

**DATE PRESENTING CLINICAL SIGNS**

7/20/23

Initially seen 7/5 for ingestion of tampon wrapper - attempted to induce vomiting. After discharge did vomit 1x Rechecked 7/11 because owner had noted him trying to vomit on pet camera - no vomitus found DX Chem 10 - NSF X-Rays - non obstructive TX supportive care - IV fluids maropitant & ondansetron Beginning Sunday - started acting lethargic - decreased appetite and started with diarrhea. Rechecked 7/18 - rechecked - Xrays performed Cerenia inj. SQ fluids Dispensed - metronidazole liquid, panacur and bland diet. After going home only ate small amount of treat. Rechecked today rDVM - xrays area of concern evident Referral today 7/19 Felv and FIV neg 10/16/2021.

PATIENT

Dudley Walters

SPECIES

Feline

Current Medications: Ampicillin, Metronidazole, Protonix, Buprenorphine.
Lab Results: See attached.

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****AGE**

8/3/21

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate to large amount of echogenic non-shadowing debris, which could be partially consistent with incidental suspended lipid in a cat, likely combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

19.5 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM

Kidneys are large in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 measures 5.71 cm. The right kidney measures 5.03 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

The right adrenal gland is normal in size (0.57 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Saubier

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

44211

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 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 cecum is mildly prominent and mildly fluid filled. 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 free peritoneal effusion noted in these images.

The mesenteric lymph nodes 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

- Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney.
- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Mildly prominent cecum – could be suggestive of typhlitis secondary to parasitic, infectious, bacterial, other benign inflammatory, less likely infiltrative neoplastic disease.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen is recommended, beginning with a CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present

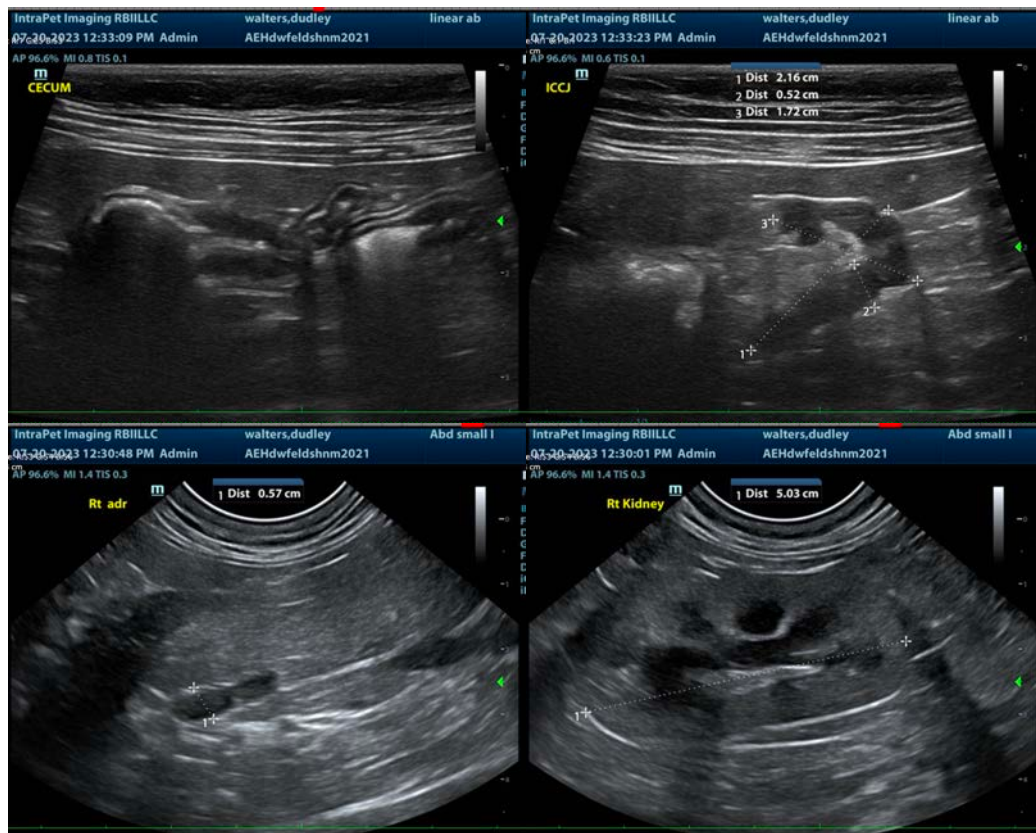
in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

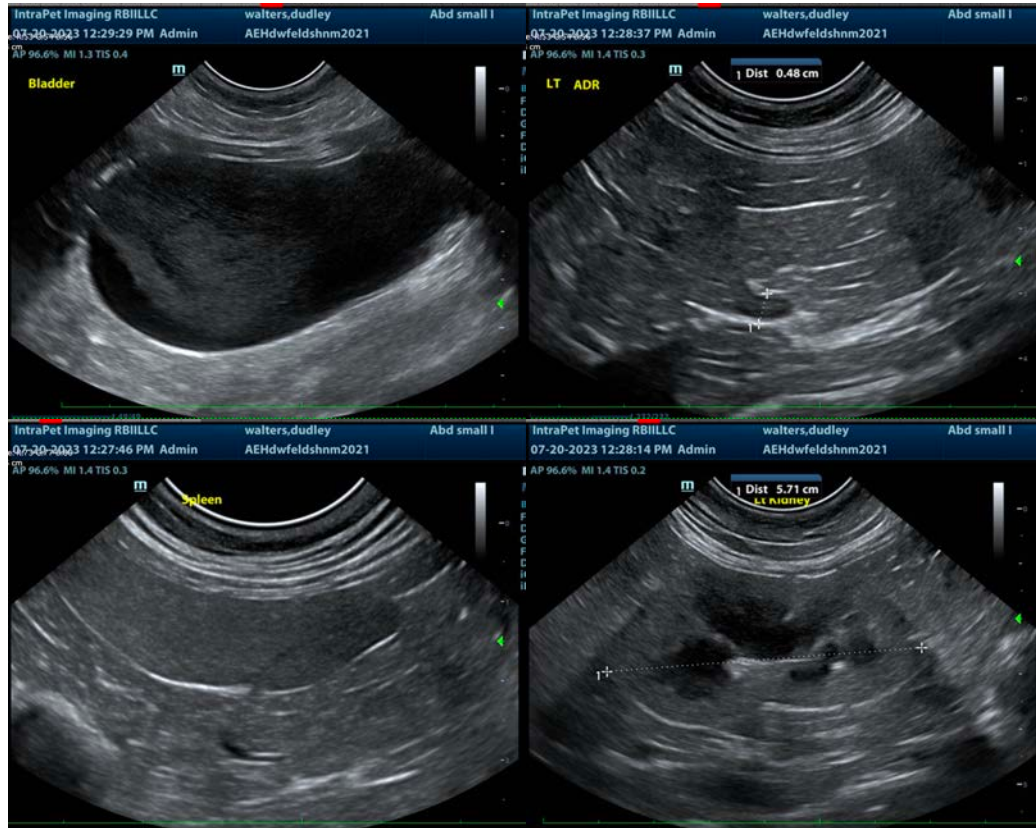
Further evaluation for parasitic, infectious, other maldigestive/malabsorptive conditions is recommended, beginning with:

- A fecal exam if not recently evaluated.
- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue Metronidazole prior to obtaining a stool sample for submission.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, continued supportive/symptomatic medical management of gastrointestinal signs is recommended in the form of antiemetics, gastroprotectants, appetite stimulant if necessary, a probiotic such as Visbiome or Provable, as well as empirical deworming with a 5-day course of Panacur, which was reportedly already started.

Further diagnostic and treatment recommendations are dependent on above results.





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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