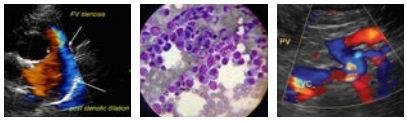
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/8/22

PATIENT

Bridget Santos

SPECIES

Feline

BREED

Scottish Fold

SEX

Spayed Female

AGE

1 Year

WEIGHT

4.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover Animal Hospital

REFERRING VET

Dr. Vanderbogart

INVOICE

42625

PRESENTING CLINICAL SIGNS

Bloody stool, formed and diarrhea for ~4-5 mos. Neg fecal 10/24/22; Gave birth 9/14/22; On PE gas/fluid filled intestinal loops palpate + abnormal hair coat on dorsal spine. Current meds: Panacur 50mg/kg and Metronidazole 25mg both started 11/4/22

Abnormal PE/Chem/CBC/UA Results: WBC 19.1 (16 H); PLT 536 (500H); NEUT 12797 (8500 H); EOS 1146 (1K H); MONOS 955 (600 H)

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 normal in size (3.11 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.

The left kidney is normal in size (3.03 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 (0.92 cm long x 0.31 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.33 cm thick), 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 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

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. No pancreatic duct dilation noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is a scant amount of anechoic free fluid near the urinary bladder.

The medial iliac 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.

ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis
- **Reactive medial iliac lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some evidence of mild acute pancreatitis in these images. However, mild acute pancreatitis typically is not the sole cause of long-term hemorrhagic diarrhea, as is reported in this patient. Therefore, recommendations include the reportedly already obtained fecal exam.

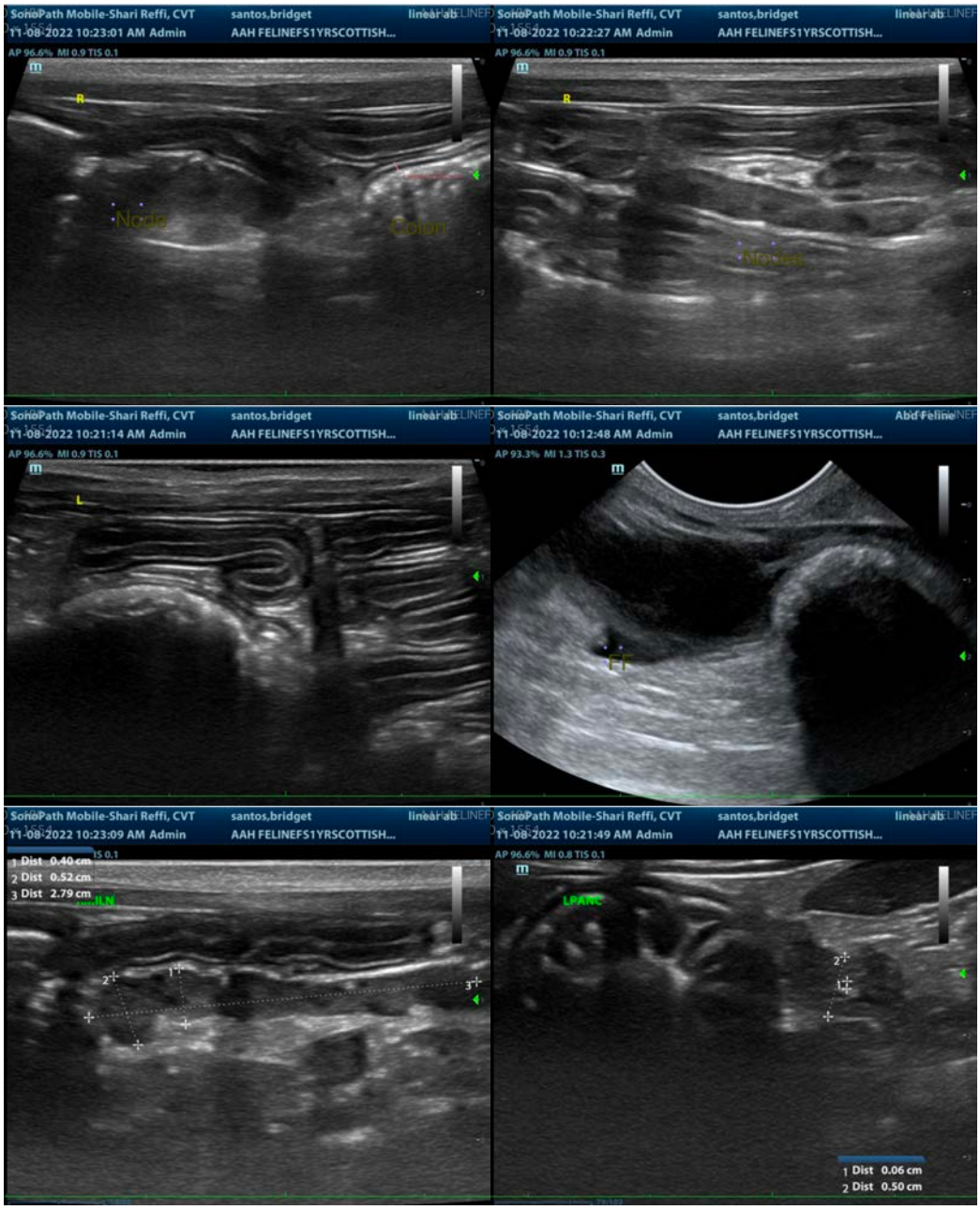
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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.

If geographically appropriate, testing for fungal disease in the form of a urine histoplasma antigen to MiraVista could be considered.

If an infectious disease is not diagnosed and/or the deworming already reportedly in place does not include clinical signs, tissue sampling may be warranted in the form of a fine needle aspirate of the enlarged medial iliac lymph nodes if patient's coagulation status is possible and they can safely be reached, or a rectal scraping or colonoscopy for biopsies could ultimately be considered.

In the meantime, in addition to empirical deworming with a 5-day course of Panacur, therapeutic recommendations include a probiotic such as ProViable or Visbiome, and a diet transition if tolerated, beginning with a hydrolyzed protein diet, given the reported eosinophilia. If that doesn't include clinical signs, potentially a fiber response colitis diet could be considered, based on trial and error response.


SonoPath Mobile-Shari Reffi, CVT
santos,bridget
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AAH FELINEFS1YRSCOTTISH...
AP 96.6% MI 0.9 TIS 0.1
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AP 96.6% MI 0.9 TIS 0.1
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Abd Feline
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1 Dist 0.40 cm
2 Dist 0.52 cm
3 Dist 2.79 cm
ILN
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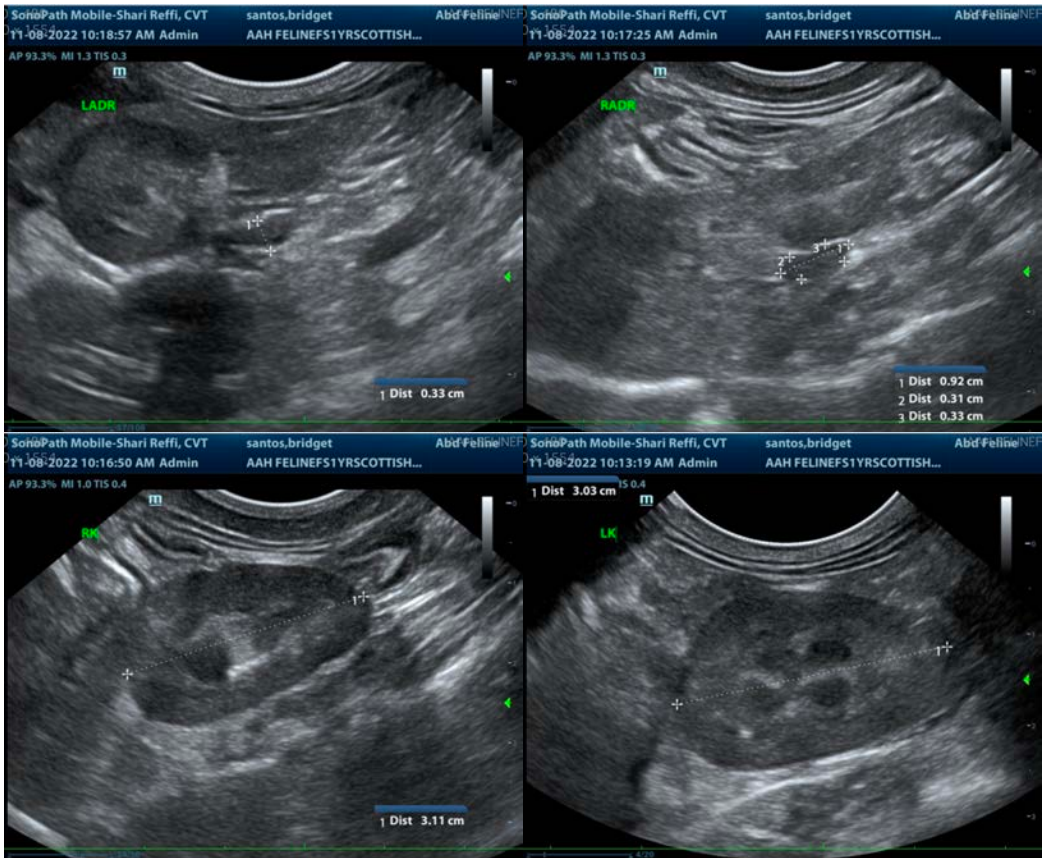
LPAN
1 Dist 0.06 cm
2 Dist 0.50 cm



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