



PATIENT	PRESENTING CLINICAL SIGNS
Robin ARLGP	Shelter kitten, chronic diarrhea that has been largely unresponsive to normal protocols and failure to gain weight.
SPECIES	Has been treated with Panacur, Ponazuril, Metronidazole, Mirtazapine, B-12, Fortiflora, SQ fluids, Pen G, Vaseline and frequent rear end baths. GI diets, recently Z/D.
Feline	Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9, some diarrhea on rear end and legs (fresh). Quiet. Leaks diarrhea. Felv/FIV: Neg, Giardia snap: Neg, Fecal Ag: Neg. Diarrhea panel (12/14, Idexx): Salmonella +, Coronavirus +, C. Perfringens +, High levels of C. Perfringens toxin
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FI	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
AGE	
3.5mo	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.1 cm in length. The right kidney measured 3.5 cm in length.
WEIGHT	
2.9lb	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.
IMAGING PERFORMED BY	Spleen
Dr. Ebersole	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver/Gallbladder
Scanvet	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt suspicion for a portosystemic shunt. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Pare/Dr McGarvey	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.20 cm in width.
INVOICE	
12705ag	
DATE	
01/16/2023	



PATIENT

Robin ARLGP

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.18 cm width. The colon wall measured 0.15 cm width.

SPECIES

Feline

Intact mildly prominent descending colon wall layering was present. The colon contained mild hyperechoic non-formed fecal matter.

Pancreas

BREED

DSH

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SEX

FI

Free Abdomen

Intermittent scant pocket of physiologic peritoneal free fluid was present.

AGE

3.5mo

Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

2.9lb

- Overtly normal GI tract with mild descending colitis
- Intermittent benign/reactive minor mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

In conjunction with previous diagnostics, a Texas GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for dysbiosis or malabsorption/maldigestive disorder is recommended. Empirically continued appropriate cobalamin supplementation, high colony count probiotic such as Provable or Visbiome along with dietary therapy which may include recently initiated hydrolyzed diet with possible non-flavored fiber supplementation, higher fiber or lower carbohydrate (carb <7%) is recommended. Limited antibiotics due to long term alterations in GI flora may be considered. Given diarrhea panel results, an internal medicine consult for additional antibiotic therapy may be indicated. Continued empirical deworming with Panacur would not be unwarranted.

IMAGING PERFORMED BY

Dr. Ebersole

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

HOSPITAL NAME

Scanvet

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

REFERRING VET

Dr. Pare/Dr
McGarvey

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SPECIES

Feline

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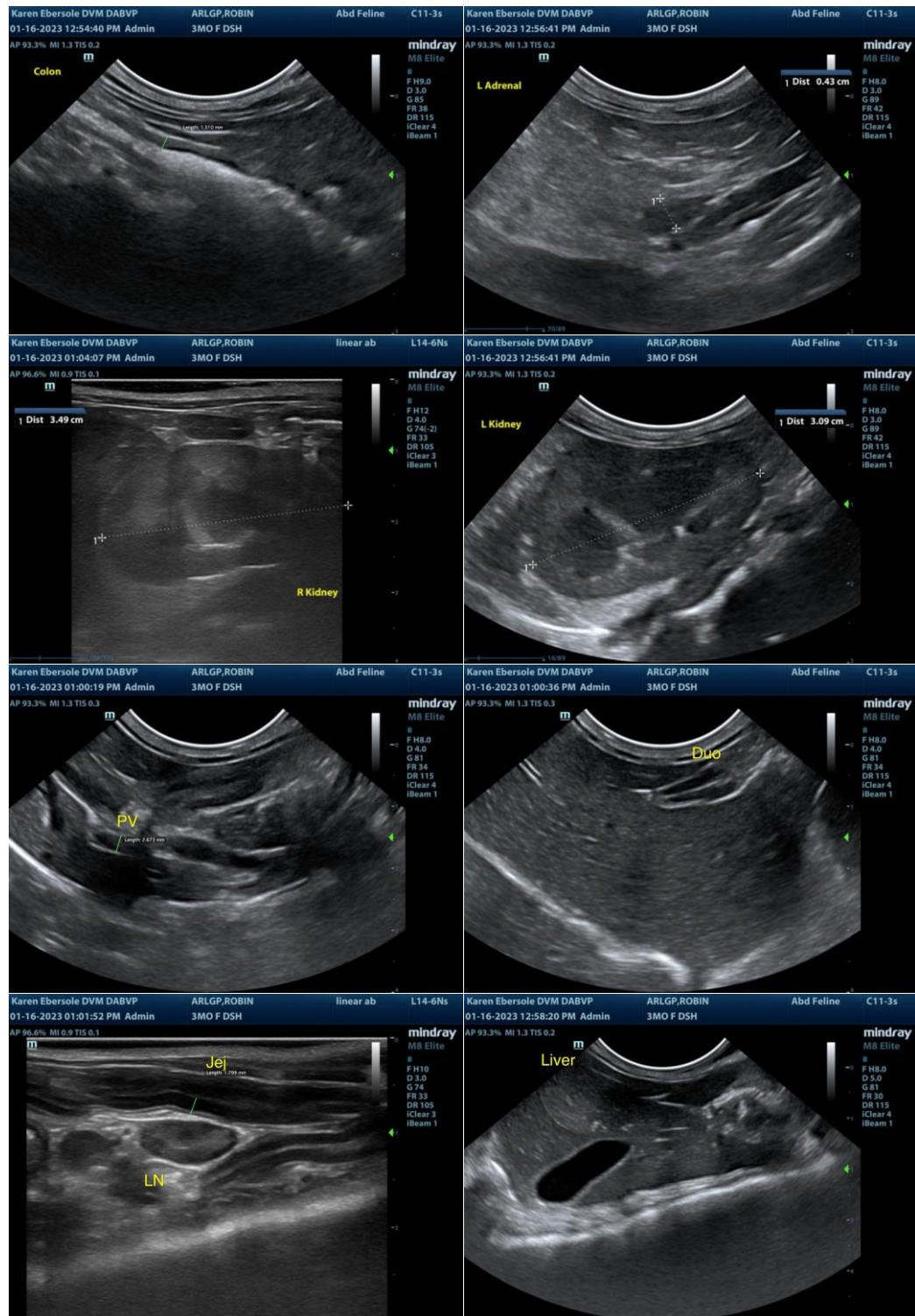
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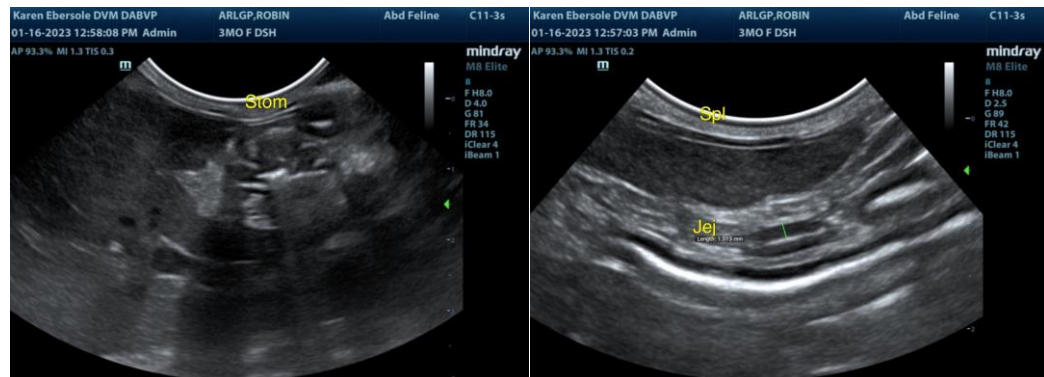
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com