

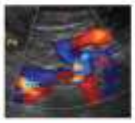

PATIENT

Leo QCAWC

SPECIES

Feline

BREED

Himalyan

SEX

MN

AGE

6 years

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Stacia Belda DVM

INVOICE

13461

DATE

3/9/22

PRESENTING CLINICAL SIGNS

Chronic diarrhea for reportedly 2-3 years. No diagnosis ever made. Per previous owner, cat did best when getting panacur daily. Currently having profuse uncontrollable diarrhea and occasional vomiting. Significantly decreased appetite. Was offered food at 7:30 am today may have eaten a very small bit otherwise has not eaten in a day or so. Was relinquished to shelter then transferred here to the Animal Welfare Center. Currently in a foster home.
Abnormal PE/Chem/CBC/UA Results: Emaciated. WBC 18.96, Neu 13.91, Mono 0.98, PCT 1.16%, HCT 31%. Chem panel WNL, T4 WNL, multiple fecals nps. Radiopacities noted in upper GI (stomach/duodenum region). Barium series last week all passed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

Spleen

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with focal to potential multifocal cholelithsis. An example of a cholelith measured 1.0 cm in diameter. The proximal to mid common bile duct was mildly dilated and tortuous without overt post

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hepatic obstruction. The common bile duct measured 0.25 cm diameter. No evidence of post-hepatic obstruction was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Moderate retained nonshadowing gastric chyme was noted. The stomach was otherwise normal. The gastric body wall width measured 0.20 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer yet without evidence of small intestinal mural hypertrophy. Minor segmental jejunal ileus was noted. No evidence of mechanical obstruction or intestinal masses was noted.

The colon walls presented intact yet mildly prominent wall layering with mildly thickened to echogenic submucosa subjectively and primarily involving the proximal to transverse colon. Soft to semi-formed was noted diffusely throughout the colon lumen with lumen dilation. The proximal colon wall width 0.34 cm.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Generalized minor peri-Intestinal to pericolic reactive mesentery was present. No free fluid or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Bilateral nonspecific chronic interstitial nephrosis renal pattern
- Moderate retained gastric chyme, possible hypomotile stomach
- Chronic colitis pattern with possible concurrent inflammatory enteropathy
- Cholelithiasis with mild proximal to mid nonobstructive common bile duct dilation
- Chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs in this patient are suspected to be primarily owing to chronic colitis, although possible concurrent essentially structurally insignificant inflammation enteropathy or chronic active pancreatitis may be contributing factors. Diarrhea PCR panel and GI panel to include PLI/TLI/Cobalamin/Folate are strongly suggested.

Empirically and pending additional diagnostics, cobalamin supplementation 250 mcg SQ weekly initially for 4-6 weeks then every 2-4 weeks as-needed, dietary therapy which may include hydrolyzed

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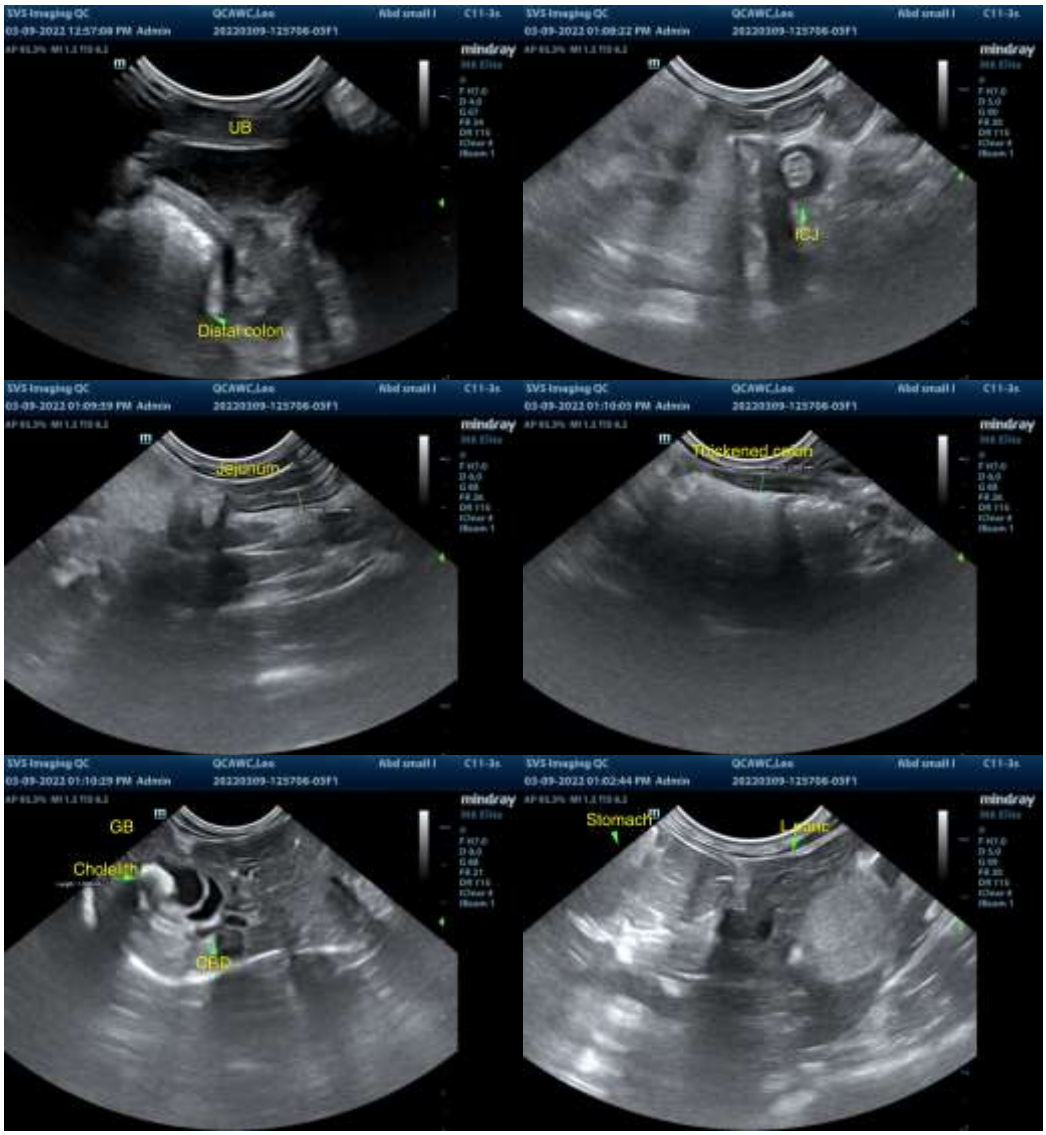
vs. higher fiber diet such as WD with potential for diet rotation, as well as a high colony count probiotic such as Proviable is recommended. Compounded Metronidazole trial with an assessment of clinical response would also be appropriate. Potentially, given the chronic diarrhea in this patient and chronic colitis presentation, Prednisolone 5.0 mg + Metronidazole 62.5 mg + Sulfasalazine 62.5 mg compounded into gel cap BID initially for 14 days then SID may prove beneficial.



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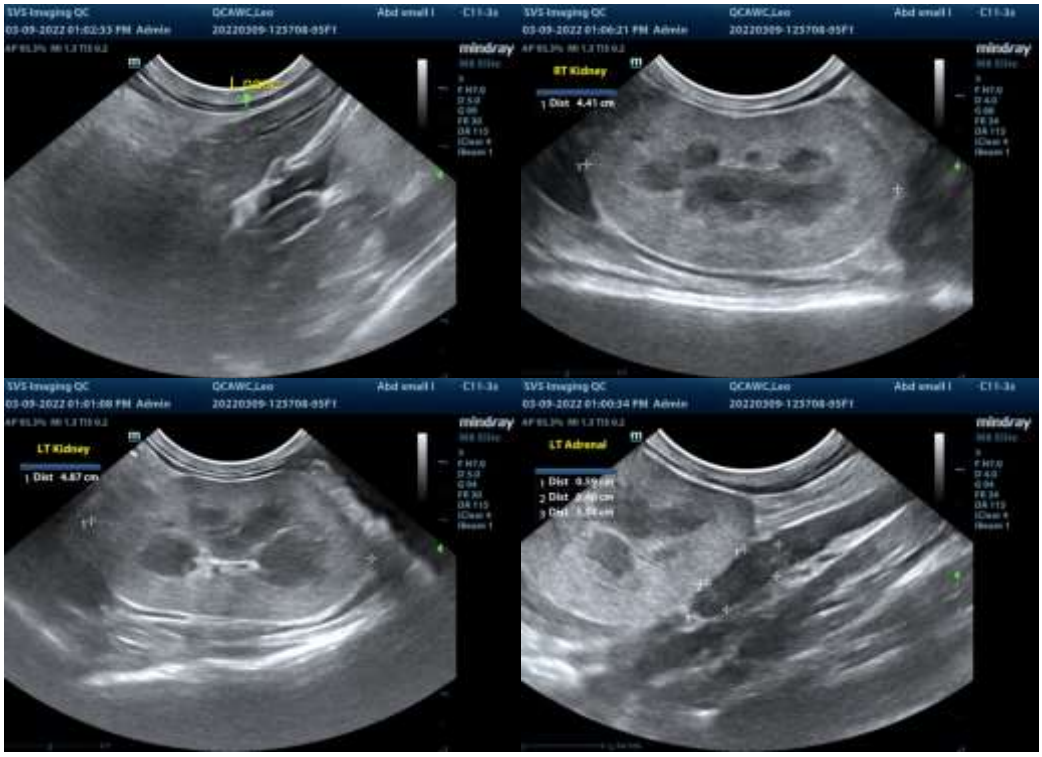

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com