



PATIENT PRESENTING CLINICAL SIGNS

Wolfie Friends For Life

chronic diarrhea, occasional vomiting, recently started urinating and defecating outside of the box. has been treated with omeprazole, carafate, metronidazole and tylosin with varying degrees of temporary success

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: elevated bun and creatinine, but normal Spg, no bacteria no crystals. Clostridium perfringens > 300k from time to time Current Medications tylosin, carafate

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

3 Years

Kidneys are normal 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. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. The left kidney measures 4.21 cm. The right kidney measured 4.67 cm.

WEIGHT

10.3 Pounds

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Sara Hansen

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

HOSPITAL NAME

Albany AH

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.

REFERRING VET

Dr. Flanagan

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.

INVOICE

41349

Gastrointestinal

DATE

9/14/22

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is 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. Pyloric outflow tract appears patent.



PATIENT	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 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.
Wolfie Friends For Life	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
BREED	<i>Pancreas</i>
DSH	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.
SEX	<i>Free Abdomen</i>
Neutered Male	There is no evidence of free peritoneal effusion noted in these images.
AGE	There is no apparent lymphadenopathy noted in these images.
3 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
10.3 Pounds	<ul style="list-style-type: none">Unremarkable/normal abdomen without an ultrasonographically visible cause of the patient's chronic diarrhea.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Beth Johnson, DVM DACVIM	This patient may have an underlying malabsorptive disease or cobalamin deficiency, etc. contributing to the lack of being able to clear the reported clostridium. Therefore, 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.
IMAGING PERFORMED BY	Investigation for other organisms may be warranted with a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.
Sara Hansen	In the meantime, if not recently done, empirical deworming with a 5-day course of Panacur is recommended, as well as the addition of a probiotic such as Proviabio or Visbiome while patient finishes the course of Tylosin for the clostridium infection.
HOSPITAL NAME	Additionally, transition to a hydrolyzed protein diet could be tried.
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PATIENT

Wolfie Friends For Life

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

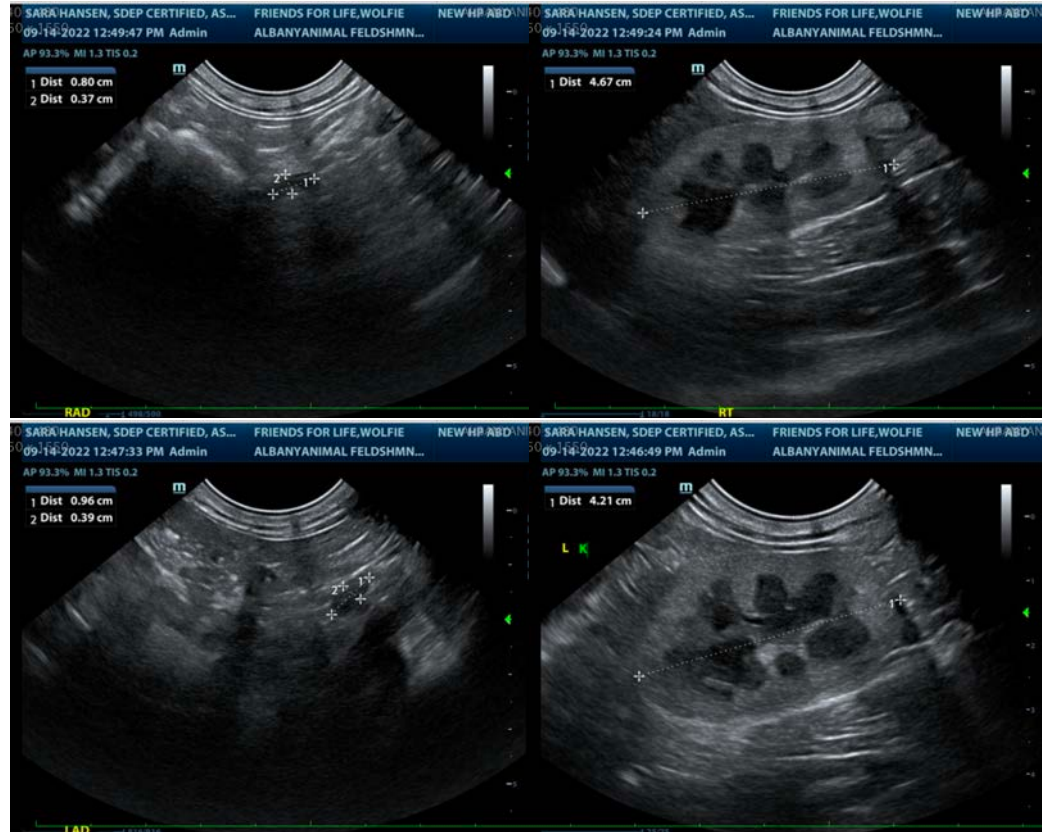
Dr. Flanagan

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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.

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
Beth.Johnson@sonopath.com