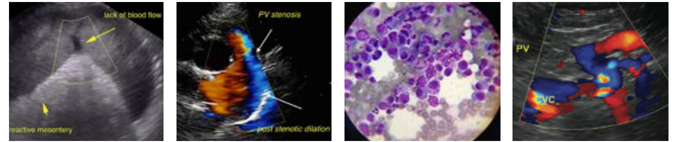
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Nova Keller

SPECIES

Feline

BREED

Feline

SEX

Spayed Female

AGE

2yr

WEIGHT

8.24lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash Pet Hospital

REFERRING VET

Dr. Stephanie Wehmer

INVOICE

10172

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Patient has a history of vaccine reaction and intermittent vomiting episodes that have started to become more frequent. Initially presented on 6/4/21 when owner reported she was having difficulty eating/pain in her mouth. Owner reported that she had vomited up a hairball and paritally digested food. Performed CBC/Chem with PLI, results attached. Sent home cat lax as well. Owner reported on 6/30/21 that she though the treats she was giving patient were causing the vomiting, so she d/c and would continue to monitor Presented for annual wellness 2/4/22, where owner reported that she will vomit 30 mins after eating her treats and it happens 4-5x a week. sent home Hill's Prescription Diet i/d stew and fecal to lab. Fecal came back NPS. Received an update on 2/7/22 and owner reports vomiting has improved, and she thinks it is stressed related, as well as switching to different treats. On 4/1/22, owner reports her vomiting has increased again and still believes it is stressed related. Patient seems to be more active when Mrs is home compared to Mr. Started patient on Fluoxetine 10mg (1/4-tab SID) to see if that helps with her stress/anxiety. On 4/4/22, owner updated us that patient is doing well, has not had any more vomiting and is tolerating the Fluoxetine. Patient presented on 7/15/22 for annual bloodwork. Owner reports that patient is not as active since starting the Fluoxetine, but the vomiting has greatly decreased. Reports she only vomits occasionally if she eats too fast. Still taking the cat lax. Bloodwork showed increased basophils and lymphocytes and fecal showed NPS. Discussed cutting out treats and tuna owner had been giving patient and monitoring her vomiting while these were eliminated. on 8/12/22 presented for discussion of next steps with patient's vomiting. Owner reports she is vomiting 1-2x every other week, hairballs, or food. No improvement with vomiting when eliminating treats and tuna. Discussed deworming per previous recommendations after BW on 7/15/22. Sent home Panacur course. 8/24/22 we started patient on Purina HA dry and changed Fluoxetine to a liquid after owner reported vomiting had increased to almost daily over the weekend. 9/2022 owner d/c patients' fluoxetine prior to officially started HA dry. Owner reports HA dry made patient vomit more and she has switched her back to her old food. 9/29/22 patient had an increase in vomiting again. pulled bloodwork for Texas A&M GI panel but did not send out. performed another fecal that was NPS. owner elected to try a new food prior to sending out GI panel. After this visit, patient continued to do well on Royal Canin GI wet food. Presented 2/23/23 for wellness where owner reports vomiting about 1-2x per week but still doing well overall at home. Performed GI panel on 3/22/23 and came back unremarkable. Performed ultrasound today with butorphanol on board (0.3mg/kg) as patient can get a little spicy. owner reports there hasn't been any change in her vomiting frequency. No further treatments were done today.
Abnormal PE/Chem/CBC/UA Results: bw attached.

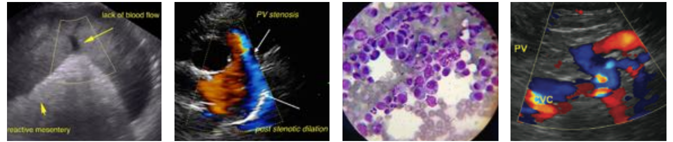
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney has a normal shape and size (2.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.14 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



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

PATIENT

Nova Keller

SPECIES

Feline

BREED

Feline

SEX

Spayed Female

AGE

2yr

WEIGHT

8.24lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash Pet Hospital

REFERRING VET

Dr. Stephanie Wehmer

INVOICE

10172

DATE

4/11/23

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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.

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.

Spleen

The spleen is subjectively normal in size (0.92 cm), 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.

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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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.

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 (0.22 cm), and the jejunum measured as normal (0.18 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

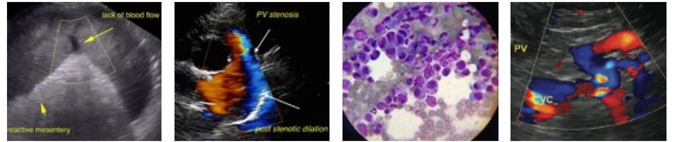
Pancreas

The pancreas is prominent and mottled 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS



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

PATIENT
Nova Keller

SPECIES
Feline

BREED
Feline

SEX
Spayed Female

AGE
2yr

WEIGHT
8.24lbs

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

IMAGING PERFORMED BY
Dr. Jo Goodman

HOSPITAL NAME
Evandale-Blue Ash Pet Hospital

REFERRING VET
Dr. Stephanie Wehmer

INVOICE
10172

DATE
4/11/23

- Prominent mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

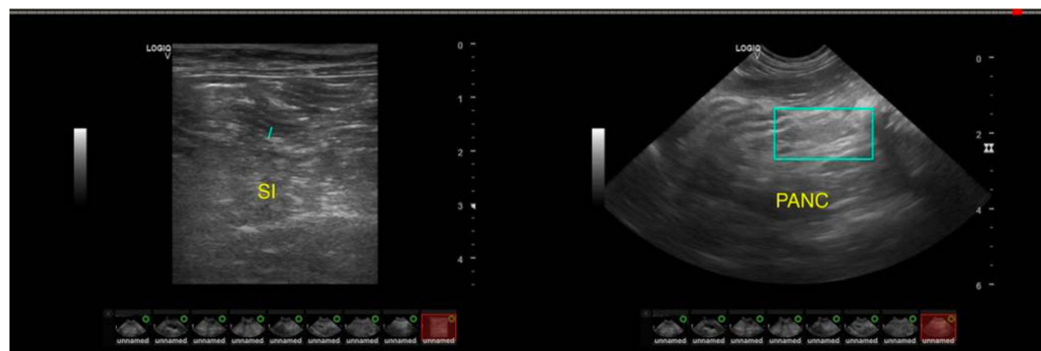
No focal lesions are visualized to explain the vomiting reported. Unfortunately, there are many causes for chronic vomiting which cannot be definitively diagnosed by ultrasound alone.

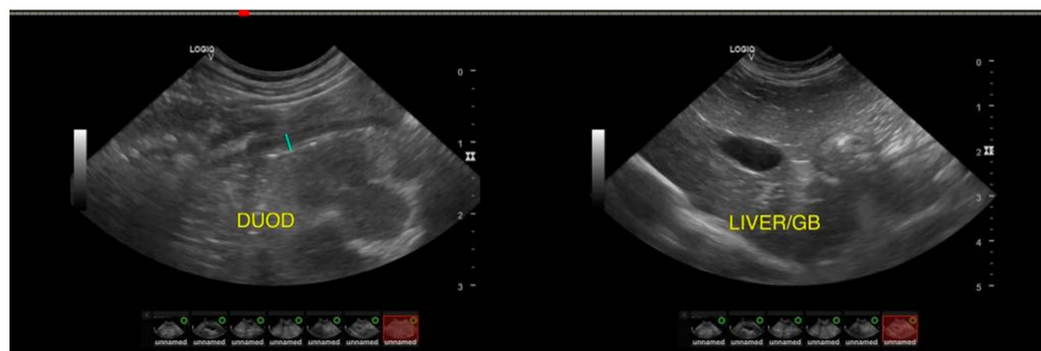
Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc.

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks) (This has already been done)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI, etc. to further evaluate for pancreatic/small intestinal disease. (This has already been done)
- Recommend chronic probiotic therapy.
- Recommend screening for an empirical treatment for GI parasites, if not already done.

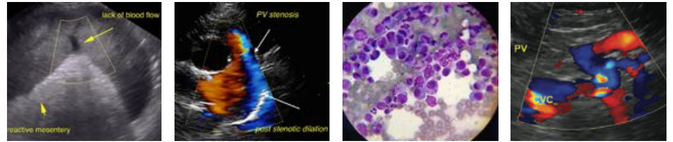
Consider the possibility that this could be chronic regurgitation? Recommend three view thoracic radiographs to evaluate thoracic cavity for any concurrent issues.

If all other avenues have been investigated and underlying metabolic disease is thought an unlikely source of the vomiting, consider obtaining GI biopsies.





SonoPath
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Nova Keller

SPECIES

Feline

BREED

Feline

SEX

Spayed Female

AGE

2yr

WEIGHT

8.24lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash Pet Hospital

REFERRING VET

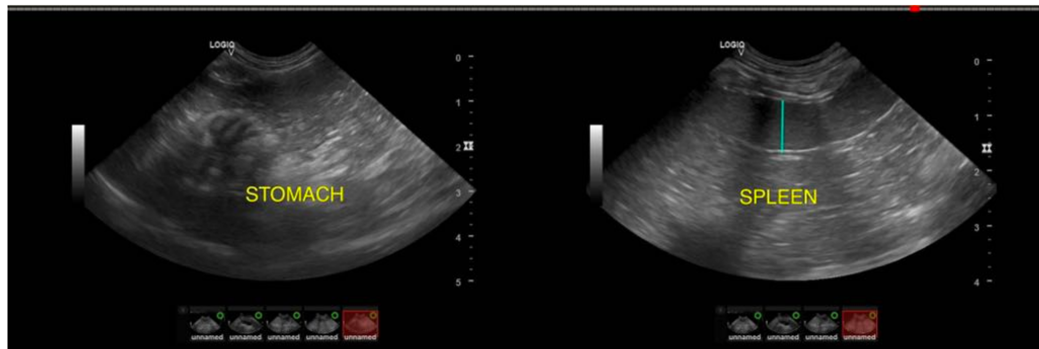
Dr. Stephanie Wehmer

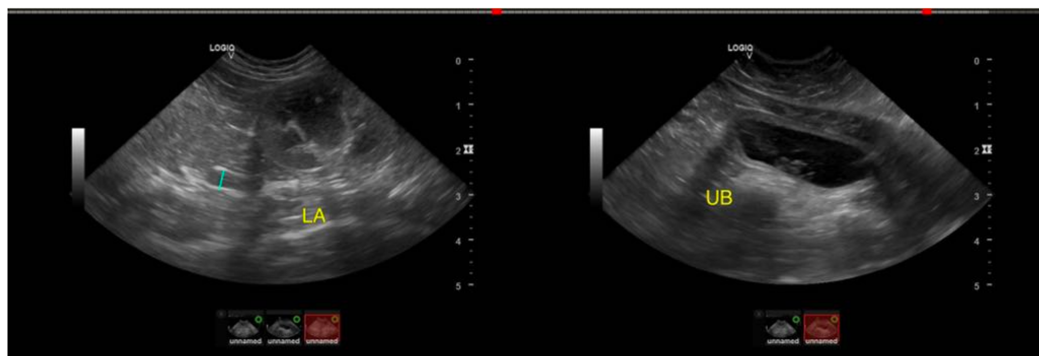
INVOICE

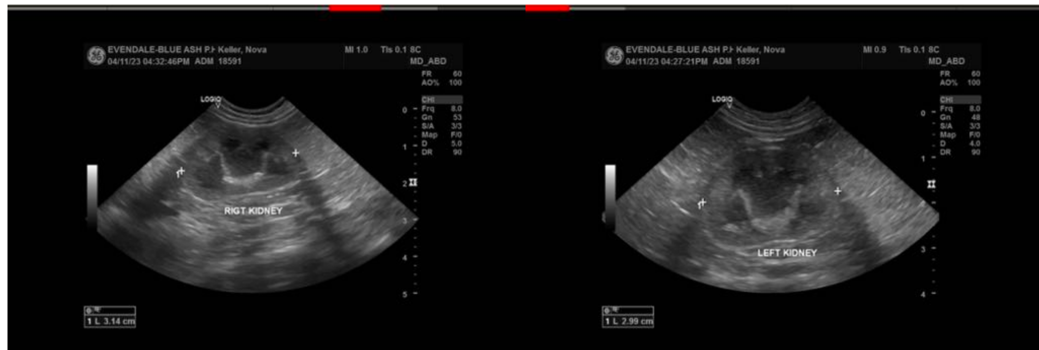
10172

DATE

4/11/23







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.

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

kathleen.sennello@sonopath.com