



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kip Reed
SPECIES Feline
BREED DSH
SEX Neutered Male
AGE 9 Years 11 Months
WEIGHT 4.16 kg

Chronic diarrhea, DDX: previous echo and AUS 1) Mild interminant LVOTO and SAM 2) Secondary MR 3) Borderline LVW dimensions 4) Mild remodeling and fibrosis of the LV 5) Early cardiac disease 6) Moderate acute pancreatitis 7) Thickened Sm Intestine mucosa (IBD vs LSA) 8) Splenic nodule (benign suspected vs possible neoplastic) 9) GB disease 10) UB debris (Cellular vs crystalluria)
 Abnormal PE/Chem/CBC/UA Results: Cat has soft pale diarrhea that leaks out of anus. Positive C. perfringens (CPA) on PCR stool sample . Fecal neg O&P and Fecal AG test Negative Blood work in April Unremarkable

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 (4.0 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 (3.86 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 (0.42 cm at the cranial pole and 0.32 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.23 cm at the cranial pole and 0.31 cm at the caudal pole), 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). Splenic vasculature appears normal. No evidence of the previously mentioned splenic nodule in these images.

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. No evidence of the previously described gallbladder debris.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Vet Hospital

REFERRING VET

Dr. Brian Barnes

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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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

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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. No evidence of the previously described acute inflammatory changes around the pancreas.

AGE

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Free Abdomen

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

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- 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.
- The remainder of the previously noted pathology is not present in these images, and has seemingly resolved.

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Dr. Brian Barnes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's profuse diarrhea and diagnosis of clostridium, recommendations are to treat the clostridium. Several antibiotics can be tried. Given the long term of treatment sometimes necessary (several months in some case), I personally prefer Tylosin, due to the safety long-term. If this patient is immunosuppressed or exposed to raw meat, both of those underlying predisposing risk factors for clostridium should be addressed.

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Clostridium overgrowth can occur secondary to other underlying bowel disease. Therefore, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended.

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If managing the clostridium doesn't result in improvement of diarrhea and/or there is evidence of a malabsorptive disorder on the malabsorption panel, biopsies of the small bowel, being sure to include the ileum, may be necessary to definitively diagnosis and therefore medically manage this patient's underlying disease.

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Other empirical supportive measures while managing the clostridium could include addition of a probiotic such as Provable capsules and Provable paste until the stool has more form, the addition of fiber to the diet, and/or transition to a novel or hydrolyzed protein diet, all on a trial and error basis.

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Lastly, if a urinalysis has not been recently evaluated, urinalysis and culture would be recommended, giveb the urinary bladder debris.

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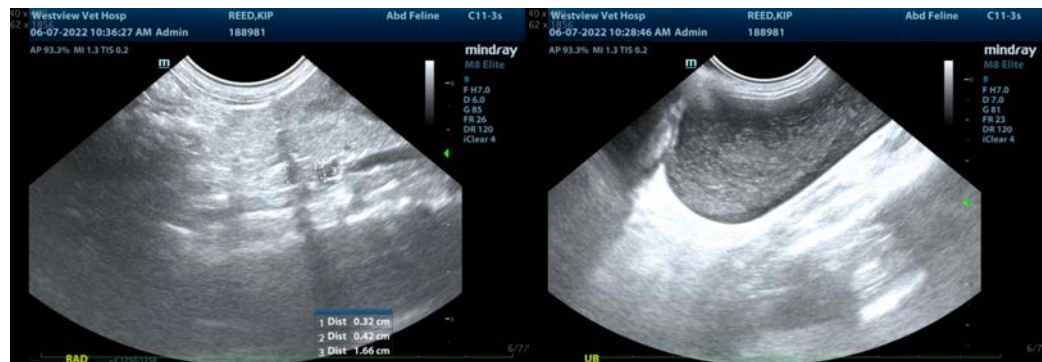
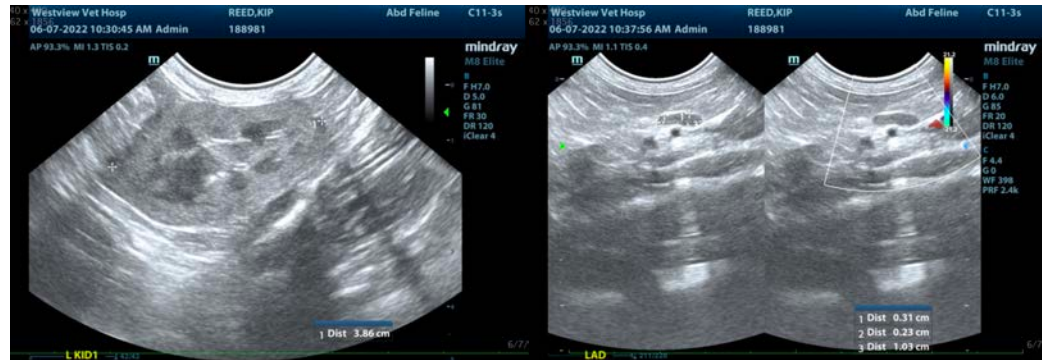
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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