



PATIENT PRESENTING CLINICAL SIGNS

Ophelia Frankland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

2.9 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Aldershot AH

REFERRING VET

Dr. Wallace

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46546

DATE

4/11/23

Hx of IBD. Previous date of Ultrasound 11/23/22. April 1st - acute dilatation of stomach - severe - with radiopaque densities within lumen of stomach. Calcification vs nephroliths present in kidneys. Right kidney appears smaller than left on radiograph. Concern with flaccid loops of bowel/appear thickened on radiographs - particularly pyloric area/duodenum as well as general small intestines (jejunum). Post nasogastric tube and emergency medical care, radiographs have stomach returning to proper size and position, radiopaque grit has resolved but small intestines still appear thicker than normal in all previous areas stated. Current Medications Metronidazole 25mg BID, Gabapentin 25mg BID, Cerenia 4mg SID, Omeprazole 5mg SID, Prednisolone (15mg/ml) 0.35ml SID, B12 inj weekly, recently started on Provable probiotic.

Abnormal PE/Chem/CBC/UA Results: April 1st: CREA 317 71 - 212 μ mol/L HIGH UREA 28.7 5.7 - 12.9 mmol/L HIGH BUN/CREA 22 PHOS > 5.20 1.00 - 2.42 mmol/L HIGH April 3rd: CREA 65 71 - 212 μ mol/L LOW UREA 6.8 5.7 - 12.9 mmol/L BUN/CREA 26 PHOS 1.34 1.00 - 2.42 mmol/L Culture and Sensitivity - neg

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. A 0.50 cm non-obstructive nephrolith is noted in the right kidney. A chronic infarct is noted in the caudal pole of the left kidney. The left kidney measures 3.63 cm. The right kidney measured 3.01 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.23 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.21 cm), 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.



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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 empty 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

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Free Abdomen

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

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis
- Age related kidney changes with a non-obstructive nephrolith in the right kidney and a chronic infarct in the left kidney

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, given this patient's reported acute diarrhea flare up, 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, as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease. Recommendations include contacting Texas A&M GI Laboratory for recommendations regarding discontinuation of Metronidazole and/or Tylosin prior to obtaining a sample for PCR submission.

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Additionally, as is reportedly already in place, a probiotic such as Visbiome or Provable is recommended. Empirical deworming with a 5-day course of Panacur should be considered, and if tolerated, transition in diet based on trial and error response, could be considered, beginning with a hydrolyzed protein diet. Some patients respond better to one brand or version of hydrolyzed protein diet versus another, so several trials are sometimes warranted.

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Ultimately, however, if clinical signs persist, biopsies of the GI tract, ideally off of steroids if possible, would likely be necessary to definitively diagnose and therefore most effectively manage this patient's chronic gastrointestinal signs.



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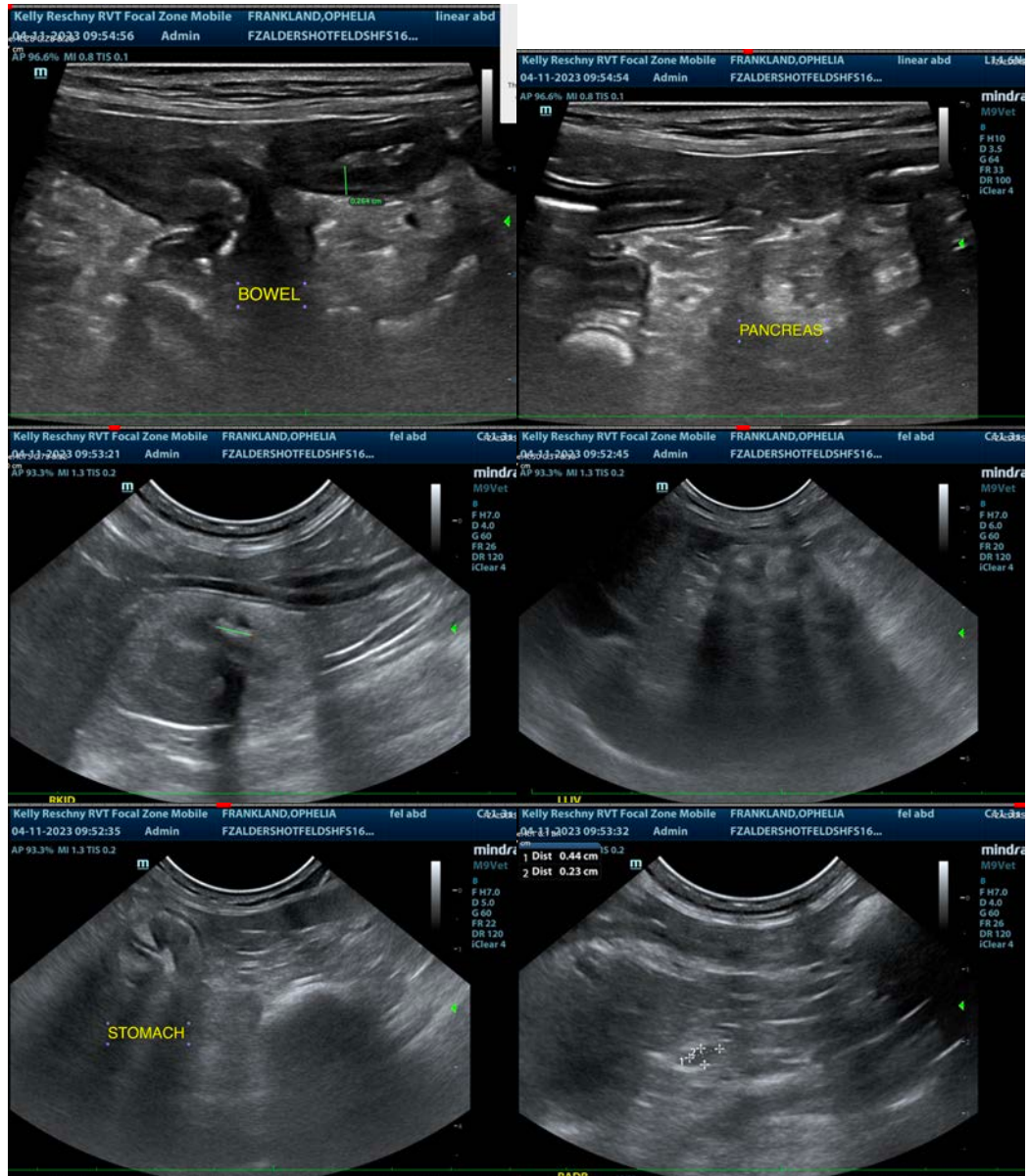
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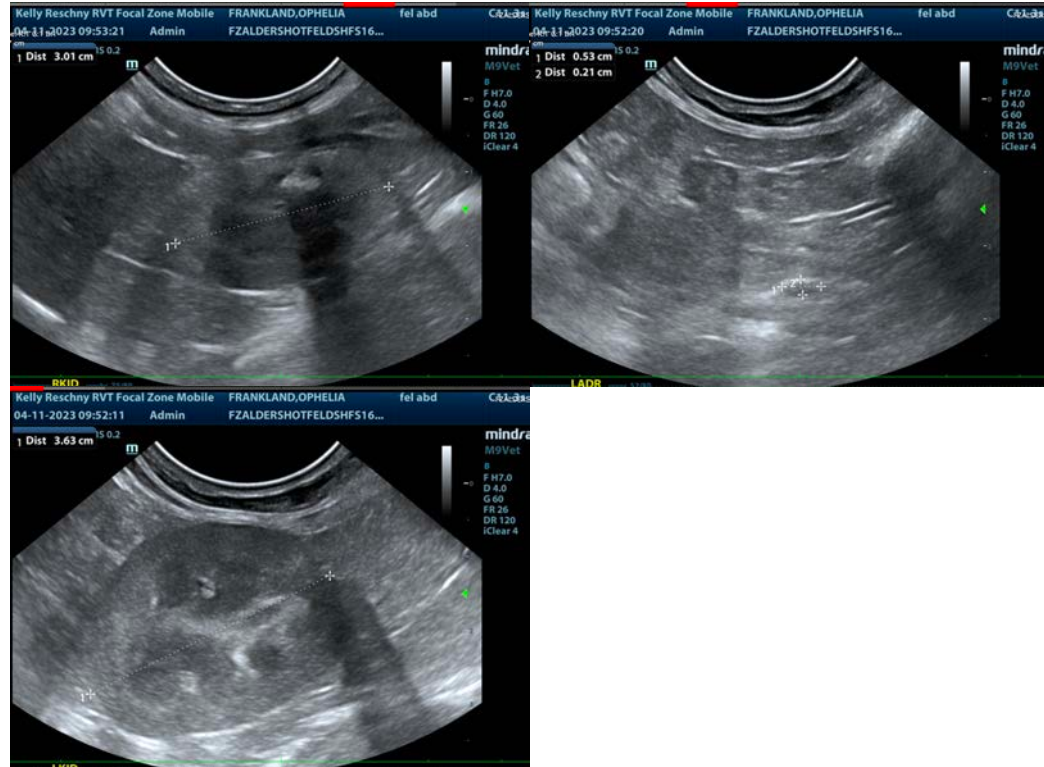
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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