



PATIENT PRESENTING CLINICAL SIGNS

History: Hyperthyroid, weight loss
 Medication: Methimazole

SPECIES

Feline

Unremarkable CBC. Chem – ALT 233, ALP 108, AST 82, CK 1081, Spec fPL 4.6, USG 1.030, 2+ protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

SEX

Neutered Male

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A cortical infarct was present in the caudal right kidney cortex. The left kidney measured 4.1 cm. The right kidney measured 3.8 cm.

AGE

11 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.8 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm in width.

INTERPRETED BY

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

Spleen

The spleen was normal in size and contour. Subtle hypoechoic micronodular splenic parenchymal changes were present. The spleen measured 0.99 cm in diameter.

Liver

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Creekview VH

Gastrointestinal

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. Gastric body wall measured 0.25 cm.

REFERRING VET

Dr. Ballek

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.28 cm. Ileocolic wall measured 0.43 cm. Subtle peri ileocolic reactive mesentery and minor colic lymphadenopathy (not consistent with neoplastic criteria) noted.

INVOICE

26654

Normal visible colon wall layers were present with apparent formed feces in lumen.

DATE

10.26.2021



PATIENT *Pancreas*

Leroy Schroy The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES *Free Abdomen*

Feline No peritoneal effusion.

BREED **PRIMARY FINDINGS**

Domestic Shorthair

- Hepatopathy
- Probable low-grade chronic to chronic active pancreatitis
- Enteropathy
- Subtle micronodular splenic parenchyma

SEX

Neutered Male

SECONDARY FINDINGS

- Hepatopathy
- Bilateral mild chronic renal changes with right kidney cortical infarct

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.8 Pounds

The subtle micronodular splenic changes may indicate benign changes such as nodular hyperplasia or hematopoiesis. However, early neoplasia such as lymphoma or mast cell may present in this manner and cannot be excluded. Ultrasound guided FNA with 25-gauge needle following normal coagulation panel would be ideal for further assessment especially if evidence of weight loss. Otherwise, sonographic monitoring with initial recheck in 3-4 weeks is recommended.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Probable inflammatory enteropathy/IBD suspected. Potential for triad disease (given the elevated liver enzymes and potential for inflammatory hepatopathy in conjunction with probable low-grade pancreatitis) is a primary differential diagnosis in this case. Definitive diagnosis would require hepatic full thickness small intestinal +/- pancreatic biopsies. Some or all of the following protocol may be considered empirically.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Triaditis/Pancreatitis protocol

Part or all of this protocol may be considered based on your clinical impression of the patient:

HOSPITAL NAME

Creekview VH

Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.

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PATIENT

Leroy Schroy

SPECIES

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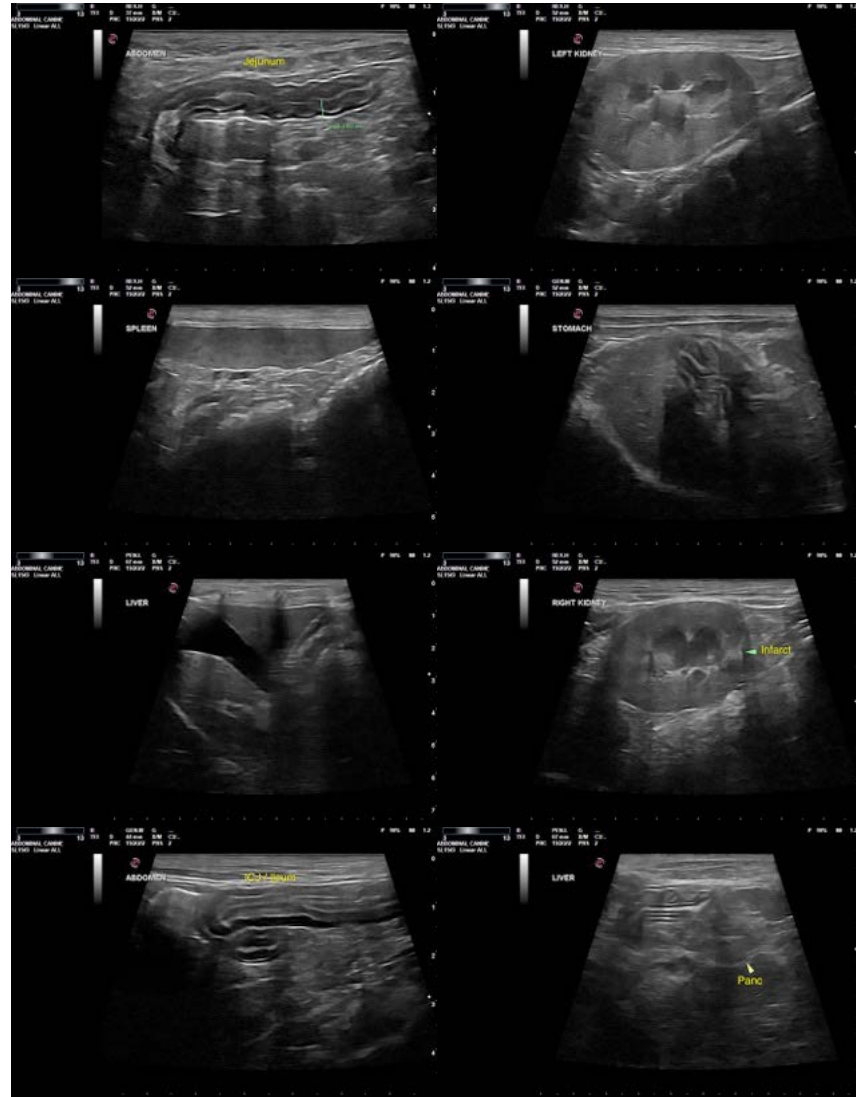
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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