

**DATE**

8/17/21

PRESENTING CLINICAL SIGNS

Referral, Not Eating, Drinking Less, Vomiting, Discharge - Nasal (Nose).

History: Date: 08-15-2021 Notes: Referral for continued care. Dehydrated, URI, Vomited bile, not eating or drinking, nasal discharge rDVM phone call: 13 yr FS feline Presented on 11th for URI infection, no diagnostics, given convenia injection. Improvement in nasal and eye discharge but not eating or drinking indoor only Bloodwork: Elevated WBC 31k; Neu 25k, Low platelets, ALT 191, glob 5.5, Na 168 Teeth some missing teeth no obvious abscess temp 100.6 No heart murmur Recommend IVF, chest radiographs, continued care owner asked about cost ATO- Overtime developed congestion since first week of august. thought stress, had been moving, stayed in motel Started salivating more but still eating and drinking-gave convenia for URI Chipped tooth has been there for a long time. Bloodwork performed today not eating or drinking vomited once FELV FIV NEG

PATIENT

Sophia Rodd

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

Current Medications: Adenosyl (SAmE) tablets 90mg, O L-Lysine (Viralys) Oral Gel (per ml), Cyproheptadine Tablets 4mg, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Oral Buprenorphine 0.3mg/ml, Cyproheptadine Tablets 4mg

Lab Results & Radiographs: Attached

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

AGE

2008

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with echogenic 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.

WEIGHT

14.3 lbs

The left kidney has a normal shape and size (4.33 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.

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
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The right kidney has a normal shape and size (3.45 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.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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.

REFERRING VET

Dr. Kalwa

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.

INVOICE

91312

Spleen

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.

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 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 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 normal and isoechoic to surrounding 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. There is a (mild lymphadenomegaly present (there is a cluster of mesenteric lymph nodes measuring 0.28 cm, 0.35 cm and 0.28 cm). The mesenteric surrounding the lymph nodes are hyperechoic. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal echogenicity except for around the mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Echogenic urine in the urinary bladder.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on ultrasound were relatively mild and non-specific. Possible considerations for the symptoms described would be primary GI disease, hepatic disease (mild ALT elevation) +/- anorexia due to nasal congestion/not being able to smell food.

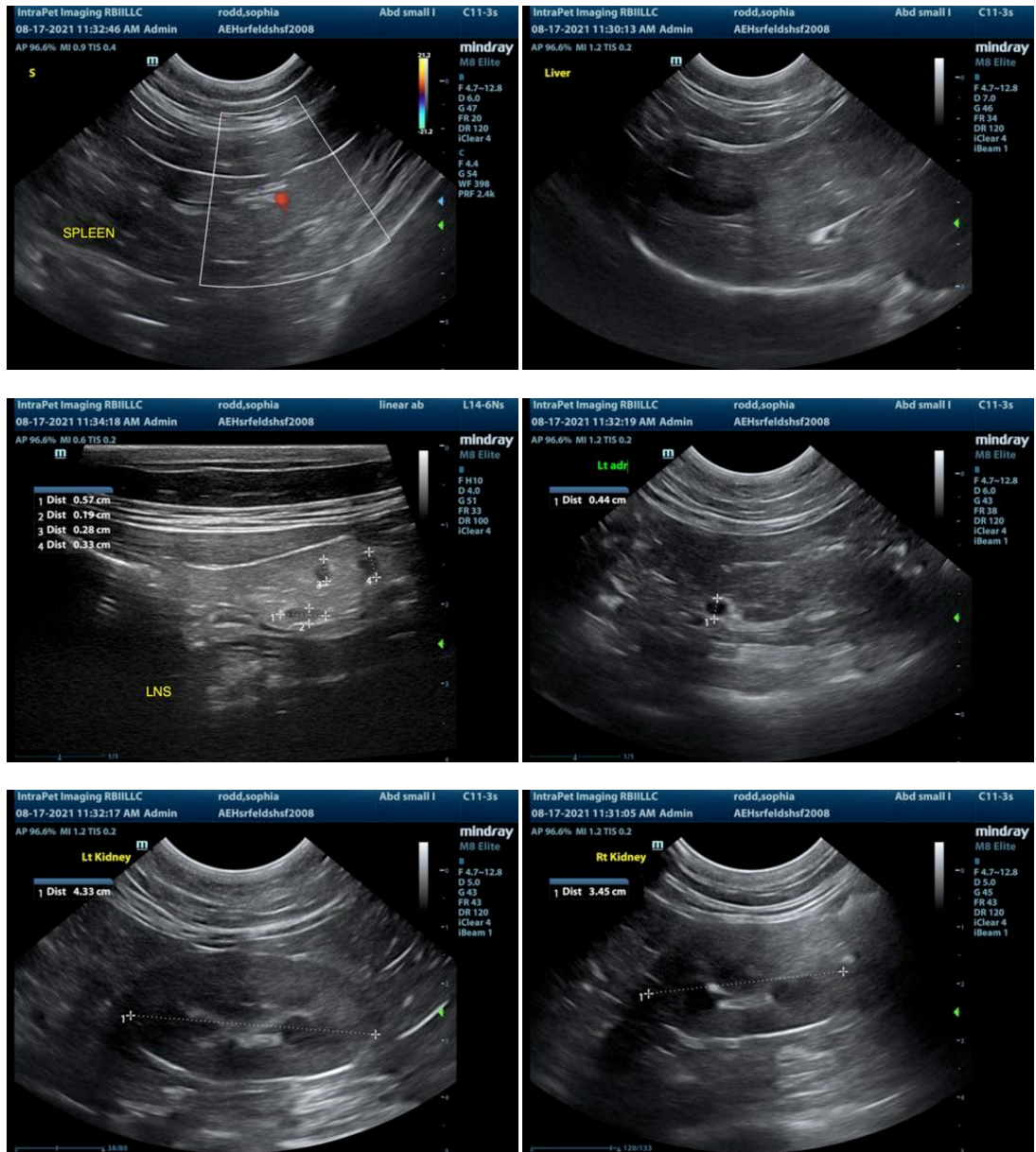
If metabolic disease is considered less likely and GI disease is suspected then consider primary GI causes such as GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

- Recommend diet trial with a novel protein/hydrolyzed prescription diet

- Consider GI panel to look for evidence of bacterial overgrowth, B12 deficiency or pancreatitis that was not evident on today's scan.
- If symptoms are progressing consider obtaining GI biopsies

Additionally, antibiotics can upset the GI tract so consider probiotic therapy.

No focal hepatic lesions were visualized. Consider monitoring the ALT elevation, if progressive consider FNA or liver function test.





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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