



PATIENT PRESENTING CLINICAL SIGNS

Boo Baumgarth

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evandale Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

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DATE

8/2/23

Recheck ultrasound from 6/29/23. Previously hospitalized the last week of June for inappetence, pancreatitis flare up and liquid diarrhea. Improved greatly over the weekend and had been doing better since. Presented 7/25/23 for a recheck of her bloodwork prior to COHAT. CBC/Chem/UA/T4+PLI showed improvement in PLI and renal values, mild anemia and abnormal electrolytes. On 7/27/23, owner reports that she is having diarrhea (along with two other cats in the house). No improvement while on propectalin. Presented today for ultrasound and recheck of her PCV/TP and electrolytes. Diarrhea is the same with minimal improvement. Vomited kibble this morning. Tried to put her on hill's i/d stew and RC gastrointestinal and not interested. Current medications: Prednisolone 2.5mg BID, proviable SID but it's been mixed with the wet food and she hasn't really wanted to eat it. Weight decreased from 9.7lbs on 7/25/23 to 9.3lbs today

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 (3.17 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 (3.65 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 adrenal glands are unable to be well visualized in these images.

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). 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.



PATIENT *Gastrointestinal*

Boo Baumgarth
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.

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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.

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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

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.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

WEIGHT

9.3 Pounds

In the mid abdomen there are two hypoechoic round structures, one measuring 0.70 cm in diameter and the other measuring 1.0 cm in diameter, that are surrounded by some enhanced hyperechoic mesenteric fat. These appear to be lymph nodes. However, the location is difficult to definitively determine, and pancreas can't be ruled out.

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ULTRASONOGRAPHIC FINDINGS

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- Continued low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs. Having said, that the appearance of the pancreas is significantly improved from the previous ultrasound.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. While the structures are believed to be reactive lymph nodes, pancreatic nodules are possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given this patient's reported continued diarrhea despite improvement in the pancreatitis, combined with the history of inflammatory bowel disease, continued or progressive gastrointestinal disease is the top differential. Recommendations include:

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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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To rule out a concurrent infectious or parasitic disease, a fecal exam is recommended 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.



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Additionally, if patient's coagulation status is appropriate, fine needle aspirates of the believed to be enlarged lymph nodes could be considered.

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In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Proviabi.

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If the patient will tolerate transition to a hydrolyzed protein diet, that could be considered as well.

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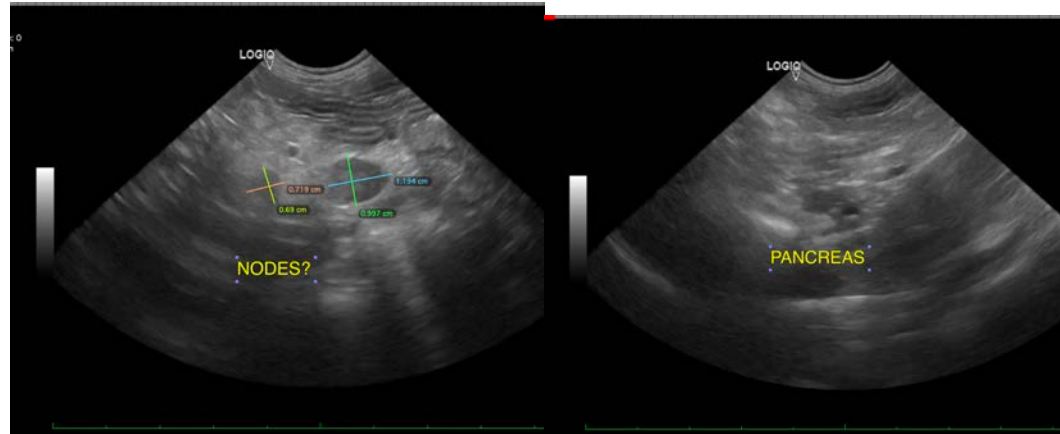
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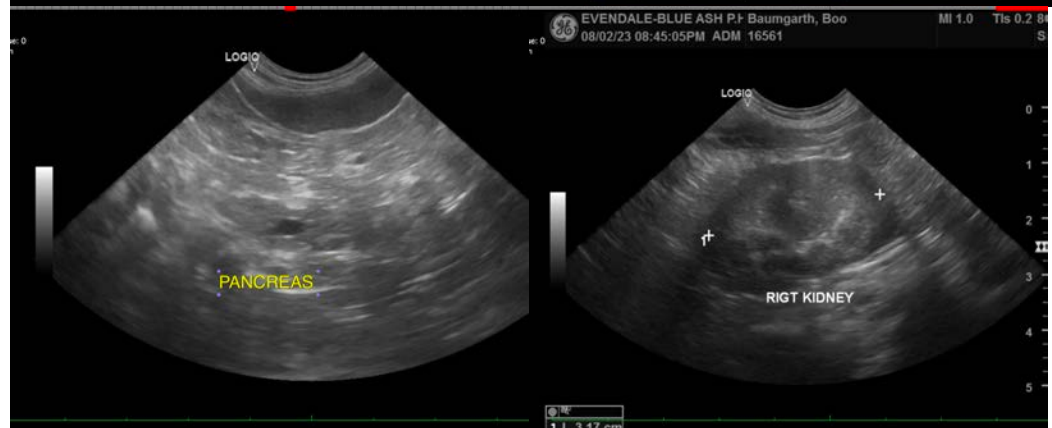
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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