

PATIENT PRESENTING CLINICAL SIGNS

Bono Pecak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

3.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Yates Vet Hospital

REFERRING VET

Dr. Merkel

INVOICE

45041

DATE

2/10/23

Presented Feb 8th for a 1 day history of anorexia and vomiting On PE pet was QAR to dull, T38C with delayed skin tent (estimating 8-10% dehydration) BW reveals a marked thrombocytopenia, mildly decreased HCT (though total RBC counts WNL). Increases to Total bili and ALT. BG was 12.21 Pet had a similar episode November 2021 (at a different DVM) - thrombocytopenia and anemia of unknown origin which responded to Prednisolone. At this time (2021) did not have the hepatic changes as per client (waiting on records to verify). Given previous response to steroids, client elected conservative management with steroids, hepatic support and SQ fluids. Pet not showing any improvement which is prompting AUS. Current Medications Prednisolone 5mg - 1 SID, Cerenia (1mg/kg given SQ Feb 8/23) Abnormal PE/Chem/CBC/UA Results: Hematocrit 0.288 0.303 - 0.523 L/L Hemoglobin 94 98 - 162 g/L Lymphocytes 0.36 0.92 - 6.88 x10⁹/L Eosinophils 0.12 0.17 - 1.57 x10⁹/L Platelets * 49 151 - 600 x10⁹/L Glucose 12.21 3.95 - 8.84 mmol/L ALT 848 12 - 130 U/L Bilirubin - Total 19 0 - 15 μmol/L

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.19 cm. The left kidney measures 4.01 cm.

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 (0.70 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately subjectively overdistended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The cystic and common bile duct are tortuous and mildly dilated right at 0.40 cm, which is the upper limit of normal. There is no evidence of effusion or inflammation.



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Gastrointestinal

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is markedly distended with fluid and echogenic chyme, with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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.

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

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Pancreas

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The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

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Free Abdomen

A scant amount of anechoic free fluid is noted in the cranial abdomen.

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There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Acute pancreatitis
- Evidence of concurrent cholangitis/cholangiohepatitis with at least mild post-hepatic cholestasis suspected based on bile duct dilation, as well as suspected secondary gastric stasis/ileus. Gastric outflow obstruction can't be ruled out, but there is no visible evidence of it.
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Scalloped spleen** – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

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SECONDARY FINDINGS

- Age related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

These images are consistent with feline “Triaditis”. Given the splenic and hepatic changes, infiltrative disease including round cell neoplasia, inflammatory disease, infectious disease, other can't be ruled out, and ideally fine needle aspirates of both the spleen and liver would be obtained yet may not be safe depending on this patient's level of thrombocytopenia.

Therefore, in the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended. Close monitoring of the liver enzymes, especially bilirubin, is recommended, and if improvement isn't noted with medical



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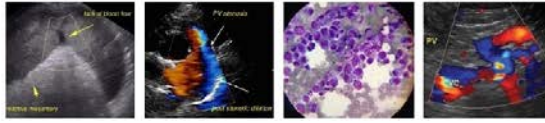
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management, ultimately surgery to help further explore and potentially alleviate the biliary obstruction may be necessary.





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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.

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