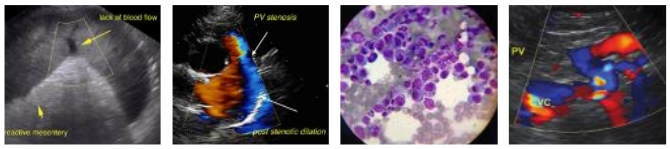
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nootka Borden

SPECIES

Feline

BREED

DMH

SEX

Female

AGE

5 Months

WEIGHT

2.77 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Williams

INVOICE

18995

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Patient was admitted this afternoon, after presentation for Vomiting since Saturday, as well as some loose stools since saturday. Not eating much, but did eat last night, but vomited it up overnight. Has plants in house but deemed to be safe as far as owner knows.

Abnormal PE/Chem/CBC/UA Results: Mildly febrile on arrival 102.8 Nonpainful to abd palpation Overall coat and body condition are normal Chem 17 normal except for sl increase ALT. Radiographs not conclusive, no obvious signs obstruction or fb

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 (3.66 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 (3.76 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.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

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

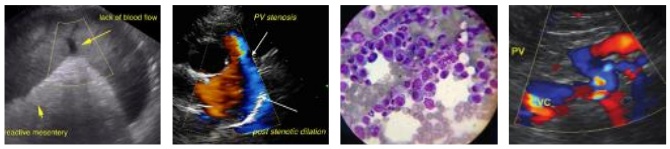
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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. The pylorus appears fluid distended.

The visible small intestines are normal in wall thickness but demonstrate thick muscularis layer relative to mucosa (a disruption of the normal 1:3 muscularis to mucosa ratio). The bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or obvious visible foreign



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material, however, in the mid abdomen, there are echogenic linear foci within the lumen, most likely consistent with intestinal parasites. Foreign material can't be definitively ruled out but is considered much less likely.

The visible colon is normal in wall thickness and layering. The colon is filled with very soft/liquid stool consistent with the reported diarrhea.

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

The mesenteric 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. This is likely a normal patient/age variant for a kitten.

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.
- Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. This is most likely a normal patient/age variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patients acute gastrointestinal signs are likely the result of intestinal parasites. Therefore, recommendations are a fecal exam and deworming with a 5-day course of Panacur, beginning while waiting for fecal results and continuing despite fecal results.

This patient may have underlying inflammatory bowel disease/food allergy/other in combination with parasites given the pathology above. Therefore, either now or after deworming, if clinical signs persist, 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, if clinical signs persist, biopsies of the gastrointestinal tract may be required. However, in the meantime, in addition to the deworming, an empirical diet transition to a hydrolyzed protein diet could also be considered.

A probiotic, such as Visbiome or Proviable is also recommended until the diarrhea fully resolves.

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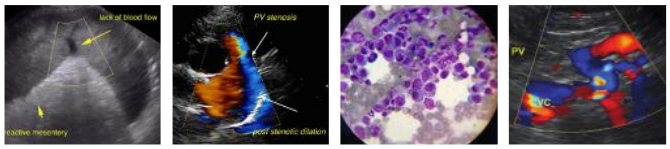

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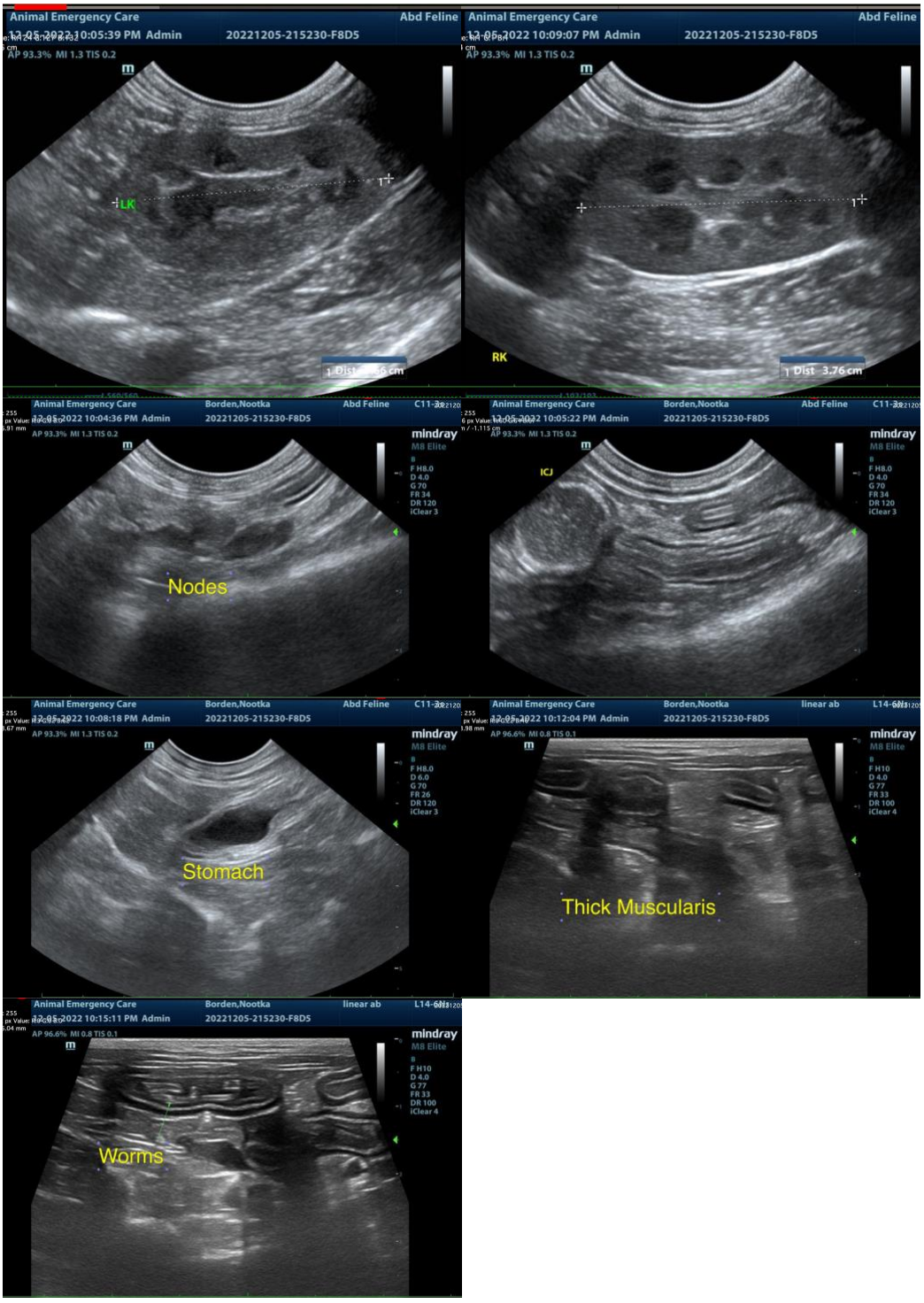
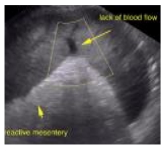
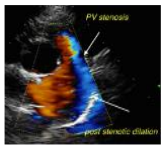
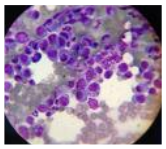
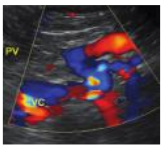


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I





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can be of any further assistance please contact me.

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