



PATIENT PRESENTING CLINICAL SIGNS

Digs Burlington
Humane

On/off diarrhea, weight loss, IBD meds: metronidazole, B12 inj biweekly

SPECIES

Abnormal PE/Chem/CBC/UA Results: high TLI (130), low B12, 2+ protein in urine

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

Spayed Female

The right kidney is normal in size (3.41 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.

AGE

9 Years

The left kidney is normal in size (3.2 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

3 kg

Adrenal Glands

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 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.

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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. Wallace

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. **This patient has a bilobed gallbladder, which is an incidental anatomic variant in cats.

INVOICE

44988

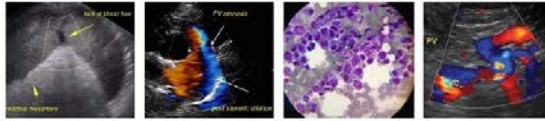
Gastrointestinal

DATE

2/9/23

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.



PATIENT

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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.

SPECIES

Pancreas

Feline

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.

BREED

DSH

Free Abdomen

SEX

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

Spayed Female

There is no apparent lymphadenopathy noted in these images.

AGE

ULTRASONOGRAPHIC FINDINGS

9 Years

- Relatively normal/unremarkable abdomen without obvious visible evidence of inflammatory bowel disease, which does not rule out inflammatory bowel disease.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3 kg

Given this patient's reported proteinuria, a urine protein to creatinine ratio is recommended to help determine whether proteinuria is significant enough to warrant treatment and could be contributing to patient's weight loss. Additionally, if not recently evaluated, a blood pressure is recommended.

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Kathleen Sennello DVM,
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Medicine)

The low cobalamin is suggestive of bowel disease. Therefore, ultimately biopsies of the GI tract may be necessary to definitively diagnose and therefore adequately manage the chronic diarrhea. However, given the response so far to B12 supplementation and Metronidazole combined with the lack of obvious visible changes on ultrasound, ruling out parasitic and infectious disease is recommended prior to biopsies via a fecal exam if not recently evaluated, as well as A fecal enteropathogen PCR panel to Texas A&M GI Laboratory.

IMAGING PERFORMED BY

Kelly Reschny

In the meantime, additional empirical therapies could include a probiotic such as Visbiome or Provable, as well as empirical deworming with a 5-day course of Panacur, and, if tolerated, a transition in diet, using trial and error diets based on patient response, beginning with a hydrolyzed protein diet and knowing that sometimes several brands are required prior to finding the appropriate match, or potentially a fiber response colitis diet, etc.

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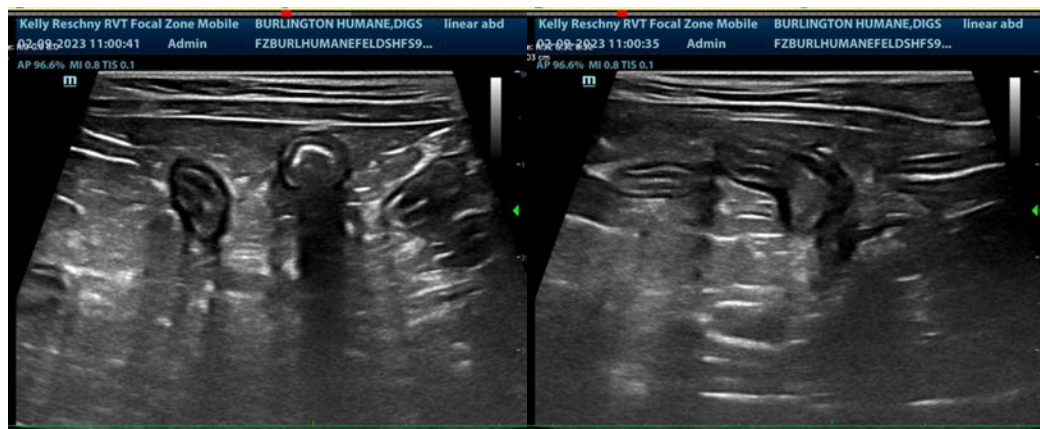
Dr. Wallace

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SPECIES

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Spayed Female

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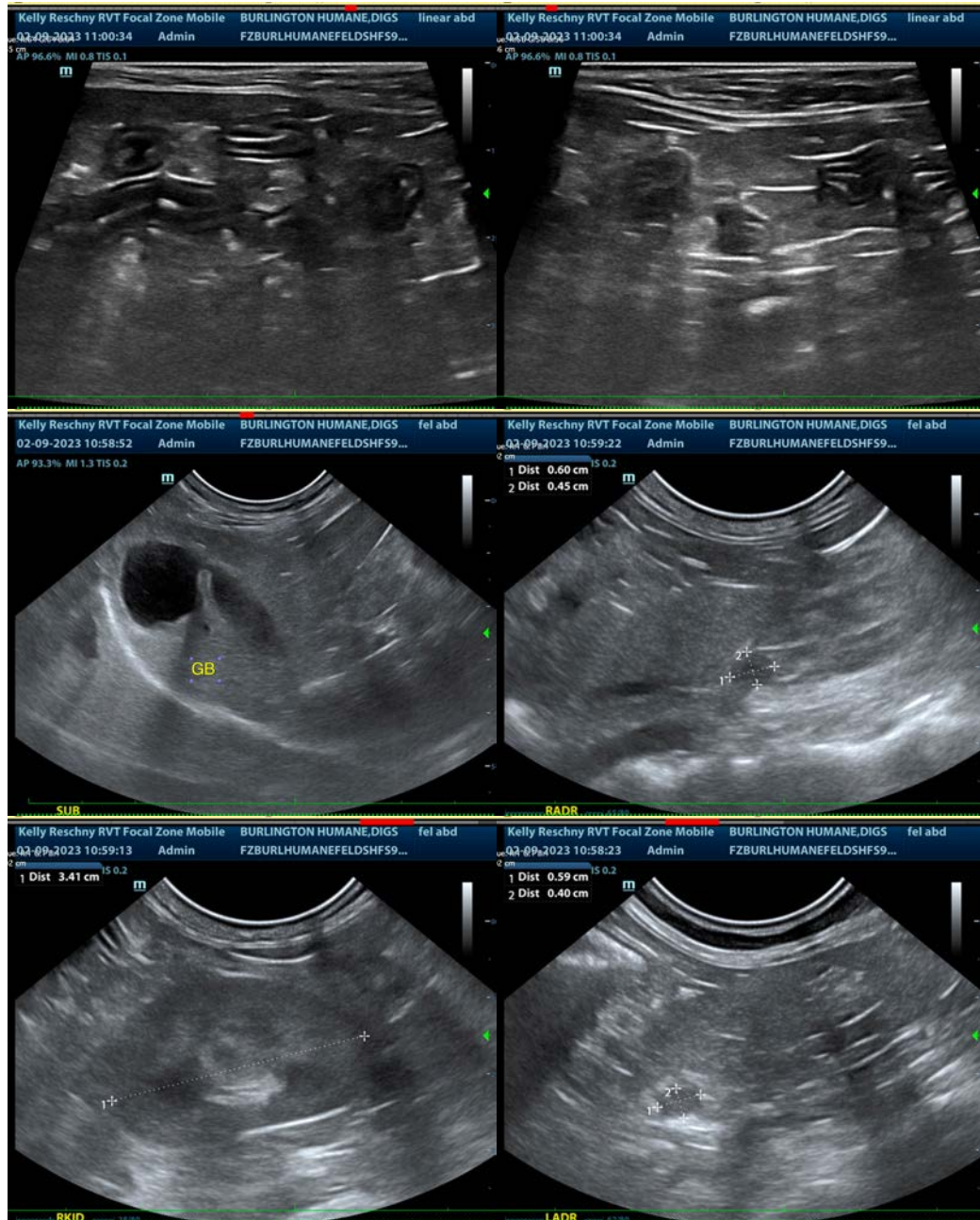
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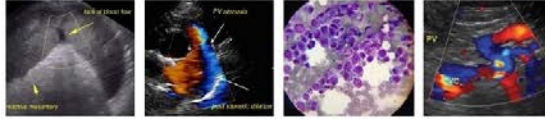
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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