



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rocket Krause
SPECIES Feline
 Seen 8/21/2022 for decreased appetite since 8/16/2022. Seemed to be doing well otherwise per owner. On Miralax for constipation and has not appeared to be constipated. No vomiting or diarrhea. Last weight 2/10/2022 was 17.1#. Owner has been trying to get Rocket to lose weight. Treated with an injection of Cerenia on 8/21/2022. Current medications include Fortiflora, Miralax, and Fluoxetine. Since appointment on 8/21/22 per owner patient has been drinking a lot of water, still not interested in eating, diarrhea has developed.

BREED DSH
 Abnormal PE/Chem/CBC/UA Results: renal panel 2/11/22 Creatinine high 1.7 Platelets low 103, adequate on slide review USG 1.041 Trace protein Clear color

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male
 The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

AGE

14.19 Pounds

WEIGHT

14.19 Pounds

The left kidney has a normal shape and size (4.48 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.

The right kidney has a normal shape and size (4.49 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

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Dr. Lucas Budden

The right adrenal gland is normal in size measuring 0.29 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Spleen

The spleen is subjectively normal in size (0.77 cm in width at the level of the hilus), 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.

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Dr. Lucas Budden

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.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

Rocket Krause

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.

SPECIES

Feline

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. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DSH

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.

SEX

Neutered Male

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.

AGE

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes in the region around the ileocecal junction. There are prominent nodes and hyperechoic mesentery. A lymph node in this region measures 0.28 cm. Additionally, a large mesenteric lymph node is visualized in the caudal abdomen measuring 0.48 cm in width.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal gastrointestinal lesions were observed on today's scan to explain the symptoms described. The pancreas is somewhat prominent, which could be consistent with mild pancreatitis or previous episodes of pancreatitis, and there is some inflammation and prominent lymph nodes associated with the ileocecal junction and caudal abdomen. Consider the following:

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- Recommend initial evaluation looking for metabolic causes of decreased appetite, PU/PD and diarrhea.

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- Recommend a CBC/Chem panel and consider a GI panel to Texas A&M for a qualitative fPLI,



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TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

Rocket Krause

- If liver enzyme elevations are present, consider a liver function test.

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- If renal values are elevated, recommend blood pressure, urinalysis and culture.

Feline

There is some echogenic debris in the urinary bladder. Seeing as this patient is PU/PD, recommend a urinalysis and culture.

BREED

If metabolic cause for the symptoms described is not identified on bloodwork, then consider primary GI disease as a possibility. Possible differentials include food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, IBD, and less likely intestinal neoplasia.

DSH

SEX

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- Consider the aforementioned GI panel.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- If primary GI disease is strongly suspected and there is no response to symptomatic treatment for pancreatitis/gastroenteritis, then consider obtaining GI biopsies.

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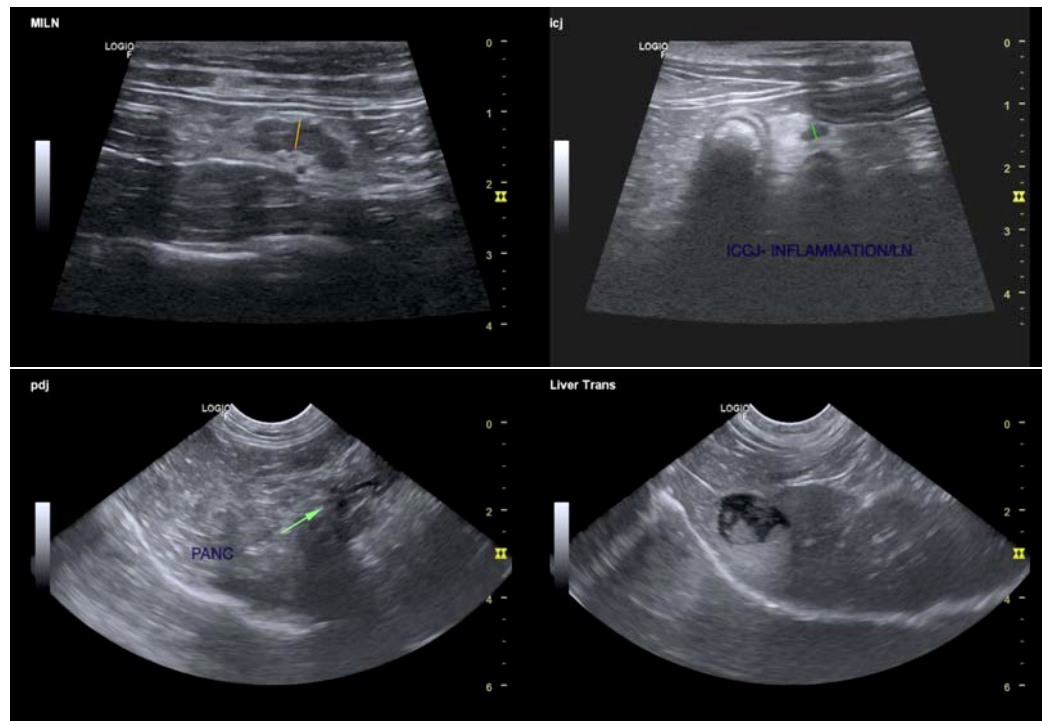
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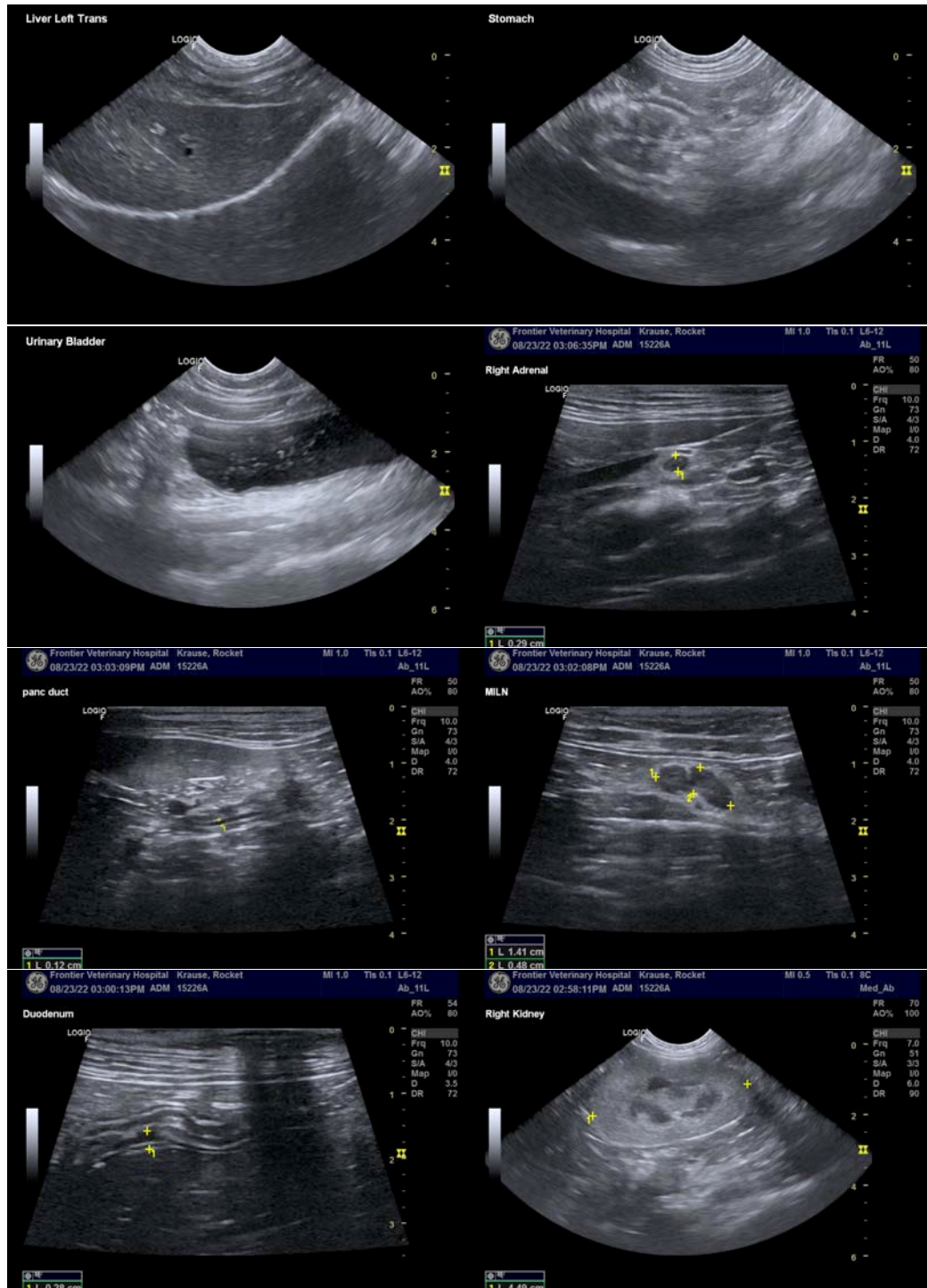
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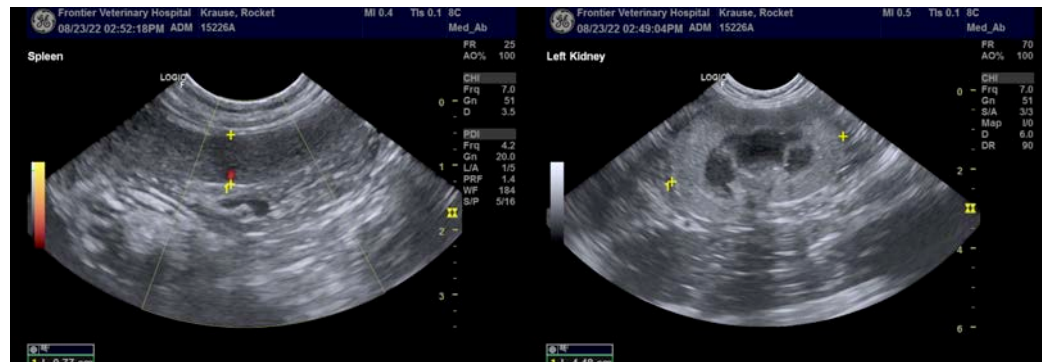
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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