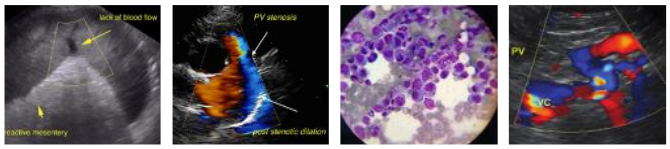
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tygress Mortensen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

6.08 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brittany Gardner, DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Brittany Gardner, DVM

INVOICE

14558

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: P is being hosp for vomiting, decrease appetite to anorexia, fever and neutropenia. Hx of lethargy and vomiting twice in the last week. Was eating till Friday which then progressed to anorexia on sunday. T was 104.6 on presentation. One of four indoor only cats. Severely malnourished as a kitten from a feral colony. 2 years ago FB SX, 6" resection and anastomosis. Usually very aggressive with the other cats, has been nice lately. Loves medications, Friday night, no interest in "poopy meds" which she used to run to. Normally stools are formed and firm but regular with meds. Other cats are normal.

Abnormal PE/Chem/CBC/UA Results: cbc - neut 0.3k with bands, monocytosis 2k chem17 - glu 210 rest nsf EPOC - iCa 1.01, Na 145, BE -9, lac high normal 1.9 AFAST - area concerning for intussusception lateral radiograph to check for constipation- stool looks liquid.

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 **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured approximately 3.5 cm.

The **left kidney** was slightly irregular at the dorsal cortex. The left kidney measured approximately 3.5 cm.

Adrenal Glands

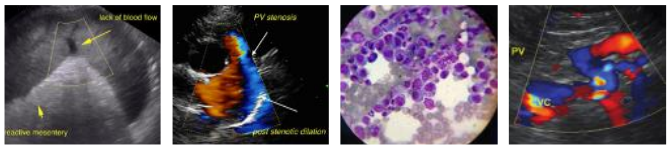
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.3 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** itself was unremarkable. Slight colic thickening noted. Soft stool was noted in the colon.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

The mesenteric **lymph nodes** were slightly enlarged and rounded, measuring 5.0 mm. Reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Irregular left kidney (to monitor). Possibility of emerging neoplastic event versus normal variant.
- Minor colitis pattern
- Slight regional lymphadenopathy
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for gastrointestinal upset warranted. Full urinalysis to assess for any evidence of nephritis. Ultrasound guided FNA of the mesenteric lymph node, cytology and culture would be ideal to ensure underlying bacterial infection or round cell neoplasia is not emerging. No evidence of intussusception. The ileocecal junction is slightly thickening with minor mesenteric lymphadenopathy and regional inflammation, this is likely the underlying site for the clinical issue. Inflammatory bowel, lymphadenitis likely. Emerging round cell neoplasia or FIP are a remote potential. Recheck sonogram in approximately 10 days. A clinical trial of the following may prove effective.

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.

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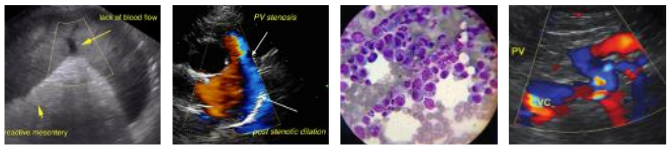

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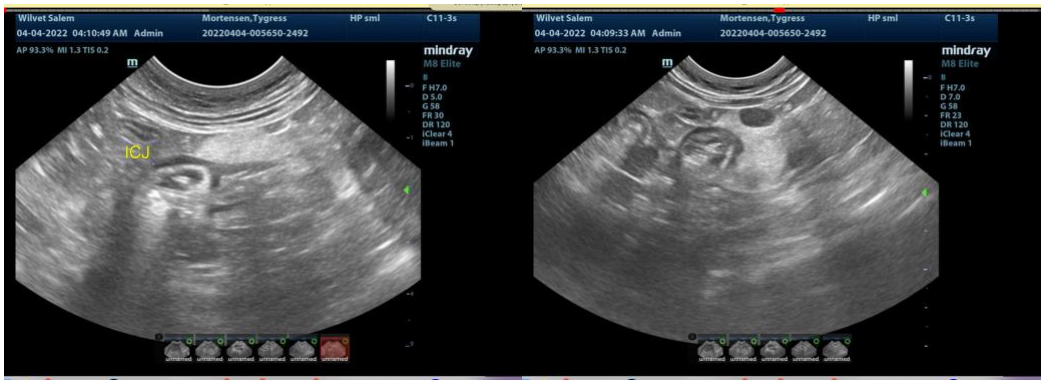

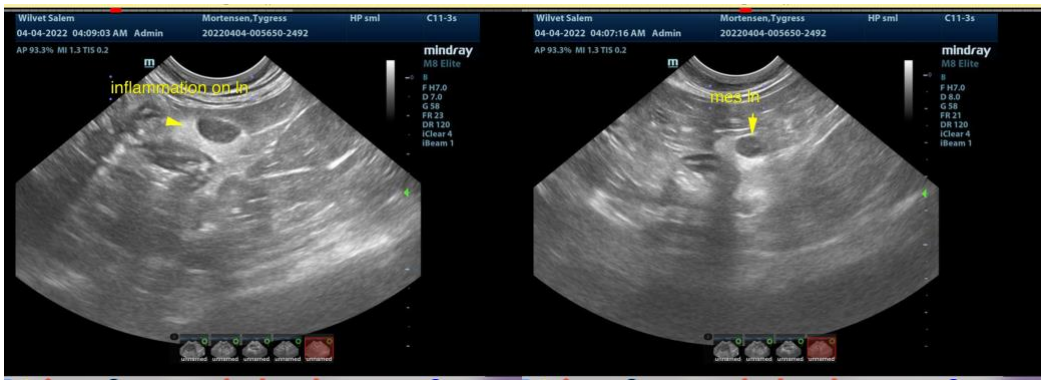

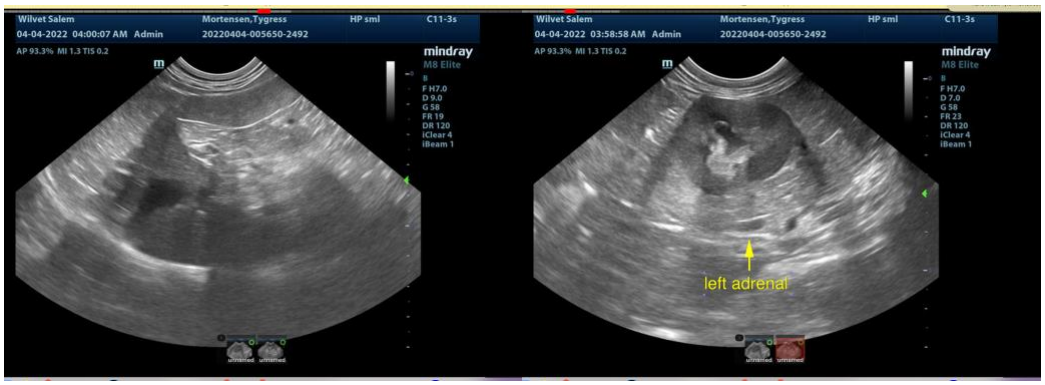

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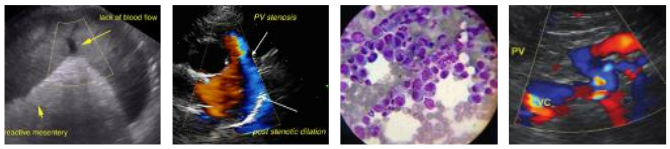

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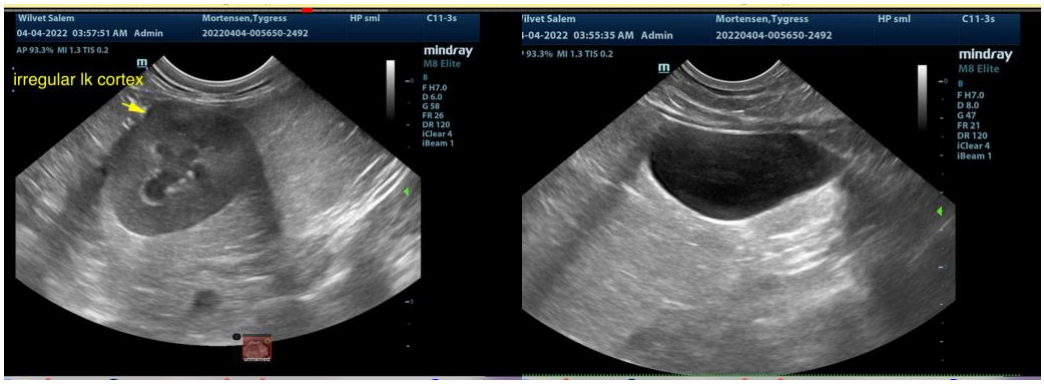

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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