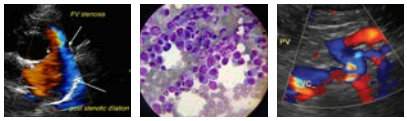
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

6/14/22

PATIENT

Baby Bird Hartley

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

2016

WEIGHT

9.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

38686

PRESENTING CLINICAL SIGNS

Presenting Complaint:
Vomiting

Inappetence
History: Date: 06-14-2022 Notes: seen on 5/26, thickened bowel and vomiting, new hyperthyroid now has TD pen for methimazole- just got-- was having trouble with pills Had depo shots on 4/18 and 5/26 from RDVM - tentative IBD/vomiting Seen at AMC belair on Sunday -- script budesonide, z/d diet gave maropitant (and new TD pen) continues to vomit and have diarrhea, weak and dehydrated.

Assessment:
Discussed with owner IBD vs lymphoma vs occult fb vs other.

Already treating as IBD, but cannot rule out the other issue.

She is very depressed and dehydrated - recommend admit for IVF and supportive care, then get US.

Chem10 lytes today was wnl

Medications: Oral Buprenorphine 0.3mg/ml, Azithromycin Mini Melt Tablet 50mg, Potassium Chloride 2mEq/mL Injection (Per mL), Proviable Kit - Feline/Small Dog, Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Vitamin B12 1,000mcg/mL Injection (Per mL).

Lab Results: Attached
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

The right kidney is normal in size (4.19 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 (4.21 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 (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 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.

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely markedly thick muscularis layer relative to mucosa. 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 pancreas is prominent, hypoechoic to surrounding tissue, and mildly coarse in appearance with enhanced hyperechoic peripancreatic fat. No free fluid is appreciated, no duct dilation is noted.

Free Abdomen
There is no evidence of peritoneal effusion. Mild hypoechoic mesenteric lymphadenopathy is noted.

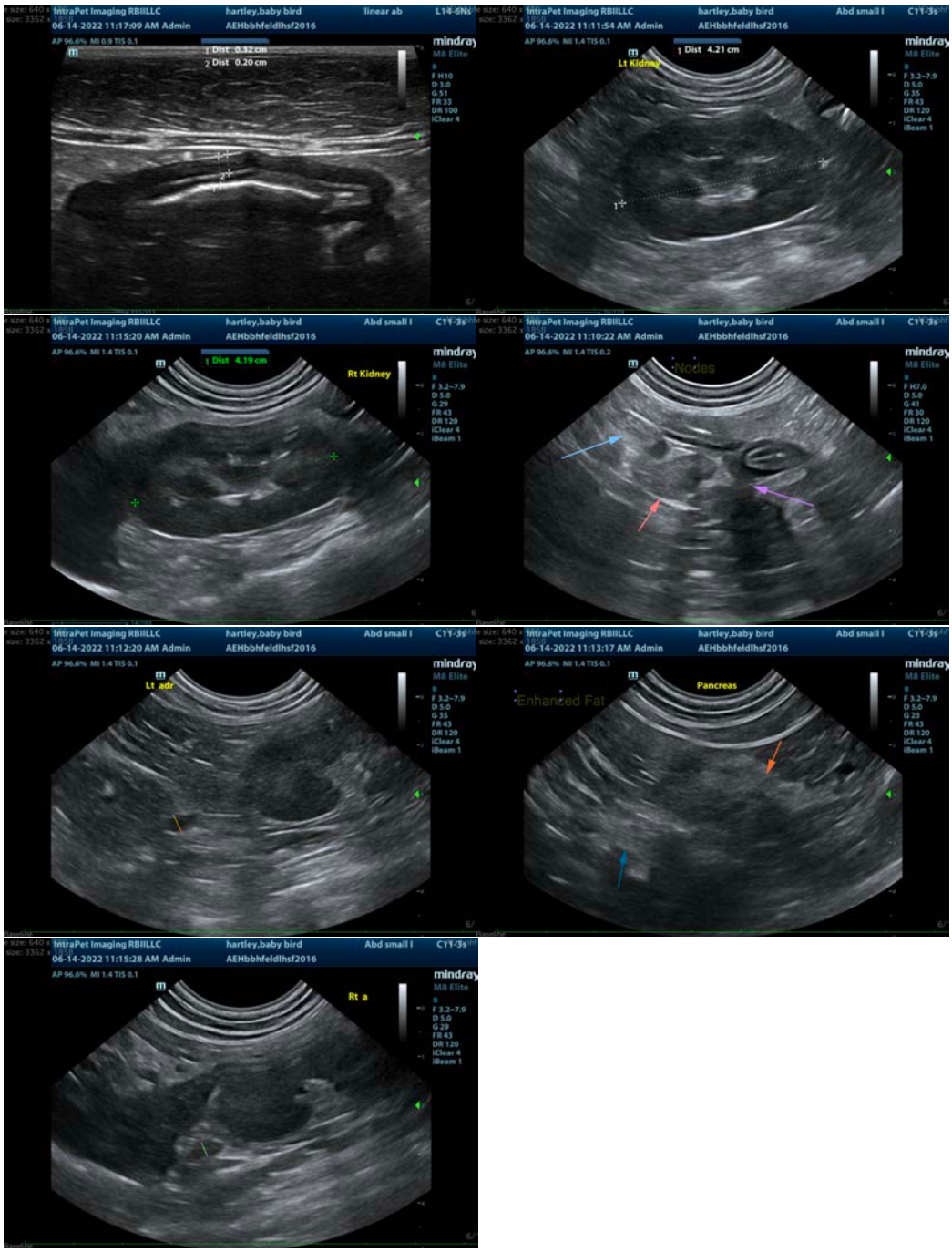
ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis or acute on chronic smoldering pancreatitis.
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Mesenteric lymphadenopathy – most likely reactive. Infiltrative neoplasia cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of both the bowel and pancreatic function. Ideally, biopsies of the bowel, being sure to include ileum, if possible, would be obtained for definitive diagnosis of the infiltrative small bowel process. In the meantime, aggressive management of acute pancreatitis with fluid support, antiemetics, gastroprotectants, appetite stimulants, pain management as needed, +/- broad-

spectrum antibiotics, and in this patient, potassium supplementation, are all recommended to further stabilize before considering the above mentioned biopsies.



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
Beth.Johnson@sonopath.com