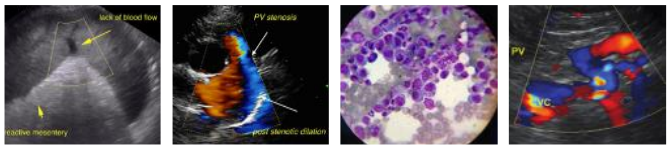
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nou Nou TCR

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

12517

DATE

11/13/21

PRESENTING CLINICAL SIGNS

History: owner surrender to a rescue was diagnosed with hyperthyroidism on Nov 10th, weight was 3.3kg, started on Methamizole. Also had neutropenia and panhypoproteinemia Cat continues to not eat. Today, cat is 2.6kg, very thin T4 level is normal with 2 days of methamizole tx Wondering why the cat is inappetant?

Abnormal PE/Chem/CBC/UA Results: Current bloodwork only shows elevated SDMA T4 and protein levels have normalized

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour. Cranial folding of the spleen was noted. The spleen measured 1.1 cm in width.

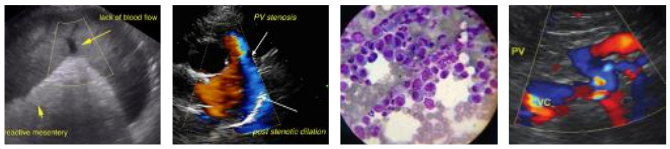
Liver

The **liver** revealed slightly uniform enlargement with slight coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nou Nou TCR

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

12517

DATE

11/13/21

Nebulous changes were noted around the **pancreas**. However, no significant evidence of inflammation noted.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- IBD GI pattern
- Reactive mesenteric lymphadenopathy
- Minor splenohepatomegaly
- Pancreas, nebulous changes
- Age-related renal changes

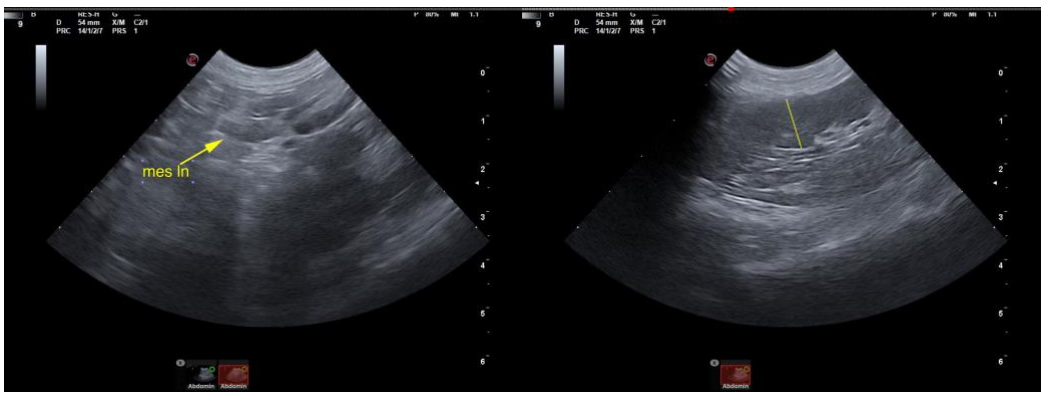
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver would be ideal, especially if any weight loss is present. Differentials include reactive spleen and liver or splenitis versus emerging round cell neoplasia. A clinical trial of the following may prove effective (if sampling does not reveal any neoplasia).

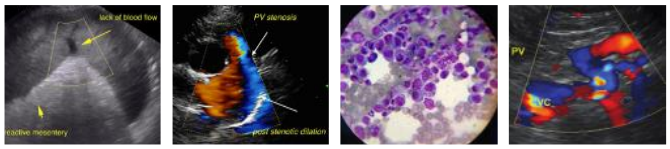
Triaditis/Pancreatitis protocol

Part or all of this protocol may be considered based on your clinical impression of the patient:

Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet (***Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets***)** or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nou Nou TCR

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

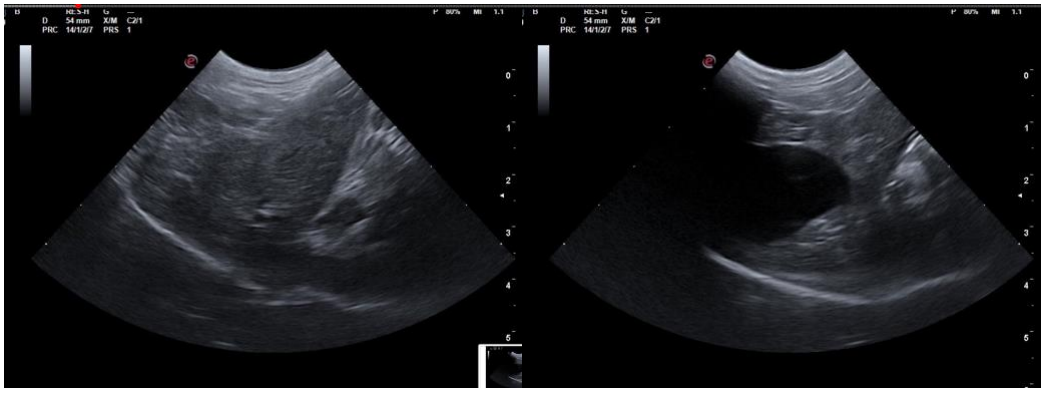
Dr. Singh

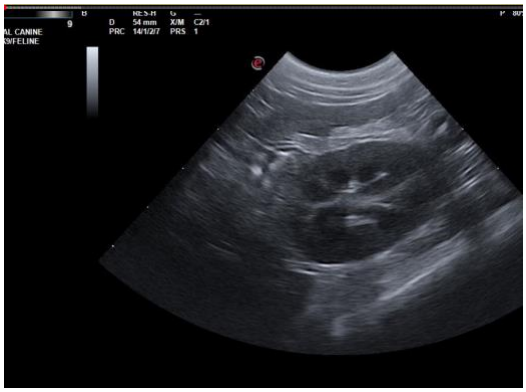
INVOICE

12517

DATE

11/13/21





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com