


PATIENT PRESENTING CLINICAL SIGNS

Todd Bernard
SPECIES Feline
BREED Abyssinian

History: Owner has had since 24 hours old, raised and bottle fed with sibling (also still owns). At ~8 months old was started on prednisolone for long history of persistent diarrhea that was not antibiotic or diet responsive. Did have abdominal ultrasound but was inconclusive at that time. Most recent diet is Fiber response which has controlled diarrhea in both cats, and they have been able to come off of prednisolone (off for approx 1 month) Prior to weaning off of prednisolone (dose at that time was 2.5 mg twice weekly) Todd began vomiting/regurgitating his food shortly after eating. Stopping pred has not worsened problem. Started about 4-6 weeks ago. Feeding small meals helps. Did attempt a fecal transplant using oral capsules from AnimalBiome.com however it was stopped as Todd was vomiting capsules up with his food.

Abnormal PE/Chem/CBC/UA Results: April 2023 all bloodwork WNL including fPLI

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male
AGE 5 years

Urinary System
 Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, or echogenic sediment are observed. A 0.70 cm in diameter cystolith is noted. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT 6.1 kg

Left kidney is normal in size (4.00 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.

Right kidney is normal in size (3.98 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.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Adrenal Glands

Left adrenal gland is normal in size (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

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Liver

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.

REFERRING VET

Visconti

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

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

DATE

7.6.23


PATIENT

Todd Bernard

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 with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Feline

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas
BREED

Abyssinian

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.

Free Abdomen
SEX

Neutered Male

Medial iliac 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
AGE

5 years

Findings

- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

WEIGHT

6.1 kg

- A 0.70 cm urinary bladder cystolith is noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

There is no ultrasonographically visible explanation for this patient's chronic diarrhea present in these images at this time. However, given the history, steroids could partially be masking change, and infiltrative bowel disease cannot be ruled out. Given the young age at which the diarrhea started, further evaluation of parasitic and/or infectious diseases is recommended via a fecal exam (if not recently evaluated) as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Additionally, 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.

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Given that the vomit is reported as vomit/regurge, thoracic radiographs are also recommended (if not recently evaluated) to further evaluate the esophagus. Ultimately however, if clinical signs persist and a diagnosis is not obtained, upper GI esophagoscopy, gastroscopy, endoscopy, etc., may be indicated for both visual evaluation, as well as biopsies.

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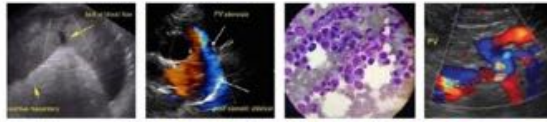
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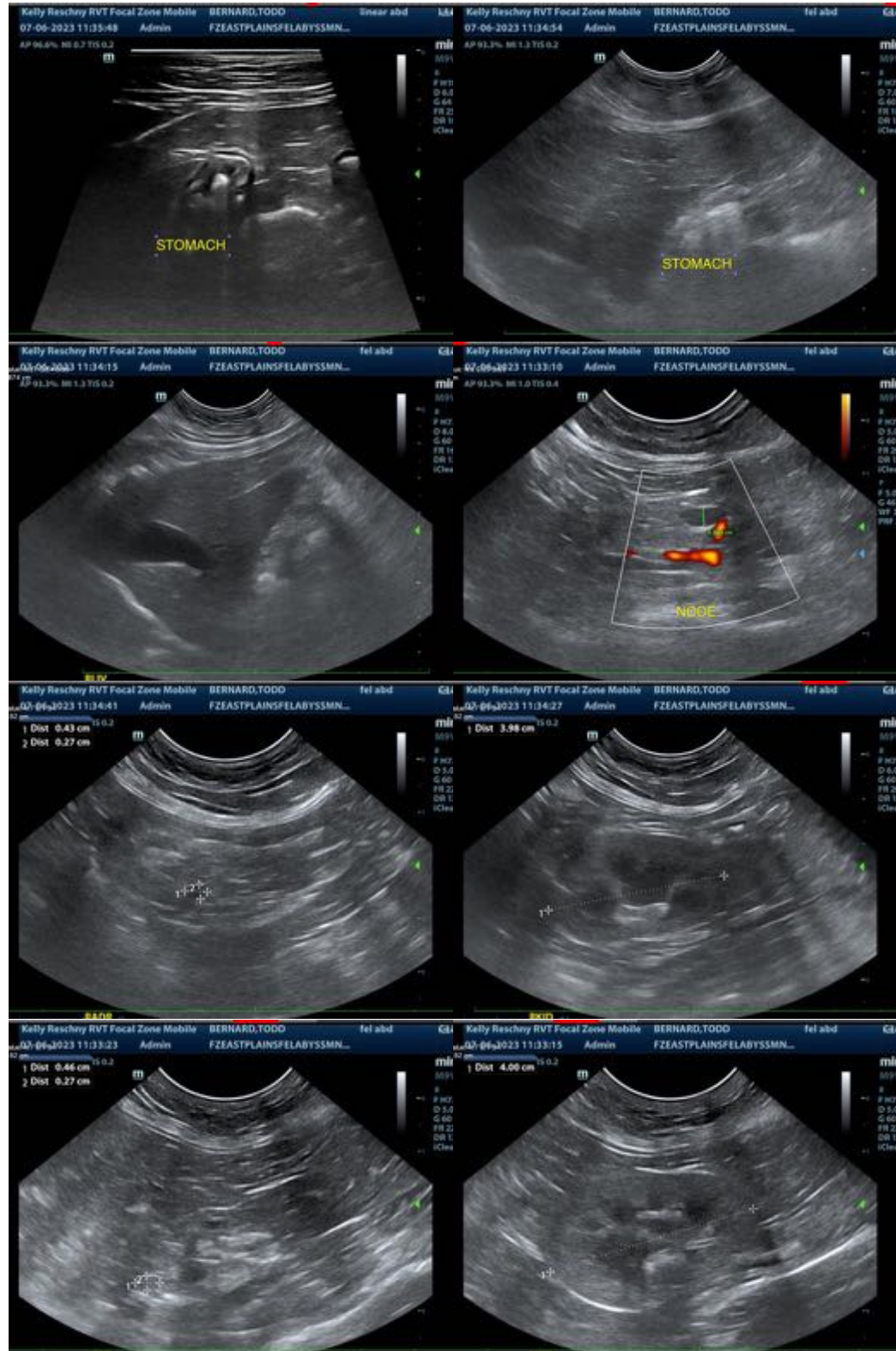
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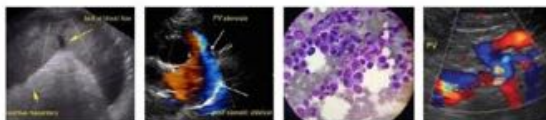
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM
info@SonoPath.com