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Clinical Sonography & Telecytology
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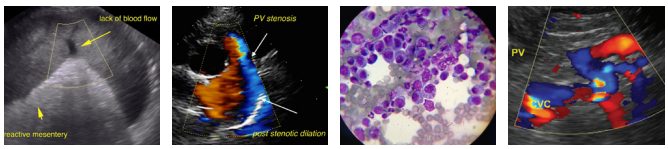


PATIENT
Sophie Kohring

SPECIES
Feline

BREED
Ragdoll

SEX
Spayed Female

AGE
1 Year 6 Months

WEIGHT
6.1 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Carissa Rhoades

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Kim Allyn

INVOICE
36785

DATE
4/6/22

PRESENTING CLINICAL SIGNS

Ever since Sophie was a kitten she would get diarrhea on and off. They found out that Sophie is allergic to chicken so they changed her food and that food cleared up her diarrhea but now that food is on back order and for the past few days Sophie has not been acting like herself. She has had less energy and she is not eating as much. Laurie also thinks she has lost weight. They are now feeding her a hydrolyzed diet because the other is on back order.
Abnormal PE/Chem/CBC/UA Results: PE: Mucous Membranes TACKY, 5% DEHYDRATED UNCOMFORTABLE TO ABDOMINAL PALPATION CBC: Hematocrit 29.2% WBC 20.4 K/Ul Neutrophils 16.96 K/ul CHEM: Potassium 4 mmol/L Globulin 5.1 g/dl ALP <10 U/L GGT 17 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.6 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 (3.2 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.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 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.

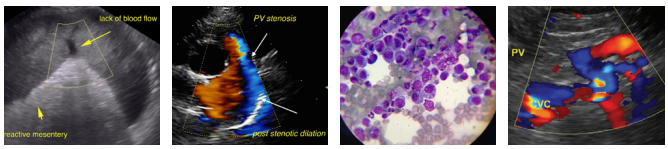
Liver

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.

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.



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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.

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

Pancreas

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.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

PRIMARY FINDINGS

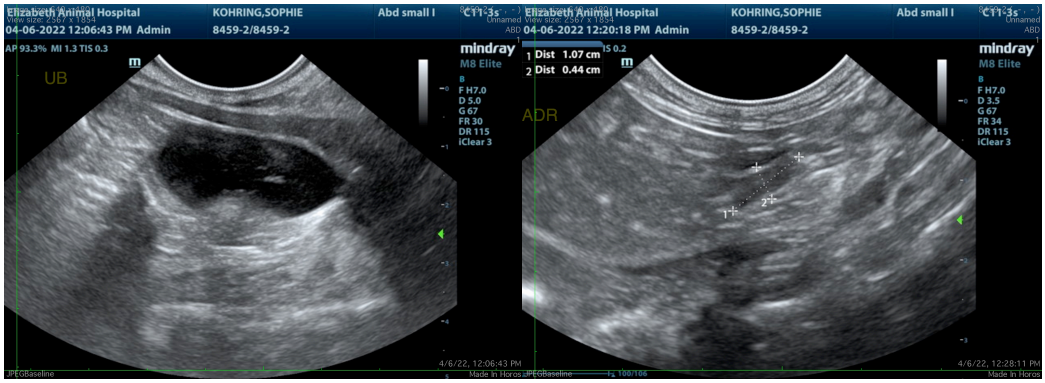
- Primarily unremarkable abdomen without an apparent reason for diarrhea and/or weight loss

SECONDARY FINDINGS

- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A dietary, allergy or food sensitivity is still likely, given this patient's history and an ultrasonographically normal appearing small bowel. Recommendations could include a gastrointestinal malabsorption panel with a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as an enteropathogen PCR fecal panel to Texas A&M GI laboratory to rule out concurrent contributors to this patient's relapse, especially given this patient's high globulin level and mild anemia. However, given the historical response to diet change, therapeutic recommendations in the meantime include finding an alternate available hydrolyzed or novel protein diet. Empirical deworming with a 5-day course of Panacur could also be considered.



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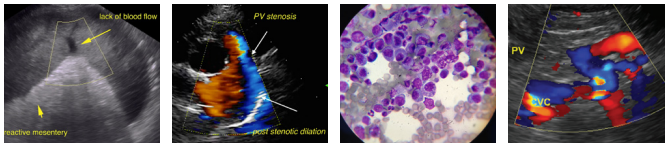

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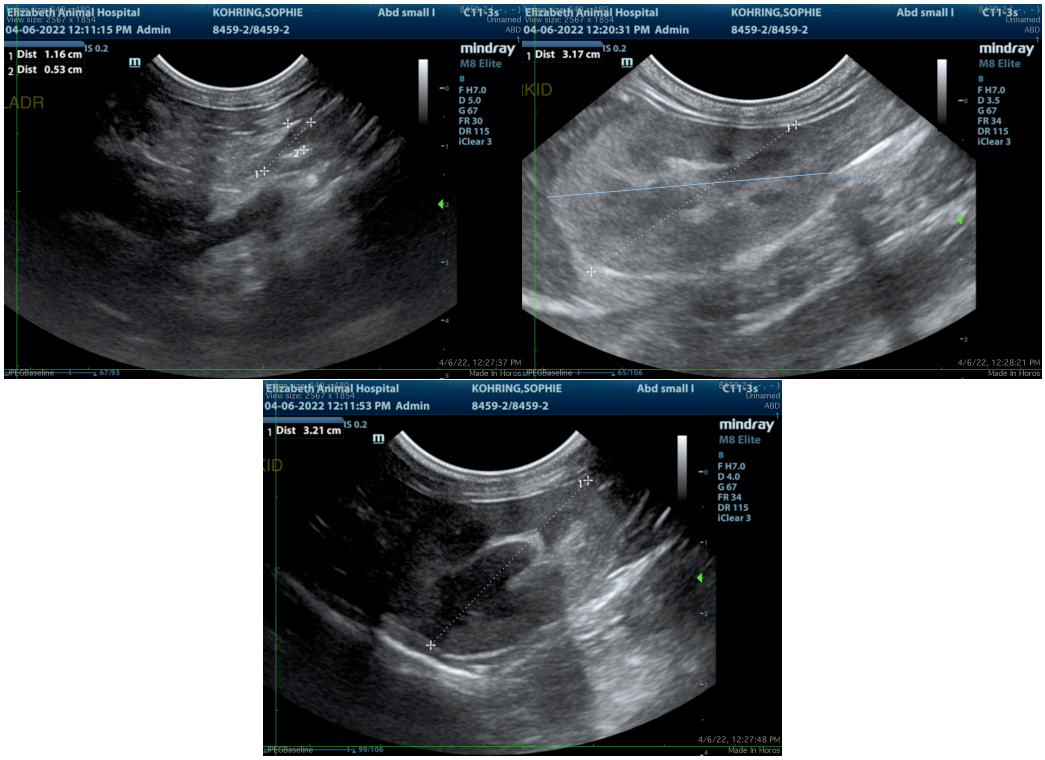

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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