



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daphne Hyre

SPECIES Feline

BREED Domestic Shorthair

SEX El-sf

AGE 8 years

WEIGHT 8.02 lbs

Chronic vomiting reported 12/23/2021. Normal body score, however mild chronic weight loss. Exploratory laparotomy was performed 1/3/2022: Histopathologic Diagnosis: Stomach, Fundus: Minimal mucosal Helicobacter colonization. Small intestine: Mild, multifocal lymphoplasmacytic and minimal eosinophilic enteritis (INFLAMMATORY BOWEL DISEASE/IBD) Trial treatment for Helicobacter and IBD begun: Metronidazole x14d; AmoxiClav; Omeprazole x14d; Apoquel; Provable; hydrolyzed protein diet. 1/17/22 No vomiting. All medications were continued except Apoquel. 2/21/22: A healthy appetite reported with no diarrhea. Vomited is alot better, vomited a couple of times 5/4/2022: Decreased appetite. She lost an additional 0.28 pounds w/ normal body score. CBC results normal. GI panel results -PLI, TLI, folate, and cobalamin are all within normal limits. Continued Apoquel and Hills z/d. 3/21/2022: No vomiting. Hyporrexia. Currently: Apoquel and Hills z/d. Lost 0.2 pounds. CBC results normal. Continued current treatment. 6/30/2022: Eating much better. Feeding z/d and Apoquel. Daphne lost an additional 0.34 pounds. Normal body score. Trial treatment with Cerenia started. 7/4/22: Hyporrhexia. No diarrhea, no vomiting. Started giving Cerenia on 6/30/22, but Daphne does not appear to dislike the Cerenia. Current Medications and supplements, dose, and how often: Cerenia. No apparent pain on abdominal palpation. The fPLI, CBC and chemistry panel results are normal. Discontinued putting Cerenia in the food. RX: Mirtazapine 7/5/22: Eating very little. VITALS: Temperature: 101.8 Heart Rate: 148 bpm Respiratory Rate: 48 bpm Mucous Membrane Color: pink Capillary Refill Time: <2 CURRENT DIET Food eating (brand and type): Hills Z/D canned food, occasionally dry Z/D, hydrolyzed protein treats CURRENT MEDICATIONS: Cerenia started 6/30/22. Apoquel, Mirtazapine given yesterday. Revolt EXAM FINDINGS: No apparent pain on abdominal palpation. Gained 0.12 pounds. PAIN WHEN ULTRASOUND PROBE IS OVER THE PANCREAS ADDENDUM on 7/5/2022 at 14:24:07 from Agnes E. Rupley, DVM, ABVP Apoquel was discontinued and prednisolone begun. Entyce was begun as well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly 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.

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Dr. Rupley

HOSPITAL NAME

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Kidneys are normal in size (left kidney measured 3.8 cm and the right kidney measured 3.87 cm) 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. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely.

REFERRING VET

Dr. Rupley

Adrenal Glands

Left adrenal gland is normal in size (0.42 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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Right adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

DATE

7/5/22



PATIENT *Spleen*

Daphne Hyre Spleen is unable to be well visualized in these images.

SPECIES *Liver*

Feline

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.

BREED

Domestic Shorthair

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.

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Gastrointestinal

AGE

8 years

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

WEIGHT

8.02 lbs

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty (except for the proximal duodenum) with no evidence of obstruction, foreign material or infiltrative disease. The proximal duodenum was mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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Urinary bladder debris. Otherwise, unremarkable abdomen.

Evidence of infiltrative small bowel disease could be masked by the recent administration of steroids.

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WEIGHT

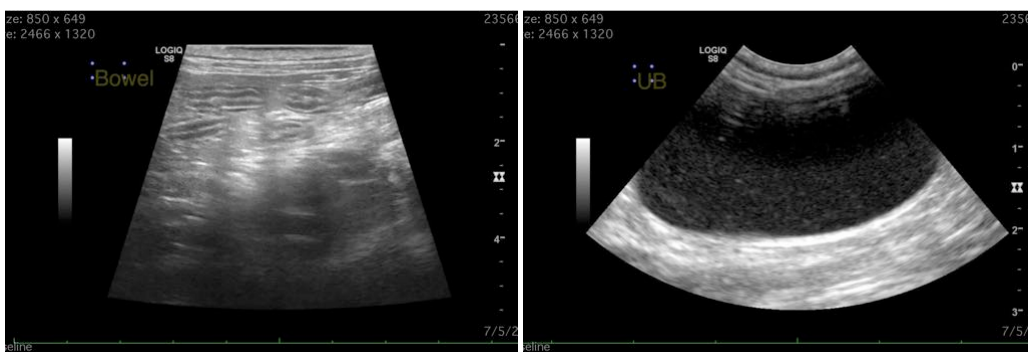
8.02 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient:

Given the lack of complete clinical resolution with medical management other than steroids up to this point, the addition of steroids as has reportedly recently been done is recommended. If that does not resolution of clinical signs weight gain, etc. other considerations can include transition to a different novel or hydrolyzed protein diet as some patient's respond to different varieties better than others. Finally given the eosinophilic component to the biopsies empirical deworming with a 5 day course of Panacur is recommended.

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



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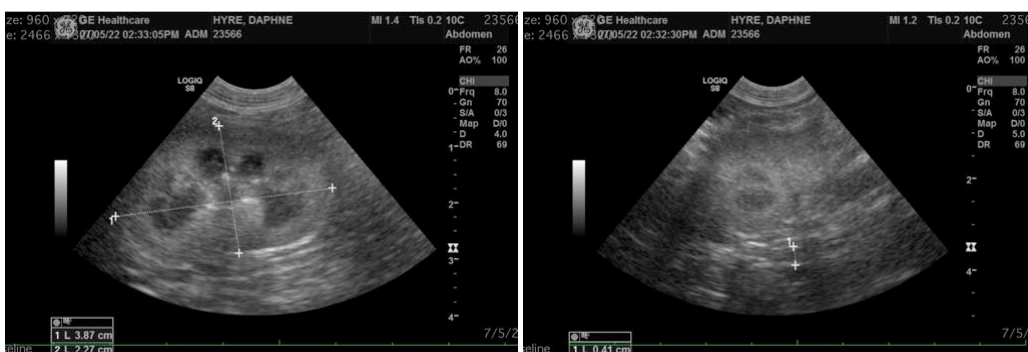
Dr. Rupley

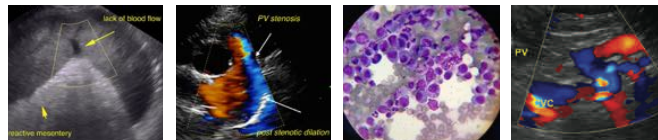
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PATIENT

Daphne Hyre

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.

SPECIES

Feline

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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Beth.Johnson@SonoPath.com

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