

**DATE PRESENTING CLINICAL SIGNS**

8/16/23

Vomited six times in the past week. e/d well, no c/s and normal energy levels. Stool soft but no diarrhea at this time. Fever of 104.9. New heart murmur on exam today. History of several incidents of vomiting and/or anorexia over his lifetime. Most severe was December 2020, p was > 48 hr anorexic and rads showed full stomach. Ex-lap for presumptive FB was negative, biopsies of stomach and adherent splenic tissue were unremarkable, biopsy of SI was inconclusive as not full-thickness. P recovered without incident. Had a few other 48-72 hour episodes. Most recent episode was March of this year. Fever, anorexia, vomiting; F/UO panel unremarkable and FPL wnl, no obvious abnormalities on BW; treated with Convenia, SQ fluids, Cerenia, Elura and p recovered without incident within 24-48 hours of initiating treatment. Feline triple snap negative x 3. Previously diagnosed with asthma, signs are mild and only 1-2x / year so currently unmedicated (rescue inhaler with albuterol is present but has so far not been necessary).

PATIENT

Crispin Flynn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

Current Medications: Metamucil 1 tsp SID, Forti-flora 1 pkt SID

Lab Results: Pending for this episode; GI panel and comprehensive panel. unremarkable from March panel. 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.

AGE

8/8/19

WEIGHT

10.4 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.11 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 (4.34 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 (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Nelson

INVOICE

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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.

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. The pylorus, however, does contain some echogenic non-shadowing luminal contents, most consistent with normal ingesta/chyme but appears patent with no evidence of distention.

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

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

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

- 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.
- The pancreatic changes are relatively mild/subtle. However, low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The pyloric contents described above are most consistent with normal ingesta, given the lack of distention, obstructive pattern, etc.

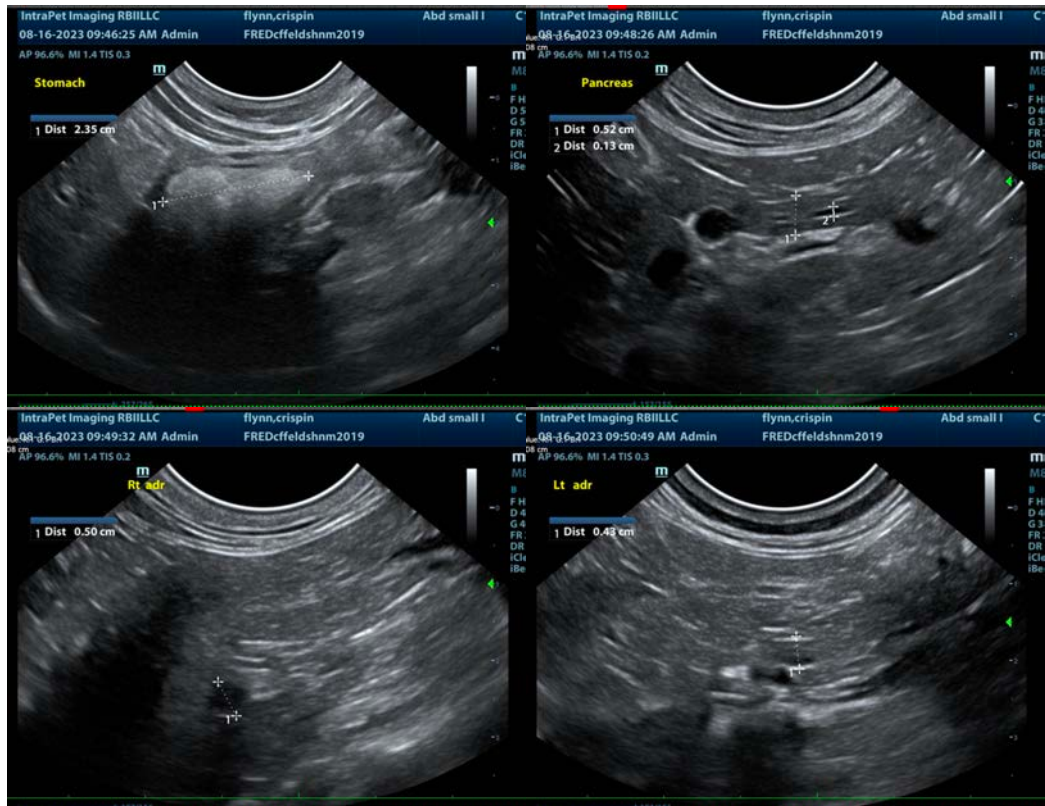
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

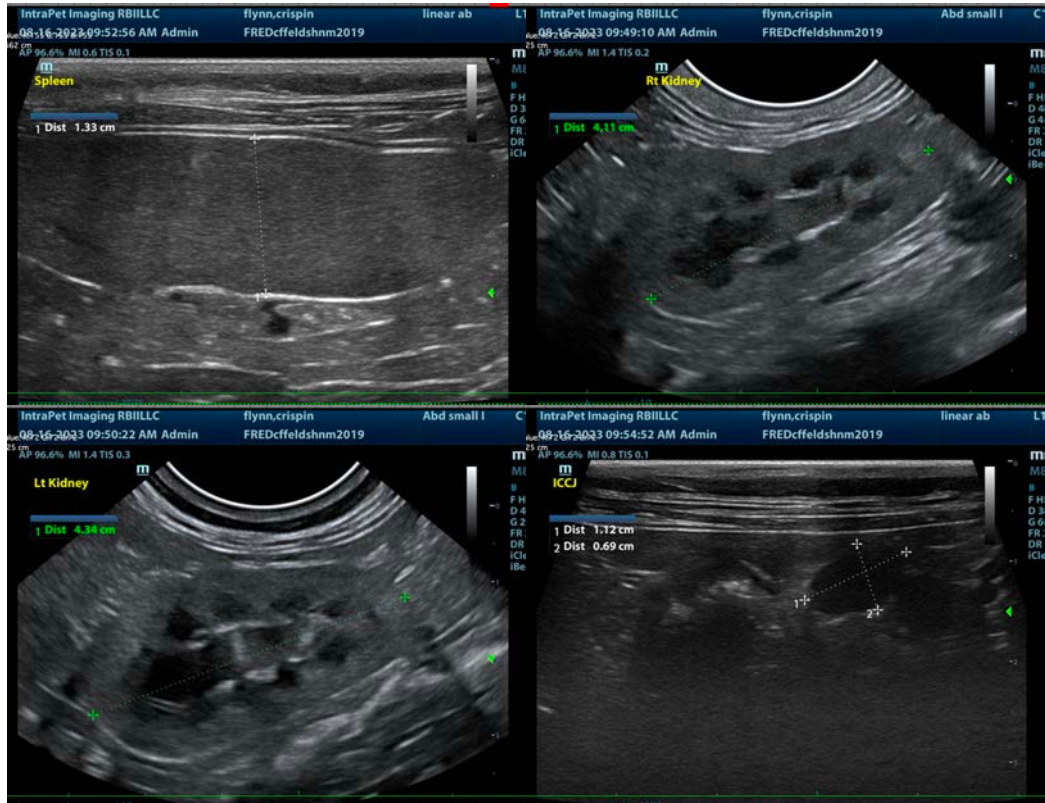
A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate. Pre-medication with Diphenhydramine could be considered.

As is reportedly already pending, 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.

Pending results of above, given this patient's concurrent fever when the GI signs are present, 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.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is, if tolerated, a transition in diet based on trial-and-error response with potentially a hydrolyzed protein diet being a good first choice. Some patients respond better to one brand or version of hydrolyzed protein over a nother, so several trials are sometimes necessary.





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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