



PATIENT PRESENTING CLINICAL SIGNS

Snickers Steckenreiter

resent for concern about weight loss. Owner did not notice any change in eating or drinking habits. Physical exam WNL - no heart murmur, no pain or masses appreciated. Mild muscle loss along spine and hind limbs. Bloodwork recommended and ran. Owner concerned about copper leaching from pipes into drinking water meds: Aventi Liver SID

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Unremarkable expect mild hyperbilirubinemia. ALKP <10 TBIL 16

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass. Filling of urinary bladder did not reveal any abnormalities.

Kidneys

AGE

10 Years

The **left** kidney measures 3.51 cm (3.80-4.40 cm). The capsule is smooth. The cortex is mildly hyperechoic (it is isoechoic to the spleen) and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae are present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

WEIGHT

5.2 kg

The **right** kidney measures 3.97 cm (3.80-4.40 cm). Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Adrenal Glands

The **left** adrenal gland measures 0.37 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

IMAGING PERFORMED BY

Kelly Reschny

The **right** adrenal gland measures 0.38 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

HOSPITAL NAME

Buck Animal Hospital

Spleen

The spleen is within normal limits in size 6.87 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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Dr. Morin

Liver

A large amount of falciform fat is present dorsal to the liver.

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There are no obvious signs of hepatomegaly and its borders are smooth and sharp to mildly rounded. The liver's echotexture is slightly coarse or granular in a diffuse pattern. It is within normal limits in echogenicity, however, certain views show a diffusely hyperechoic liver. Focal lesions are not noted. The walls of the portal veins are mildly hyperechoic, however, no other abnormalities are observed with the larger hepatic vessels.

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PATIENT	The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. It appears inspissated and nodular in one view. The cystic and common bile ducts are not dilated or tortuous, i.e. there are no signs of an obstruction.
Snickers Steckenreiter	
SPECIES	Gastrointestinal
Feline	A large amount of gas is present within the lumen of the stomach. No abnormalities are noted with the pylorus and body. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
BREED	The duodenum is at the high end of the normal reference to mildly thickened at 0.28 cm. Subjectively, the submucosa is mildly prominent. The mesentery surrounding the duodenum is hyperechoic.
DSH	The submucosa is prominent and fogging of the mucosa are noted in a number of segments of small intestine, however, the loops of bowel remain within normal limits in thickness. Abnormally dilated loops of bowel are not observed.
SEX	A very mild amount of gas and fluid are present within the lumen of the small intestines.
Neutered Male	No abnormalities are noted with the ileo-cecal-colic junction.
AGE	The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.
10 Years	
WEIGHT	Pancreas
5.2 kg	The pancreas has a mildly coarse echotexture. These changes are most likely due to nodular hyperplasia and areas of fibrosis, which are considered secondary to age and possibly to previous episodes of pancreatitis, respectively. Signs of active pancreatitis or neoplasia are not appreciated.
INTERPRETED BY	Other
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Lymph nodes
IMAGING PERFORMED BY	No abnormalities are observed
Kelly Reschny	Abdominal effusion is not visualized.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Buck Animal Hospital	<ul style="list-style-type: none"> The gastrointestinal tract show signs of inflammation, which may occur with inflammatory bowel disease (IBD). However, there are changes, such as mild loss of detail of wall layering of a few segments of bowel, which may be occur with infiltrative disease, such as lymphoma or other round cell tumour. Another possibility is severe IBD in conjunction with malabsorptive disease, such as cobalamin deficiency and/or exocrine pancreatic insufficiency. Many cats do not present with diarrhea or a voracious appetite. The mild, but diffuse hyperechogenicity of the liver may be due to cholangitis/cholangiohepatitis. Subclinical hepatic lipidosis may also be present; although a decrease in daily consumption has not been observed. The presence of sludge in the gallbladder is most likely clinically insignificant, however, some individuals may experience gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid or proton pump inhibitor may be required depending on the patient's history.
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PATIENT

Snickers Steckenreiter

- The mild renal changes are present, which are suggestive of age related degeneration.
- The pancreatic changes are most likely due to nodular hyperplasia and areas of fibrosis, which are considered secondary to age and possibly to previous episodes of pancreatitis, respectively. Signs of active pancreatitis or neoplasia are not appreciated.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

As mentioned above, evaluation of the TLI, vitamin B12, and folate are recommended as cats suffering from IBD may suffer from cobalamin deficiencies and exocrine pancreatic insufficiency. If the test is cost prohibitive, supplementation with vitamin B12 is suggested.

SEX

Neutered Male

Deworming with a broad spectrum dewormer, such as fenbendazole, is suggested if Snickers goes outdoors or if he lives with other pets that go outdoors.

AGE

10 Years

Cholestasis, cholangitis/cholangiohepatitis cannot be excluded. Secondary ascending bacterial infections may also occur. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic.

WEIGHT

5.2 kg

A veterinary prescription brand hypoallergenic diet, whether hydrolyzed or novel protein, may be tried. Multiple diets may be required, including only canned food, as some individuals cannot digest dry. The kibble may be soaked if an all canned diet is cost prohibitive.

If there is no response to the above, endoscopy and biopsies of the upper and lower GI tract are suggested.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

If further diagnostics are not pursued, although not ideal, empirical treatment for inflammatory bowel disease (and lymphoma) with prednisolone may be administered (1 mg/kg/day), and then tapered to the minimum effective dose that maintains his weight and muscle mass.

IMAGING PERFORMED BY

Kelly Reschny

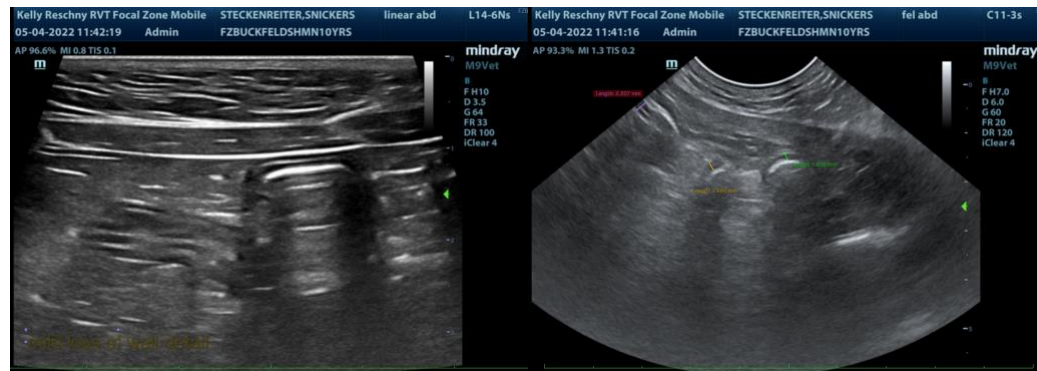
Cats with inflammatory bowel disease may experience cramps and abdominal discomfort, therefore, one could consider administration of analgesics, such as buprenorphine.

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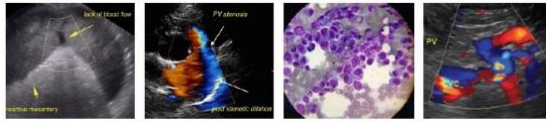


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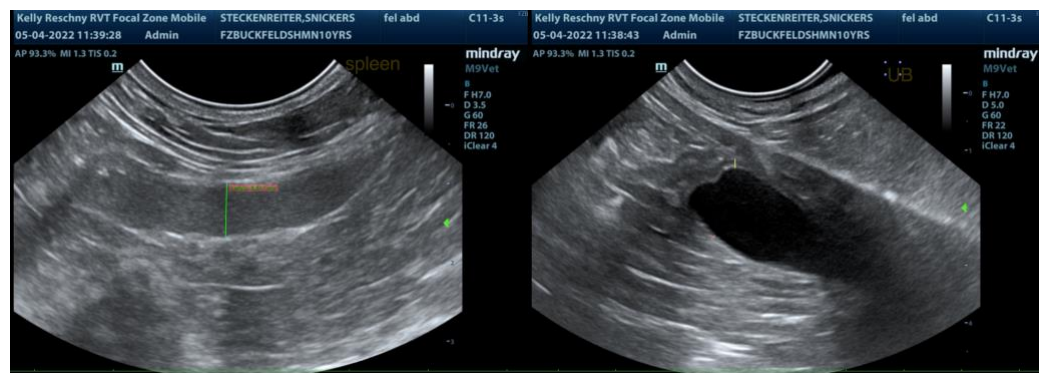
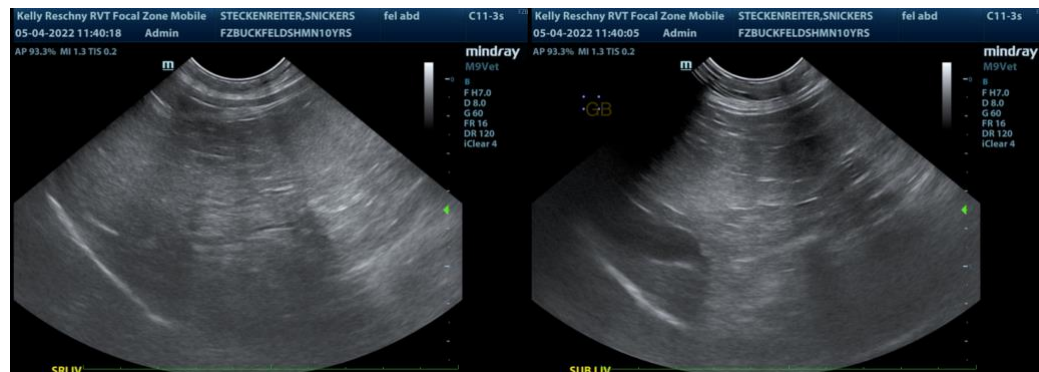
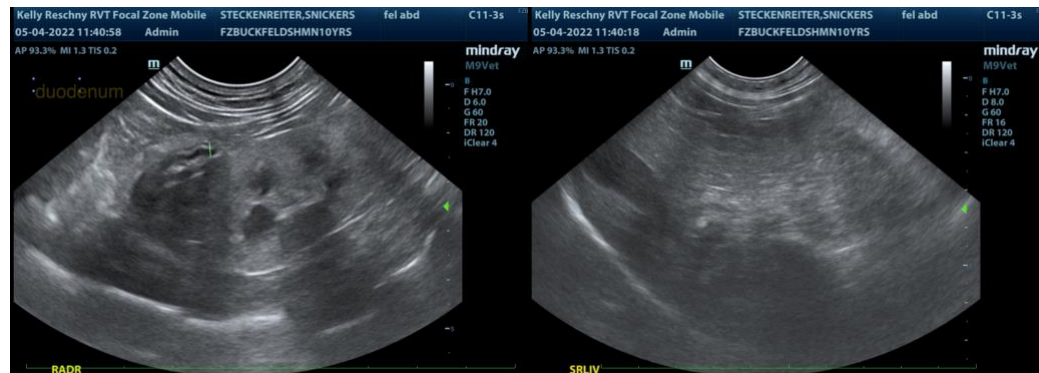
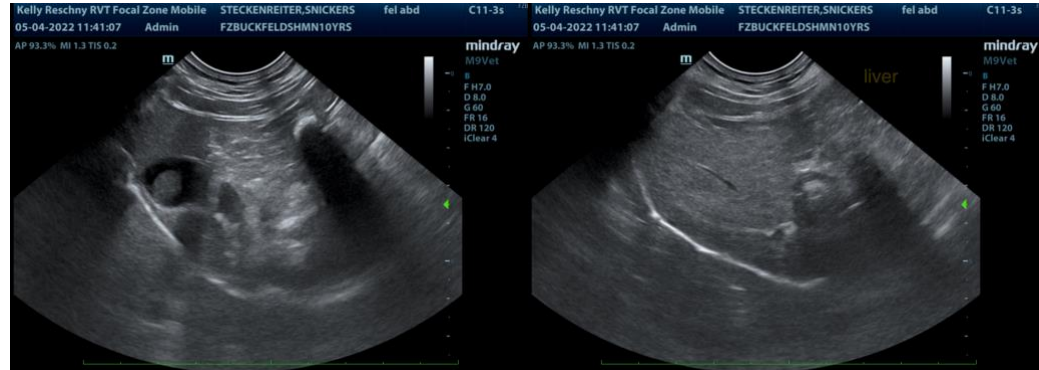
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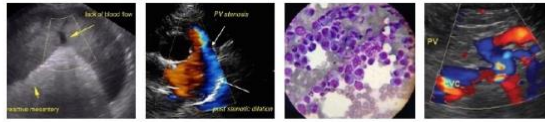
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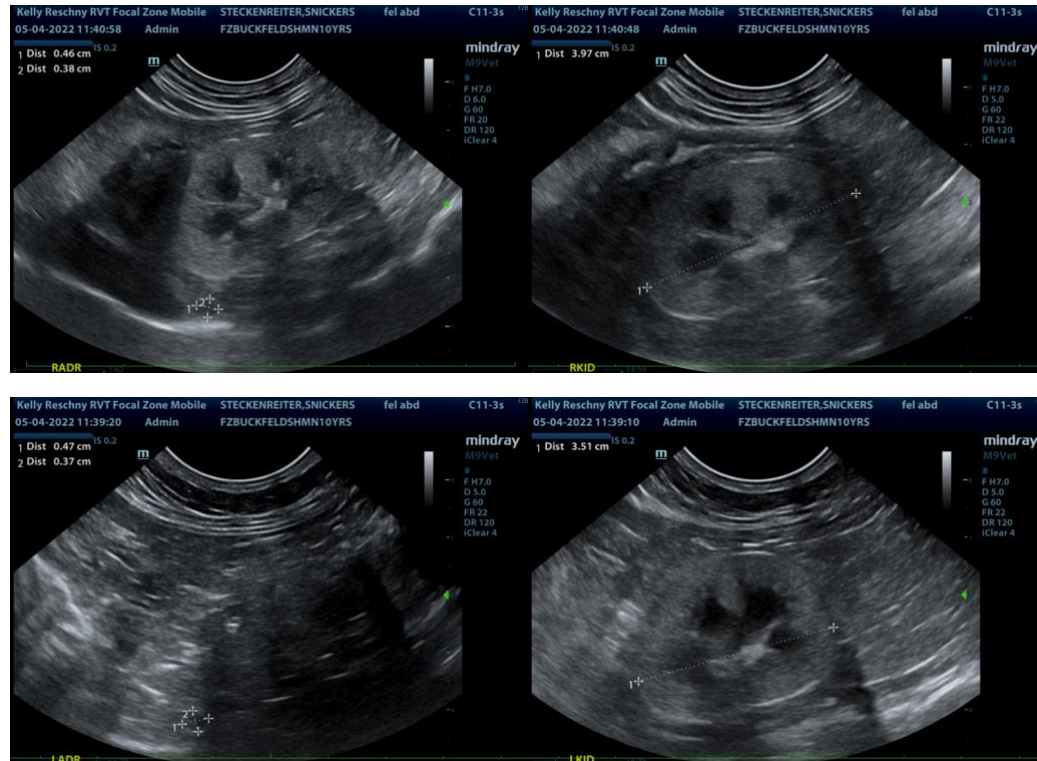
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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