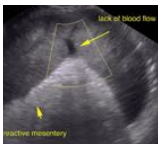

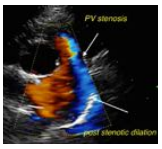

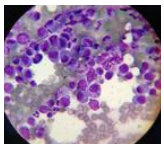
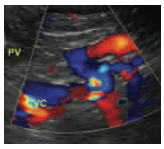

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PATIENT

Poly Clark

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 years 2 months

WEIGHT

6.9 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. Kivircik

HOSPITAL NAME

Kings VH

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PRESENTING CLINICAL SIGNS

History: Poly presented for abdominal ultrasound to evaluate potential intermittent gastrointestinal issues. Historically, she has vomited about once weekly, usually whole pieces of dry food. The vomiting has become more frequent and Poly has also had recent bouts of diarrhea. She was treated with Metronidazole and the stool is better, but still soft. She has lost weight 2-4 lbs since January of 2021. In the last few months her appetite and water intake has increased. Bloodwork revealed slight hyperglycemia and glucosuria; historically she does this when stressed. Moderately decreased phosphorus, and mildly decreased potassium and chloride. Total T4 and Free T4 by ED within normal limits.

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 sediment, cystoliths, polyps or a mass.

The left kidney measures 3.55 cm (mildly decreased in size; (3.80-4.40 cm)). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney measures 3.61 cm (mildly decreased in size; (3.80-4.40 cm)). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The left adrenal gland measures 0.35 cm at the cranial pole, 0.38 cm at the caudal pole and 0.95 cm in 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.

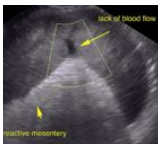
The right adrenal gland measures 0.30 cm at the caudal pole, 0.30 cm at the cranial pole and 1.00 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

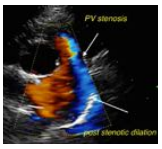
Spleen

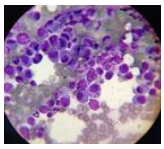
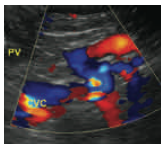
The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are





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PATIENT

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SPECIES

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BREED

Domestic Shorthair

SEX

Spayed Female

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WEIGHT

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INTERPRETED BY

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observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

Gastrointestinal

The stomach is filled with ingesta, thereby preventing an in-depth evaluation. Delayed gastric emptying is suspected if Poly was fasted. The stomach is markedly dilated and appears flaccid, which is suggestive of decreased peristalsis. Although the stomach wall is within normal limits in thickness, the subserosa is hyperechoic and thicker than what is considered normal.

The duodenum is thicker than what is considered normal, measuring 0.26 cm, and mucosal fogging is present. The muscularis of multiple loops of small intestine is thicker than usual and a large amount of ingesta and gas are present. A "to and fro" motion is observed, rather than normal peristalsis.

The colonic wall is not thickened and mural detail is considered normal. A large amount of fluid and ingesta are present in the descending colon.

Pancreas

The pancreas is enlarged and diffusely hypoechoic. The surrounding mesenteric fat is moderately hyperechoic, suggestive of saponification. These findings are highly suggestive of pancreatitis. Overt signs of neoplasia are not appreciated.

Other:

A hypoechoic lymph node measuring 6.66 mm in diameter x 8.72 mm in length is visualized in the area of the right limb of the pancreas and duodenum. The surrounding mesentery is hyperechoic. Another enlarged mesenteric lymph node is visualized, surrounded by a with a hyperechoic mesentery.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis is suspected.
- A marked delay in gastric emptying is suspected, particularly if Poly was fasted. An ultrasound of the stomach and biliary system should be repeated after a longer fasting period of approximately 14-20 hours.
- The diffuse thickening and mucosal fogging of the intestinal tract may be due to inflammation secondary to inflammatory bowel disease. That is, pancreatitis and IBD often occur concurrently in many feline patients. However, infiltrative disease, such as lymphoma or other round cell tumour, cannot be excluded.

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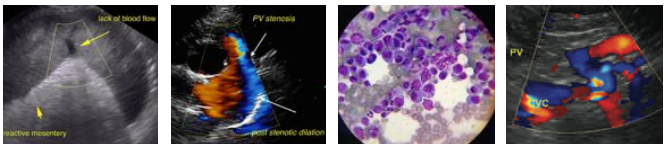

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

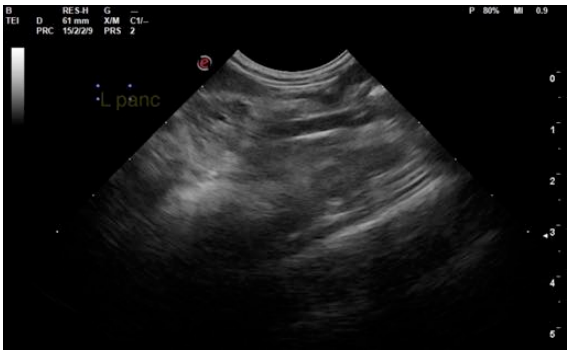
Cobalamin and folate concentrations are recommended as cobalamin deficiency can lead to weight loss due to malabsorption. Underlying exocrine pancreatic insufficiency (EPI) may also be contributing to Poly's weight loss, however, evaluation of a TLI concentration will not be helpful in diagnosing EPI if pancreatitis is currently present.

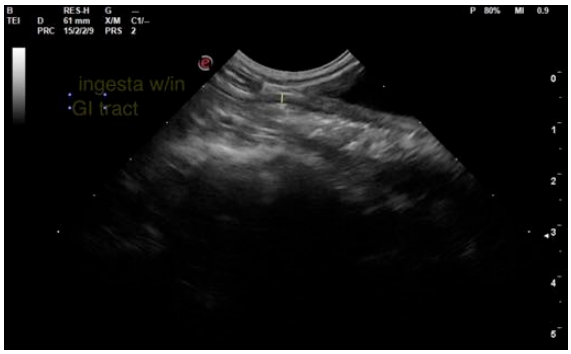
Although Poly tends to develop hyperglycemia and glucosuria when stressed, she may have diabetes mellitus secondary to pancreatitis. Therefore, evaluation of her blood glucose or presence of glucosuria is suggested at home for the next 1 to 2 weeks. Insulin therapy with glargine may be required while she is being treated for pancreatitis.

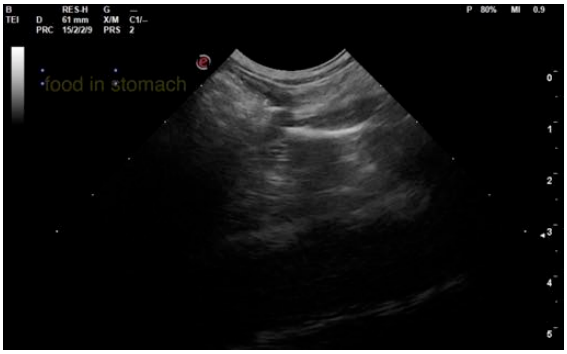
Endoscopy and biopsies of the upper and lower GI tract would be ideal. Another option, although much more invasive, would be to perform an exploratory laparotomy.

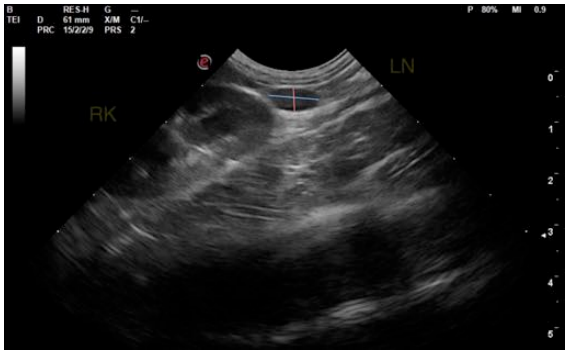
If further diagnostics are not pursued, empirical treatment for inflammatory bowel disease is recommended. For example, feeding a hypoallergenic diet, whether hydrolyzed or novel protein (a diet that is easily digestible, but most importantly, palatable). Trial therapy with corticosteroids may be required to decrease pancreatic and GI inflammation, providing diabetes mellitus is ruled out.

Analgesia for visceral pain, such as buprenorphine, is suggested, as well as supportive care, +/- subcutaneous fluids. Additional anti-emetics such as ondansetron may be administered in addition to or instead of maropitant (Cerenia).









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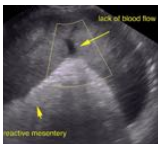
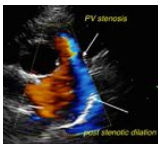
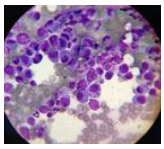
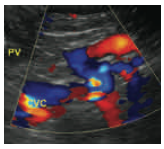

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SEX

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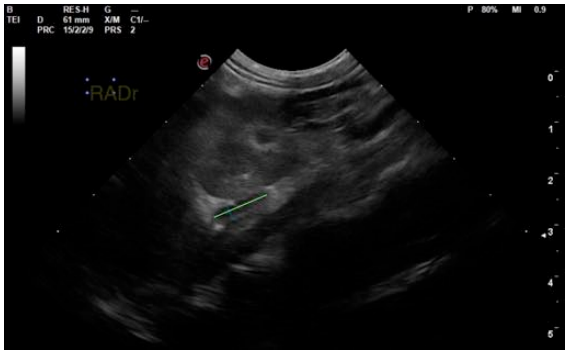

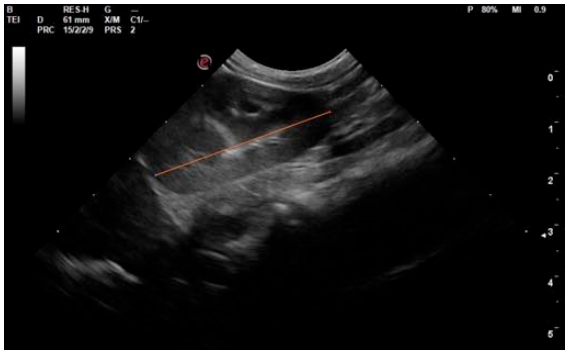
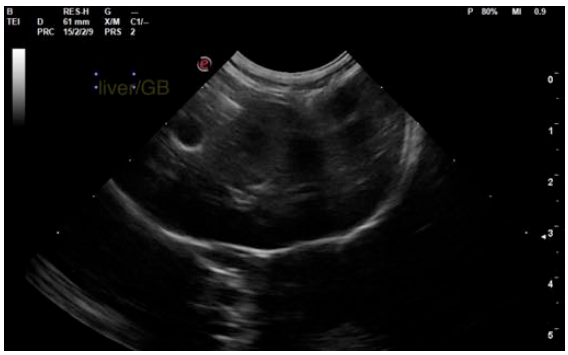

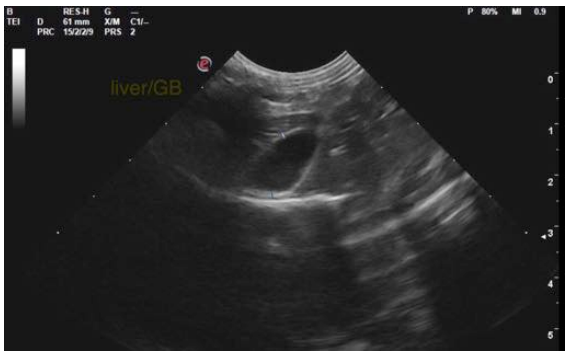

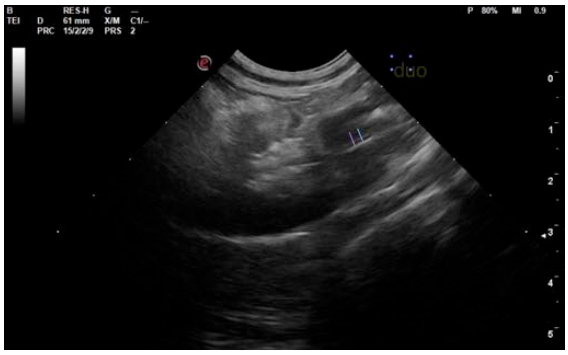
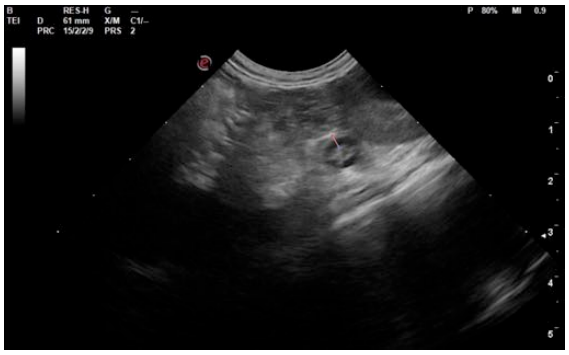
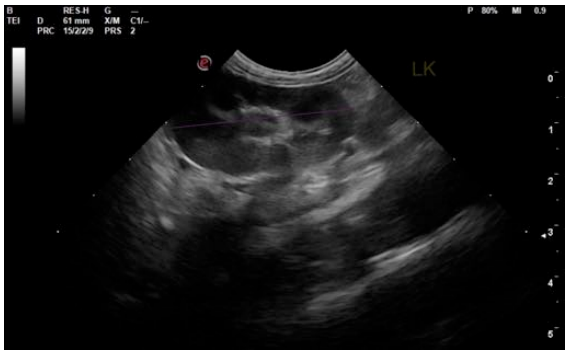

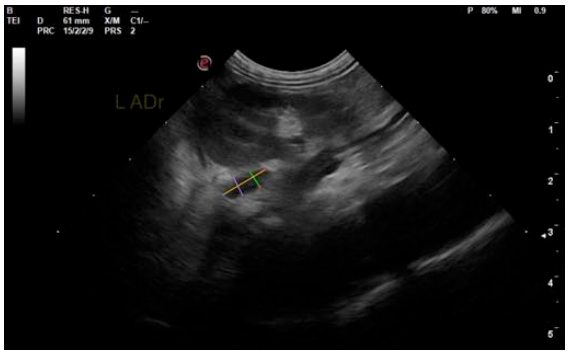

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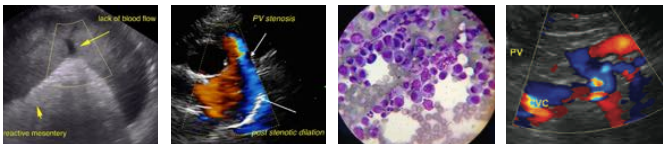

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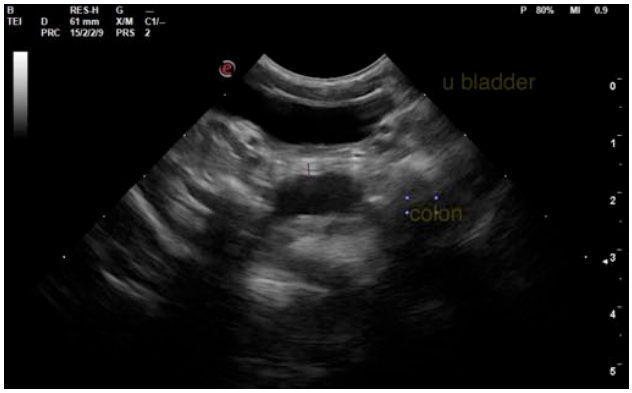

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com