



**PATIENT PRESENTING CLINICAL SIGNS**

Gizmo Chastain

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Weeks

**WEIGHT**

3.6 Lbs.

History: On 12/14/21, Gizmo presented for diarrhea. Owner adopted her 12/09/21 from Humane Society. She was 3 months old at that time, had diarrhea when she was adopted and was already spayed. Owner reported that Gizmo was always hungry, with frequent bowel movements that ranged from watery squirts to looking like melted chocolate with a foul odor. Flatulence reported. Owner noted that Gizmo's records indicate that she had issues with this while in foster and has undergone several rounds of de-worming and probiotics before they adopted her. Records from the Humane Society indicate history of diarrhea and coccidia (treated with Albon). It improved, then worsened and was treated with metronidazole. EXAM: Thin with a body score of 3/9. No apparent pain on abdominal palpation. Stool in rectum is soft and has a foul odor, however no grossly visible blood or mucous present. Fecal direct revealed no protozoa. Fecal float revealed a single coccidian egg. CBC results reveal 2% nucleated red blood cells and a mild lymphocytosis, with low normal pcv. Chemistry panel revealed slightly elevated alk phos at 110 (10-90) and phosphorus (9.1), with normal other results. No antigen is detected on the Feline Leukemia and FIV tests. Sent ponazuril, Provable, and Panacur, and recommended a bland diet of cooked chicken until medical progress exam in 3 weeks. TODAY: Owner reports no improvement. EXAM: Normal vitals. Gained 0.6 pounds in the last 2 weeks. Still has a pot bellied appearance. Intestines palpate thickened. No apparent pain on abdominal palpation. Feces is soft on fecal loop. Fecal direct and float revealed no evidence of parasites. Chemistry and electrolyte panel reveals elevated alk phos increased significantly since last visit 2 weeks ago at 239 (10-90) and amylase at 1107 (300-1100), with normal other results. CBC and manual slide results reveal increasing lymphocytosis at  $8.266 \times 10^9$  with 2% reactive lymphocytes. Diarrhea PCR panel submitted. Panacur and Provable sent for trial treatment pending PCR and abdominal ultrasound findings. A medical progress exam is recommended in three weeks. A chicken only diet is recommended. The owner did not start the chicken only diet at the last visit (about 2 weeks ago) when it was initially recommended.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**IMAGING PERFORMED BY**

Agnes Rupley, DVM

The left kidney has a normal shape and size (3.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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The right kidney has a normal shape and size (3.84 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**REFERRING VET**

Agnes Rupley, DVM

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

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**Spleen**



**PATIENT**

Gizmo Chastain

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**SPECIES**

Feline

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**BREED**

DSH

**Gastrointestinal**

**SEX**

Spayed Female

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal, and the jejunum measured as normal (0.21 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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3.6 Lbs.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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**Pancreas**

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**IMAGING PERFORMED BY**

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**Free Abdomen**

No free fluid was present. An occasional prominent mesenteric lymph node is seen, measuring 0.37 cm, 0.59 cm. The omentum is generally of normal echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

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- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This can be a normal finding in young animals.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No specific lesions were visualized on today's scan. Mild lymphadenopathy is present which could be consistent with this kitten's young age. The pancreas is somewhat prominent, but this is a very subjective and mild finding.

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Of primary concern in a pet this young would be parasites, dietary intolerance and possibly dysbiosis. You could consider a GI panel (to Texas A & M) to look for evidence of dysbiosis, cobalamin deficiency, etc. You may need to double check with them regarding normal for a pet this young, but I think it would be a reasonable possibility. Also consider testing for tritrichomonas and considering a novel protein or hydrolyzed protein diet at least for a temporary period of time until a better solution for a growing kitten can be discussed with a nutritionist.

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Agnes Rupley, DVM

## HOSPITAL NAME

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## REFERRING VET

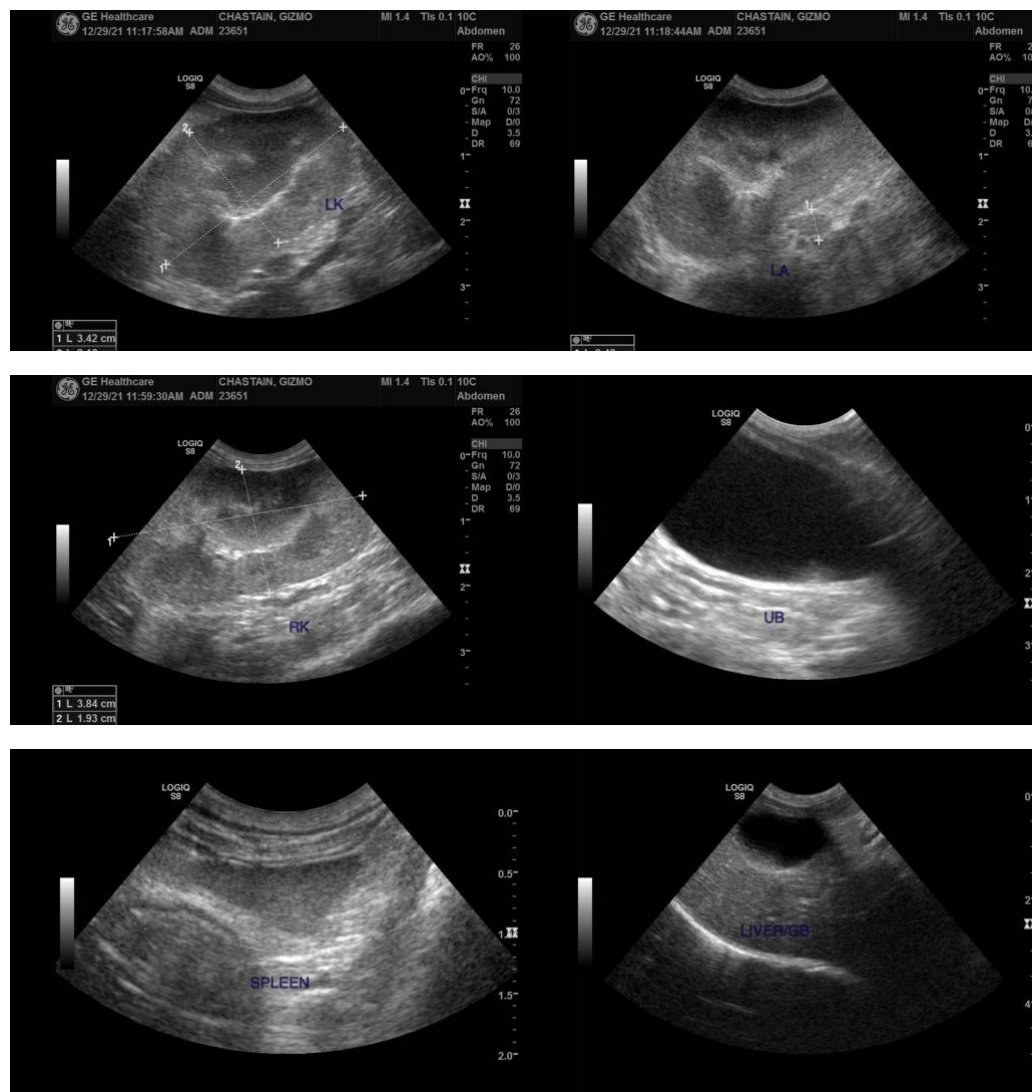
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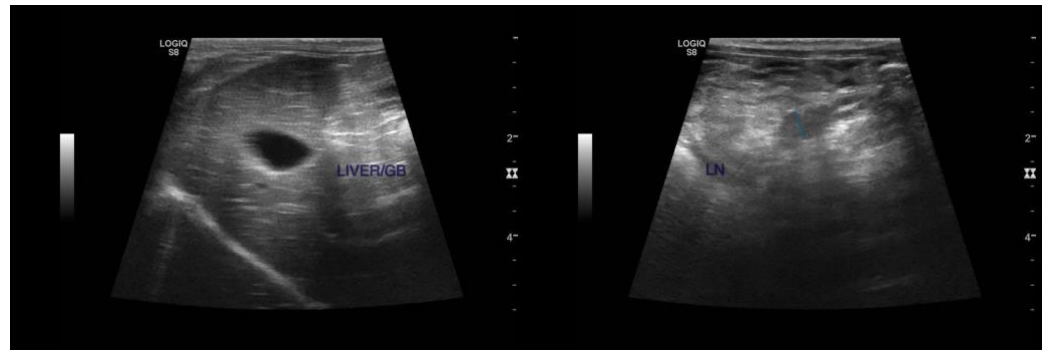
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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