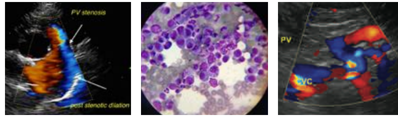


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
8/25/21

PATIENT
Kayleigh Bowersox

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed Female

AGE
8/20/08

WEIGHT
8.25 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Westminster VH

REFERRING VET
Dr. Hall

INVOICE
91508

PRESENTING CLINICAL SIGNS

History: Patient has a history of intermittent chronic pancreatitis. Pet has had flare ups more recently than ever before (most recent episode 07/26/21). Pet will present for anorexia and abdominal discomfort and will respond to Cerenia and Gabapentin. Pet is on i/d diet and has been for some time. Pet was recently diagnosed with diabetes as well (05/19/21). In 2017 pet had a cholecystoduodenostomy.
Current Medications: B12 injections: 250mcg SQ once per week (last injection 8/16/21). Lantus Insulin: 1-unit SQ BID started 5/10/2021. Alprazolam 0.5mg PO SID started 07/2019
Lab Results: Fructosamine 06/30/21: 605umol/L-Poor control. Most recent full Bloodwork 06/08/2021: CBC: Nothing of concern, Chem 27: BG: 598; Sodium: 145; Chloride: 109, UA: USG: 1.030; Glucose 3+; all other values WNL.
Radiographs: Attached separately with rad report.
Date of Previous IntraPet Ultrasound: 4-4-2018, 3-30-2016.
Sedation: Not needed.
Stat Report: Not requested.

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.73 cm. The left kidney measured 3.93 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 0.34 cm. The right adrenal gland measured 0.33 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed coarse architecture with increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The residual biliary ducts were mildly dilated and measured up to 0.5 cm. This is likely a normal sequelae from a cholecystoduodenostomy.

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. The intestinal wall measured up to 0.26 cm. The pylorus was thickened and measured 1.0 cm. 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

The **pancreas** revealed coarse architecture and a dilated duct. The pancreas parenchyma was heterogenous. The right base of the pancreas measured 1.07 cm.

ULTRASONOGRAPHIC FINDINGS

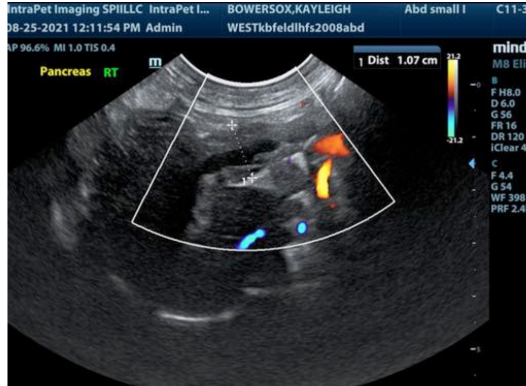
Minor intestinal thickening.
Minor pyloric thickening.
Pancreatic remodeling. Consistent with history of pancreatitis.
Minor biliary congestion, yet this may be normal if no bilirubin elevation is present.

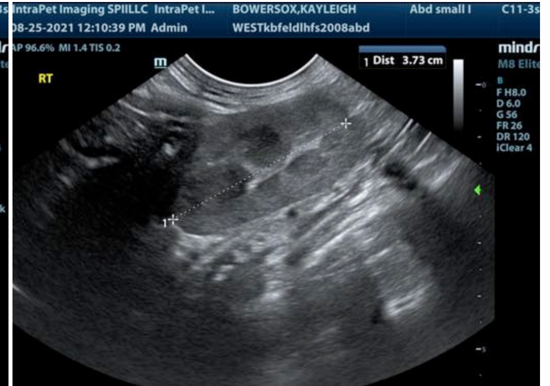
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

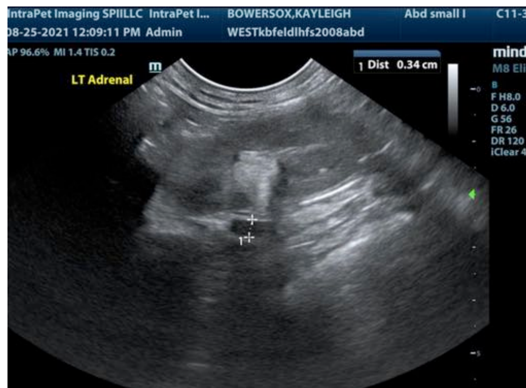
Medical management for pancreatitis and inflammatory bowel is warranted. if histopathology is available from the prior surgery then reevaluation of inflammatory cell type is recommended. There was no evidence of omental inflammation present. Low-dose Prednisone can be considered in this patient. A clinical trial of the following may prove effective. Diet change to a hydrolyzed diet is warranted. If clinical signs persist a recheck sonogram is recommended in 3-4 weeks to assess for any progression of the upper gastrointestinal presentation.

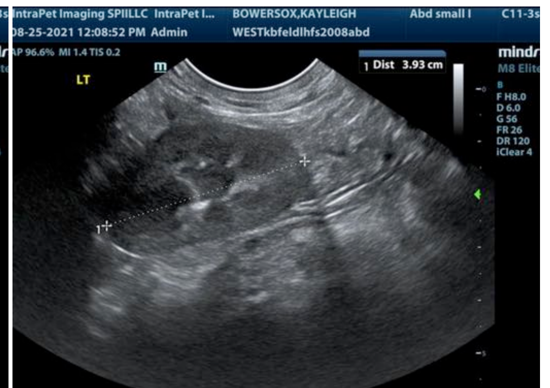
Triaditis/Pancreatitis protocol

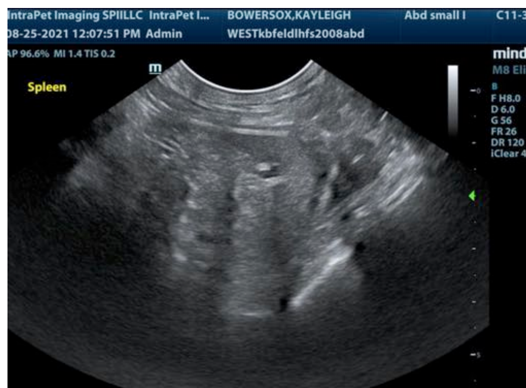
Part or all of this protocol may be considered based on your clinical impression of the patient:
Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg 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.

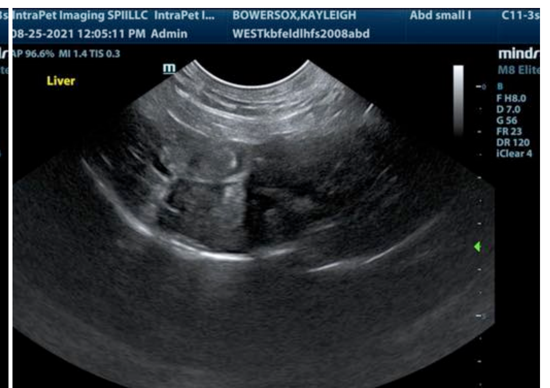

IntraPet Imaging SPIILLC IntraPet I...
BOWERSOX,KAYLEIGH
Abd small I
C11-3s
08-25-2021 12:11:54 PM Admin
WESTkbfeldlhfs2008abd
AP 96.6% MI 1.0 TIS 0.4
Pancreas RT
1 Dist 1.07 cm
mindr
M8 Elite
B
F H8.0
D 6.0
G 56
FR 16
DR 120
iClear 4
C
F 4.4
G 54
WF 398
PRF 2.4k

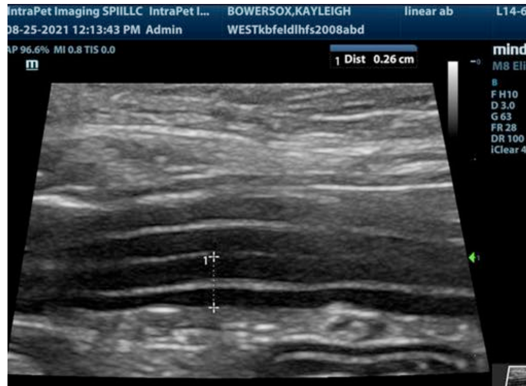

IntraPet Imaging SPIILLC IntraPet I...
BOWERSOX,KAYLEIGH
Abd small I
C11-3s
08-25-2021 12:10:39 PM Admin
WESTkbfeldlhfs2008abd
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 3.73 cm
mindr
M8 Elite
B
F H8.0
D 6.0
G 56
FR 26
DR 120
iClear 4

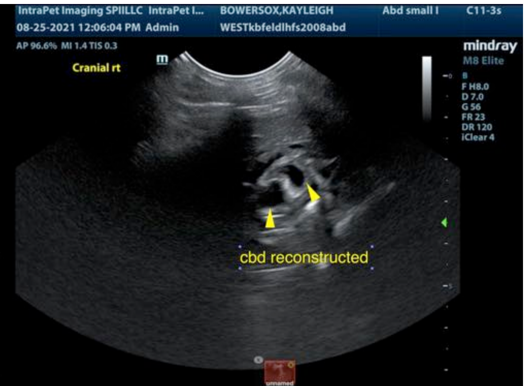

IntraPet Imaging SPIILLC IntraPet I...
BOWERSOX,KAYLEIGH
Abd small I
C11-3s
08-25-2021 12:09:11 PM Admin
WESTkbfeldlhfs2008abd
AP 96.6% MI 1.4 TIS 0.2
LT Adrenal
1 Dist 0.34 cm
mindr
M8 Elite
B
F H8.0
D 6.0
G 56
FR 26
DR 120
iClear 4

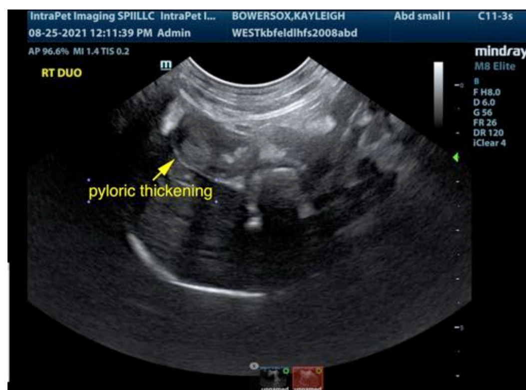

IntraPet Imaging SPIILLC IntraPet I...
BOWERSOX,KAYLEIGH
Abd small I
C11-3s
08-25-2021 12:08:52 PM Admin
WESTkbfeldlhfs2008abd
AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 3.93 cm
mindr
M8 Elite
B
F H8.0
D 6.0
G 56
FR 26
DR 120
iClear 4

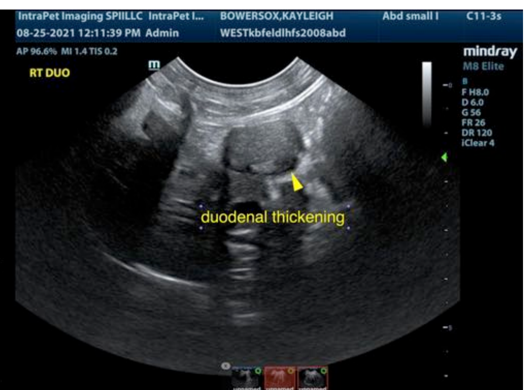

IntraPet Imaging SPIILLC IntraPet I...
BOWERSOX,KAYLEIGH
Abd small I
C11-3s
08-25-2021 12:07:51 PM Admin
WESTkbfeldlhfs2008abd
AP 96.6% MI 1.4 TIS 0.2
Spleen
mindr
M8 Elite
B
F H8.0
D 6.0
G 56
FR 26
DR 120
iClear 4


IntraPet Imaging SPIILLC IntraPet I...
BOWERSOX,KAYLEIGH
Abd small I
C11-3s
08-25-2021 12:05:11 PM Admin
WESTkbfeldlhfs2008abd
AP 96.6% MI 1.4 TIS 0.3
Liver
mindr
M8 Elite
B
F H8.0
D 7.0
G 56
FR 23
DR 120
iClear 4









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
Eric.Lindquist@SonoPath.com