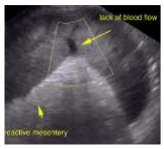
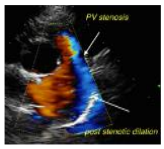
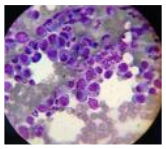
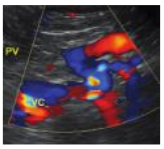
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Morgana Delain

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

9 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Paws & Praire AC

REFERRING VET

Chrissy Krell, DVM

INVOICE

14577

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: Ongoing issues with constipation and weight loss, reduced appetite. Started on Royal Canin Fiber Response, lactulose and mirtazapine for appetite stimulant. She has been doing better some days but not every day. Still having very hard large stools. Vomits clear fluid, sometimes she will produce undigested kibbles too. Panics when she is not with other cats.

Abnormal PE/Chem/CBC/UA Results: PE: Thinning BCS, 4/5, coat seems slightly oily/unkempt. Firm stool noted in distal colon. Grade 2/4 periodontal disease, gingivitis. CBC: Eosinophilia 3.17K/uL. HGB 17.2 g/dL. OWNL Chem: all wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial to small amount of free-floating sediment is present, most likely composed of mucus, crystalline material and exfoliated cells. The mild amount of debris is likely clinically insignificant given the lack of inflammatory changes to bladder wall.

The left kidney measures 3.42 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney measures 3.48 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The left adrenal gland measures 0.29 cm cranial pole, 0.27 cm caudal pole, 0.87 length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.48 cm caudal pole, 0.36 cm cranial pole, 1.23 cm length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

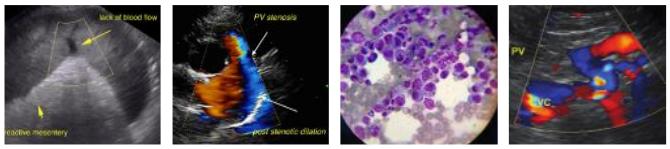
The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly, and its borders are smooth and sharp. The liver's echotexture is homogeneous, however, it is mildly hyperechoic; it is isoechoic to the falciform fat. No abnormalities are observed with the hepatic vessels.

A trivial amount of echogenic material is visualized within the gallbladder, which is considered clinically insignificant. The biliary system is otherwise within normal limits.

Gastrointestinal



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The gastric wall and pylorus are within normal limits in thickness. There is no loss of definition of the normal architecture of the wall layers. Gas is present within the lumen. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness varies between normal to mildly thickened, however, the definition of the wall layers is preserved. A large amount of liquid ingesta is present within the jejunum, in which the loops of bowel are mildly thickened at 0.25-0.28 cm. The mucosa is mildly more prominent in these loops of bowel and a hyperechoic line running through the mucosa is observed. These changes are suggestive of inflammation. Poor peristalsis is present; it has more of a "to and fro" movement.

The colonic wall is not thickened and mural detail is considered normal. A large amount of gas is present within the transverse colon, while, large amounts of very firm stool are present within the colon. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Pancreas

No overt abnormalities are observed. There is no evidence of hyperechogenicity of the surrounding mesenteric fat, i.e., there are no signs of active pancreatitis.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The thickening and mucosal fogging of the intestinal tract may occur due to inflammation secondary to inflammatory bowel disease (IBD), which can cause constipation in some cats. Although lymphoma cannot be excluded without performing biopsies, it is considered unlikely.

- The liver is mildly hyperechoic, which may be due to subclinical hepatic lipidosis due to Morgana's intermittent hyporexia. However, cholangitis/cholangiohepatitis or cholecystitis cannot be excluded with certainty despite the absence of abnormalities with the gallbladder and bile ducts. Secondary ascending bacterial infections may also occur.

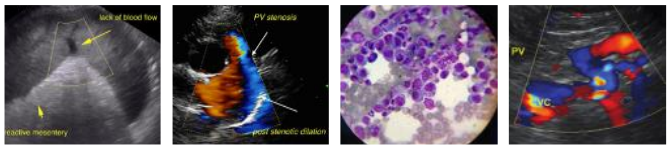
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Analgesia for visceral pain, such as buprenorphine, is suggested, in addition to increasing water consumption.

Deworming with a broad spectrum dewormer, such as fenbendazole is recommended due to the eosinophilia.

However, eosinophilia may also occur secondary to eosinophilic IBD, therefore a hypoallergenic diet may be required in the future. This might also require a fiber supplement, as hypoallergenic diets tend to be low in fiber. Note, psyllium is the ideal fiber supplement.

Instead of lactulose, PEG 3350 is excellent for the treatment of constipation, in addition to Royal Canin GI Fibre Response. It may be purchased over the counter at any pharmacy; brand names include Restoralax or Lax-A-Day, etc. It is important not to purchase generics, as they do not tend to be as effective.



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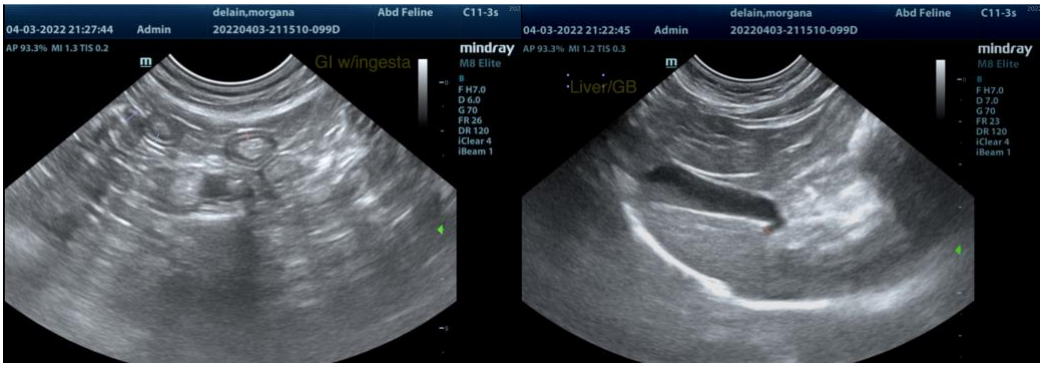
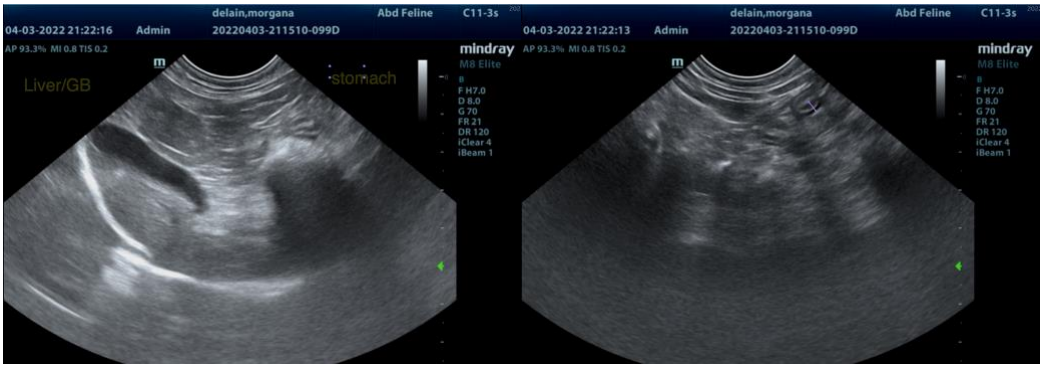
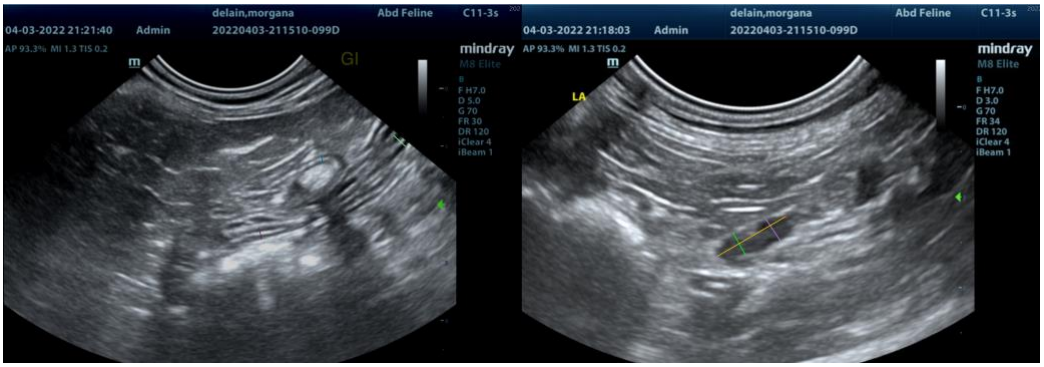
If deworming, PEG 3350, a hypoallergenic diet and a fibre supplement (in addition to the RC GI Fibre Response diet), are unsuccessful, endoscopy and biopsies of the upper and lower GI tract are recommended. Another option, although much more invasive, would be to perform an exploratory laparotomy.

If further diagnostics are not pursued, empirical treatment for inflammatory bowel disease with corticosteroids may be considered, but only after the above treatment recommendations have been exhausted.

An internal medicine consult may be requested to describe all possible options in further detail.







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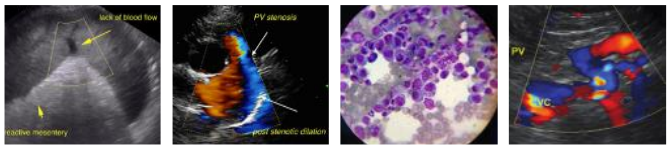

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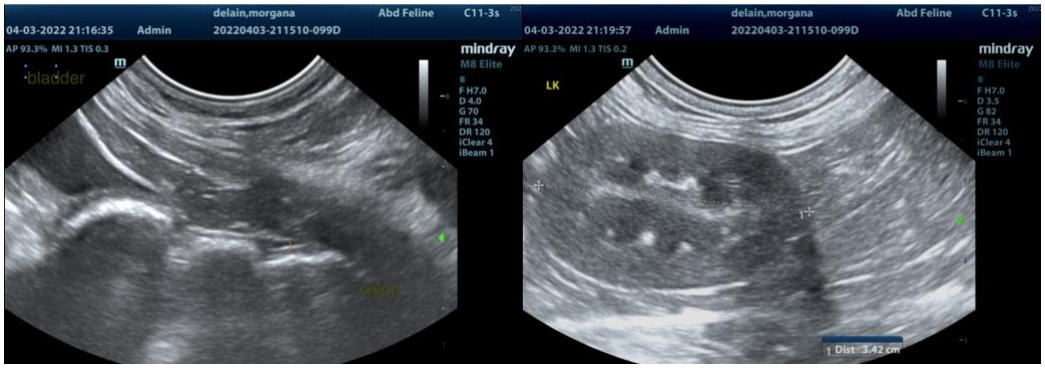

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com