.040, PH 5, RBC 5/hpf. Otherwise NSF

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

4 Years

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

3.35 kg

The right kidney is normal in size (4.01 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

The left kidney is normal in size (3.19 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.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The right adrenal gland is normal in size (0.19 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

BPH Burlington

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

REFERRING VET

Dr. Al-Sultan

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

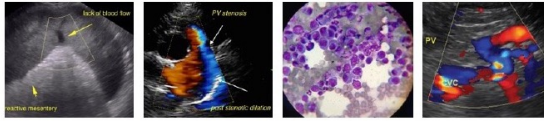
INVOICE

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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.

DATE

11/15/22



PATIENT

Dahlia Edwards

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

SPECIES

Feline

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

DSH

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

SEX

Spayed Female

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

Pancreas

AGE

4 Years

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.

WEIGHT

3.35 kg

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris
- Otherwise, normal/unremarkable abdomen without an ultrasonographically visible explanation for the reported diarrhea.

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

BPH Burlington

Given this patient's relatively young age and lack of improvement with empirical therapy, additional investigation of a possible maldigestive condition such as EPI, and/or a concurrent infectious disease, is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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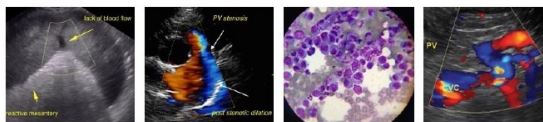
In the meantime, in addition to the deworming already performed, a switch in probiotic to Proviabio or Visbiome could be considered, as well as a diet transition based on trial and error results, beginning with a hydrolyzed protein diet once the patient is willing to eat again, possibly following antiemetics, appetite stimulants, etc.

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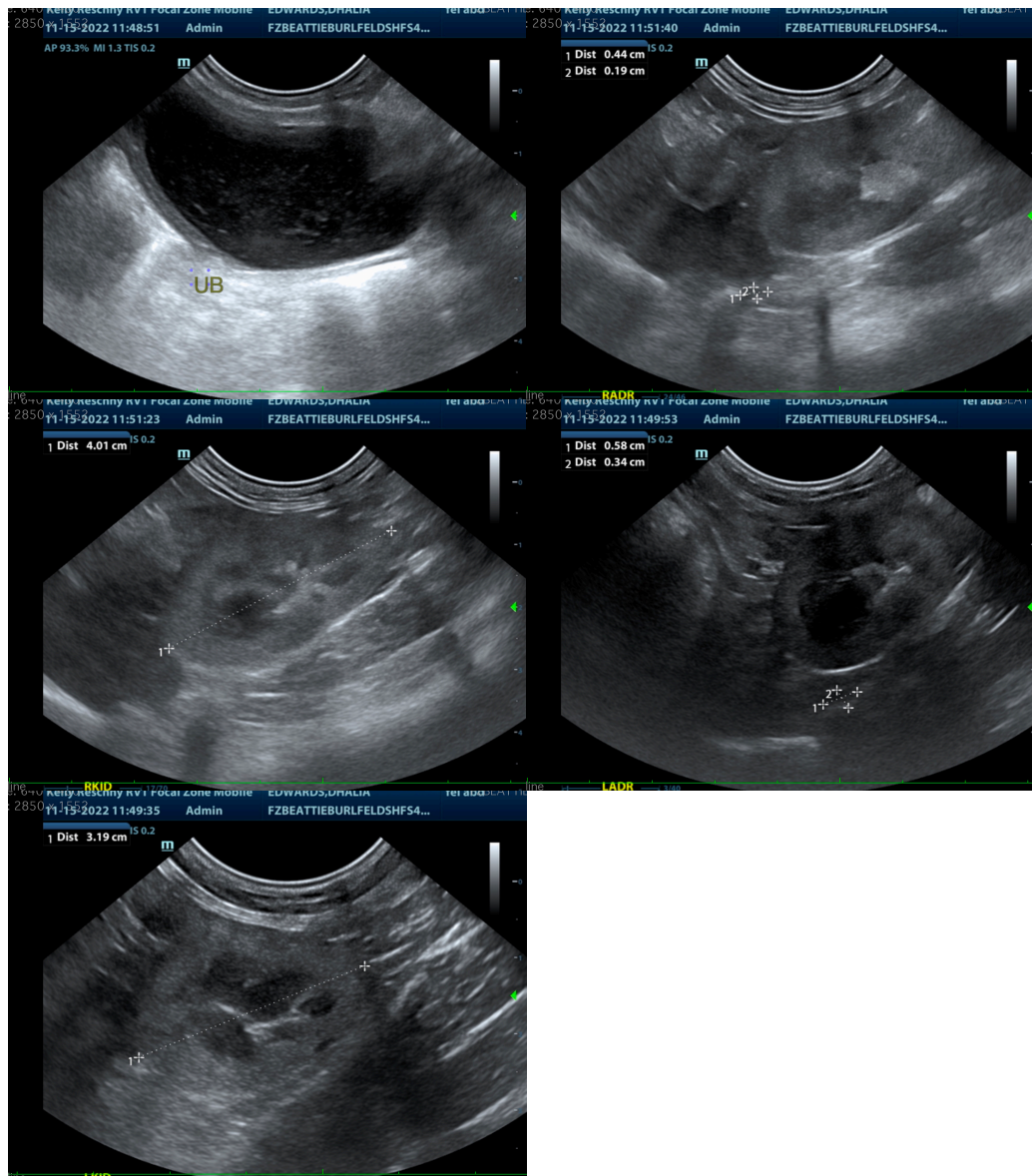
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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