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Clinical Sonography & Telecytology
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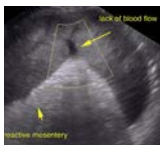
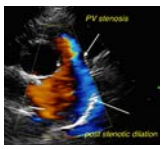
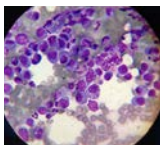
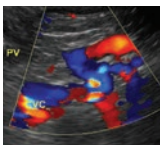





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Boo Baumgarth

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gogluizza

HOSPITAL NAME

Evendale Blue Ash Pet Hospital

REFERRING VET

Dr. Gogluizza

INVOICE

43561

DATE

6/28/23

PRESENTING CLINICAL SIGNS

Recheck ultrasound from 1/28/22 and 4/21/22. Prev diagnosis of pancreatitis, cobalamin deficiency, GI disease (IBD v. lymphoma) Current medication: B-12 injections, Prednisolone 2.5mg SID Has been stable the last year, annual wellness in April went well and recheck PLI in May showed improvement. On 6/26/23, patient presented with anorexia since 6/24 and vocalizing in the litterbox. Owner administered 50ml SQF at home over that weekend. Started IVFT and sent out CBC/Chem/UA/PLI. Administered ondansetron 0.2mg/kg. At discharge, patient started leaking bloody diarrhea from rectum. Continued IVFT on 6/28 and 6/29 woth ondansetron 0.2mg/kg BID and buprenex 0.01mg/kg BID after seeing PLI result and added in metronidazole BID for the diarrhea. Patient has not improved very much - still isn't interested in eating despite receiving mirtazapine, today is the first day she wasn't actively leaking diarrhea like the previous days. Owner has multiple cats at home and is unable to seclude patient for feedings where she won't eat the other cats food and feeding everyone GI food is not economical for them.

Abnormal PE/Chem/CBC/UA Results: bloodwork from the last year is attached BW from 6/26 showed increased kidney values and increased PLI

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 (3.72 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 (3.82 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 unable to be well visualized in these images.

The left adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is unable to be well visualized in these images.

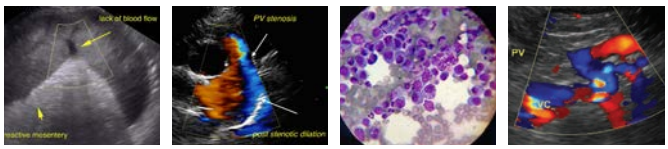
Liver

The caudal edge of the liver and the caudal edge of the gallbladder visualized and appear normal. However, the full organs are unable to be well visualized in these images.

Gastrointestinal

The stomach is unable to be well visualized in these images.

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



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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 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.

Free Abdomen

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

The lymph nodes adjacent to the pancreas and medial to the spleen are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

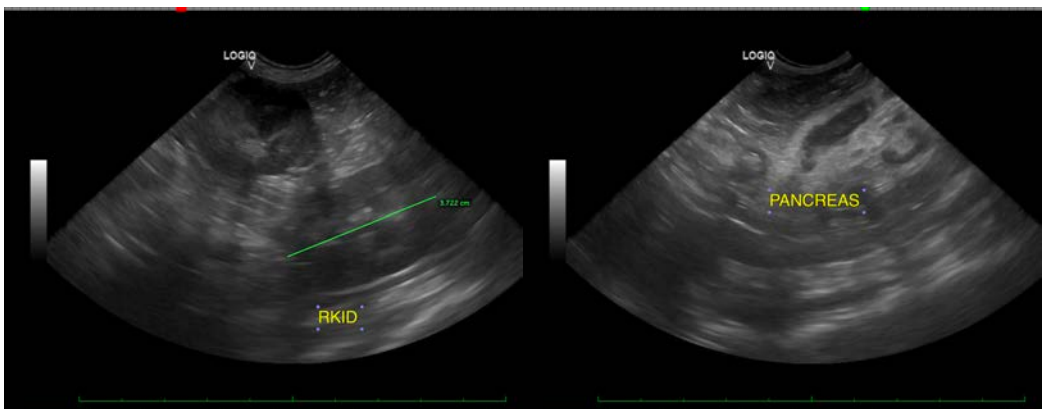
- Acute pancreatitis, potentially acute on chronic smoldering pancreatitis, is suspected, surrounded by reactive lymph nodes.
- Reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive/symptomatic medical management of pancreatitis is recommended in the form of antiemetics, gastroprotectants, an appetite stimulant or nutritional support as needed, pain management if clinically indicated, broad-spectrum antibiotics, and fluid therapy. Additionally, a probiotic such as Visbiome or Proviable may help with the reported diarrhea.

If possible, prior to starting antibiotics, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact the lab for recommendations on how long to discontinue Metronidazole prior to obtaining a stool sample for submission.

In the meantime, additional empirical therapeutic recommendations are empirical deworming with a 5-day course of Panacur.



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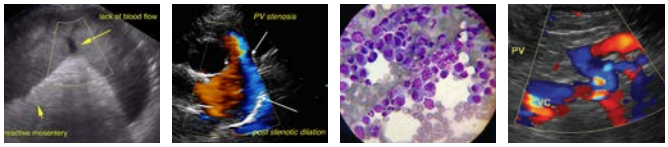

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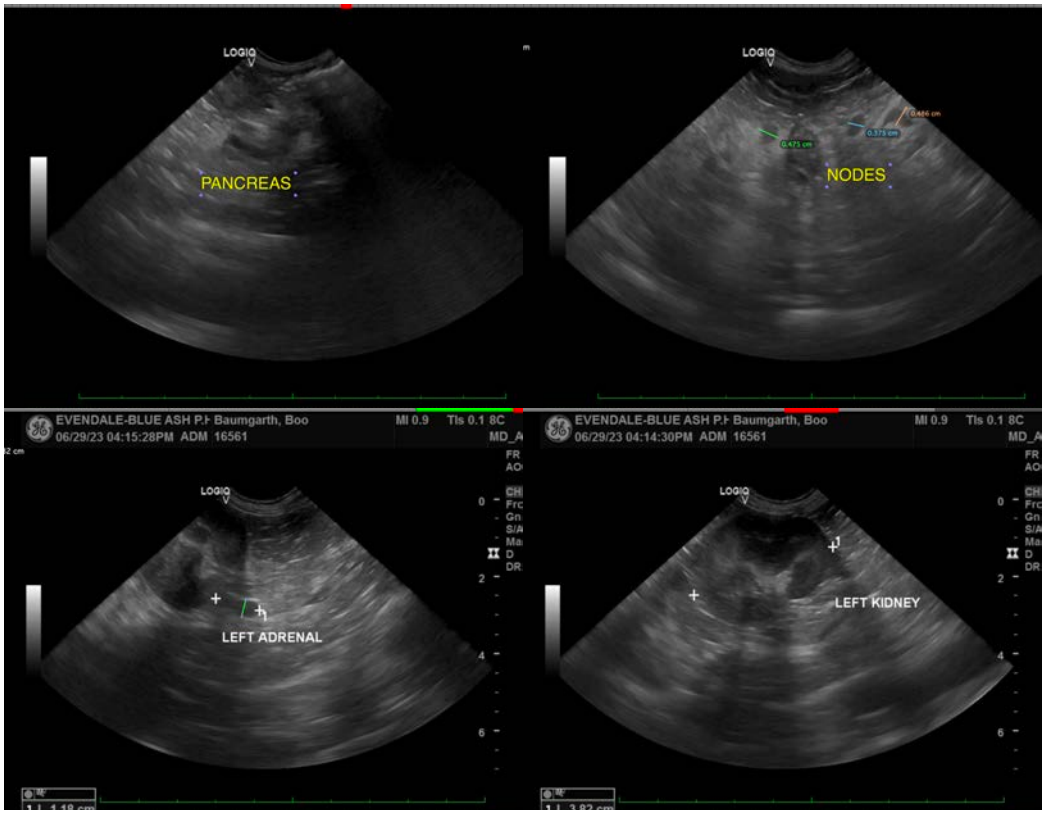

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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