

**DATE**

6/7/22

PRESENTING CLINICAL SIGNS

Pet began having vomiting episodes. Increased Anxiety (Noted to happen when o away). Increase vomit 6/2/22 AM 2 with Kibble + 3 other spots liquid with orangey color (Meow mix). Weight loss from 9lbs to 7.9lbs (10% body weight).

PATIENT

Chloe Ziemniak

Current Medications: 6/3/2022: Cerenia Sub Q 0.36cc, Convenia Sub Q 0.36cc, Sub Q fluids 100cc, B12 0.25cc, Mirataz. Consider 100mg Gabapentin evening prior to appt and 90 mins prior.

Lab Results: PE= NSF Stage 1 Tartar. AST increase 126, ALT increase 163, Tbili increase 0.8, Triglycerides decrease .21, Neutro increased 8840. UA: USG 1.040, Protein 1+, RBC slight, Cysto performed, Soft stool.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: IV 0.05-0.1cc Torb/Midaz/Ket

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Spayed Female

Left kidney is normal in size (3.47 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

6/5/09

Right kidney is normal in size (3.53 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

7.9 lbs

Adrenal Glands

Left adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAME

Bel Air VH

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Stevenson

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

INVOICE

30906

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

The pancreas is mildly prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogeneous to hypoechoic echogenicity. There is no evidence of enhanced surrounding tissue and/or free fluid.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

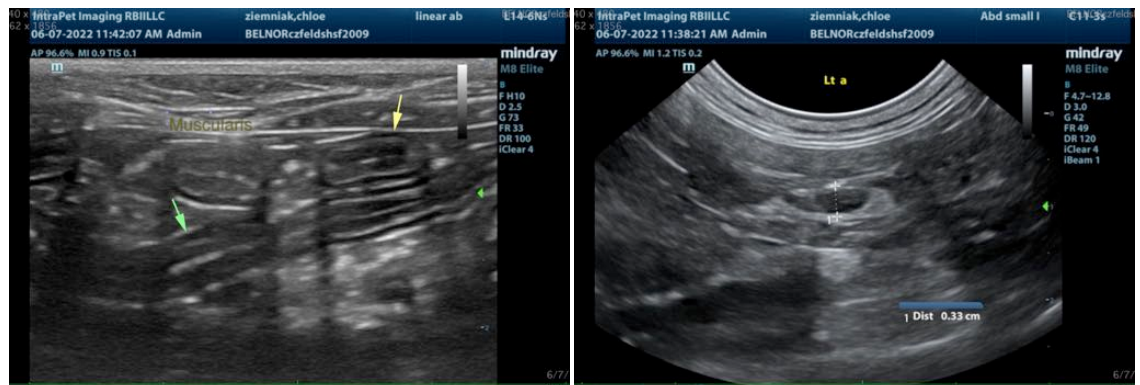
PRIMARY FINDINGS:

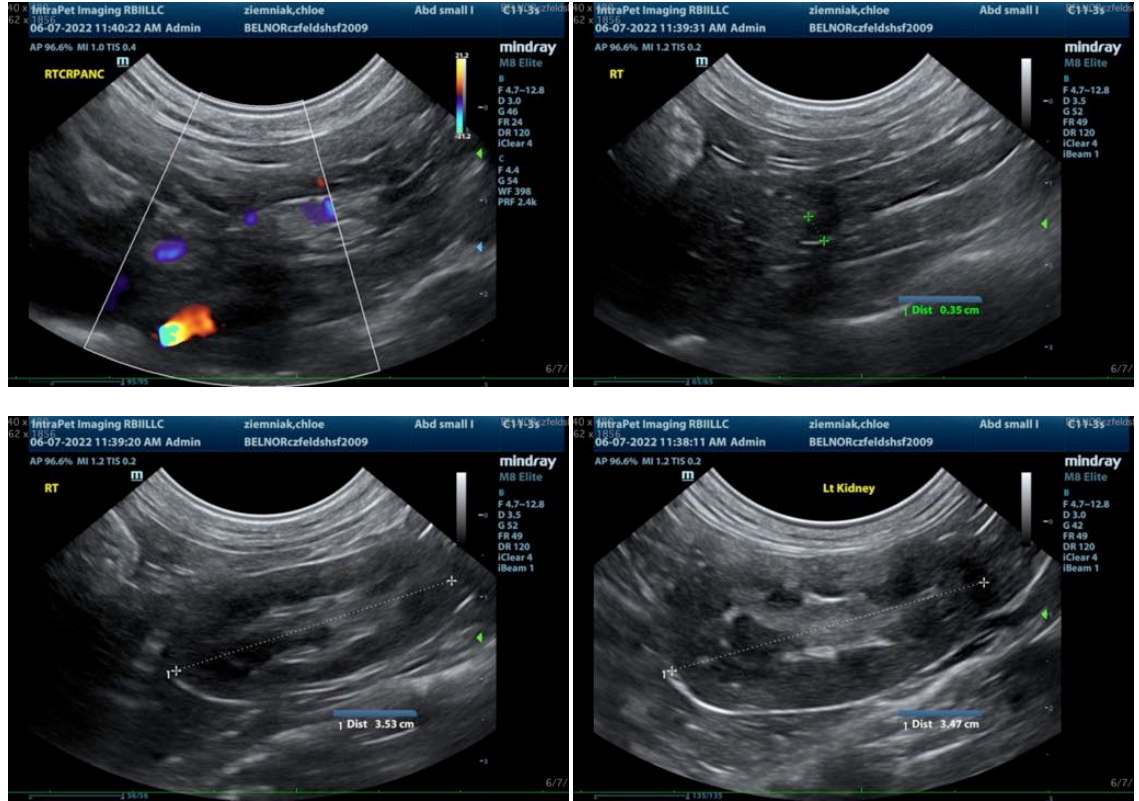
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Chronic smoldering pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include:

1. Gastrointestinal malabsorption panel with TLI, PLI, folate and cobalamin to Texas AM GI laboratory for further assessment of gastrointestinal and pancreatic function.
2. If not recently evaluated T4 and free T4 is recommended.
3. Ultimately biopsies of the small bowel may be necessary to definitively diagnose and therefore medically manage this patient's underlying infiltrative bowel disease. However, in the meantime, management of "triaditis" with antiemetics, gastric protectants, appetite stimulant if necessary and broad spectrum antibiotics +/- pain management if necessary is recommended, in addition to fluid therapy if there are clinical signs of dehydration.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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