

PATIENT PRESENTING CLINICAL SIGNS

Pumpkin Zammit History of UTI, elevated liver values, increased vomiting

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent 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.

BREED DSH The area of the aortic trifurcation was free of pathology.

SEX Spayed Female 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm. The right kidney measured 3.5 cm.

AGE 2007 **Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm in width. No overt pathology in the area of the right adrenal gland.

WEIGHT Spleen

7.5 Pounds 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.

INTERPRETED BY

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Liver

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. No overt evidence of inflammatory wall changes or peripheral inflammation. The proximal to mid common bile duct was mildly dilated (0.27 cm) and tortuous without overt post hepatic obstruction (calculi, mucus or masses). This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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REFERRING VET

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Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate nonshadowing ingesta/chyme, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

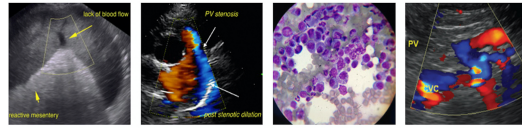
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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. Jejunum wall measured 0.24 cm. Duodenum wall measured 0.28 cm.



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

Pumpkin Zammit **Pancreas**

The pancreas was normal in size. Mild areas of pancreatic capsule asymmetry and heterogeneous isoechoic parenchyma noted with pancreatic duct dilation.

SPECIES

Feline **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Cholangitis/cholangiohepatitis hepatobiliary pattern
- Minor urinary bladder sediment – likely minor cellular or crystalline debris
- Mild chronic renal changes
- Moderate gastric and segmental small intestinal ingesta/chyme – suspect chronic pancreatitis.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2007

No overt evidence of hepatobiliary neoplastic criteria or evidence of post-hepatic obstruction. Ultrasound guided FNA of the hepatic parenchyma (assuming normal clotting status and using 25-gauge needle) could be considered for screening cytology and further clarification and potential identification of inflammatory cell type, if present.

WEIGHT

7.5 Pounds

If documented NPO prior to the ultrasound, potential for gastrointestinal hypomotility or inefficient peristalsis (given the presence of gastric and segmental small intestinal ingesta/chyme). If recurring gastrointestinal signs or evidence of weight loss, triad disease could be a consideration in this patient. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Some or all of the following protocol could be considered, if clinically indicated, with as needed hepatic support.

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Triaditis/Pancreatitis protocol

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

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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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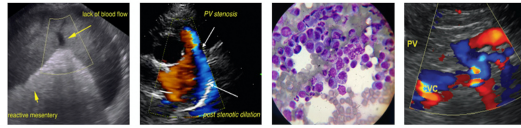
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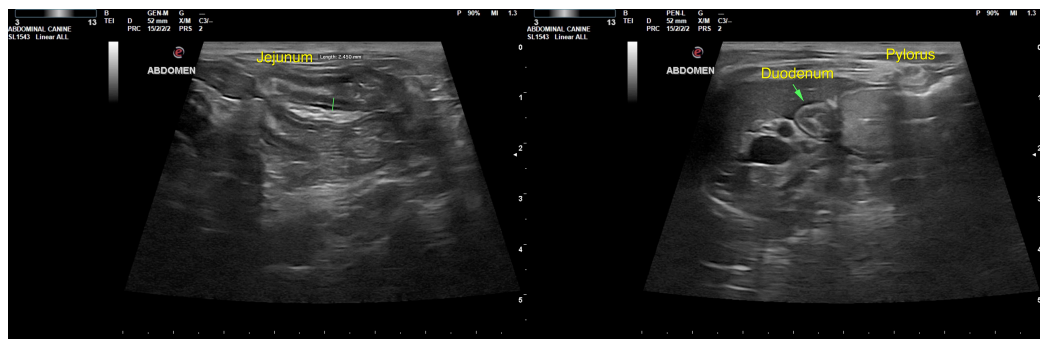
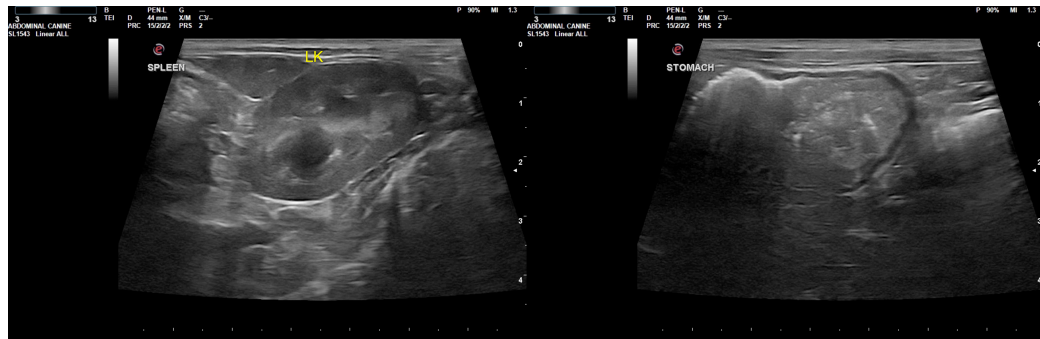
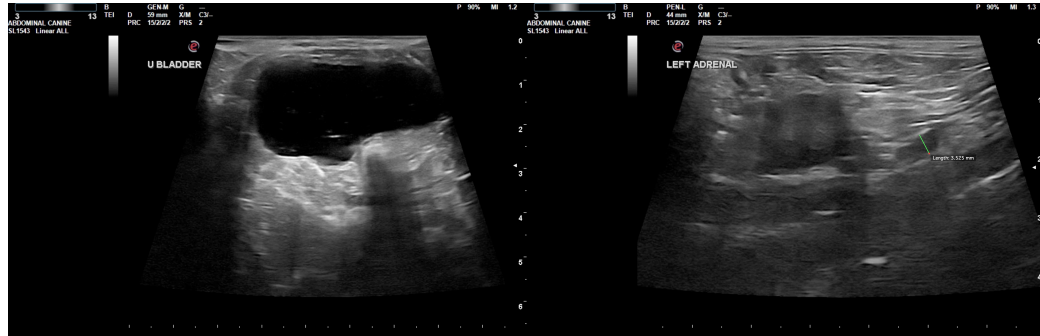
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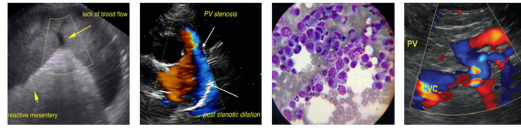
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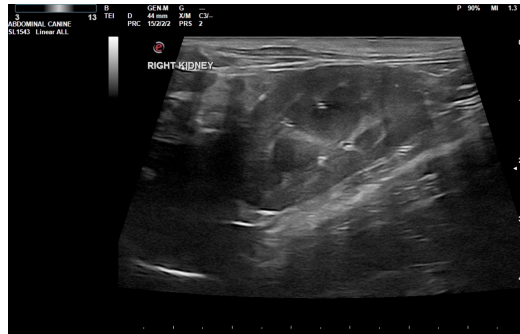
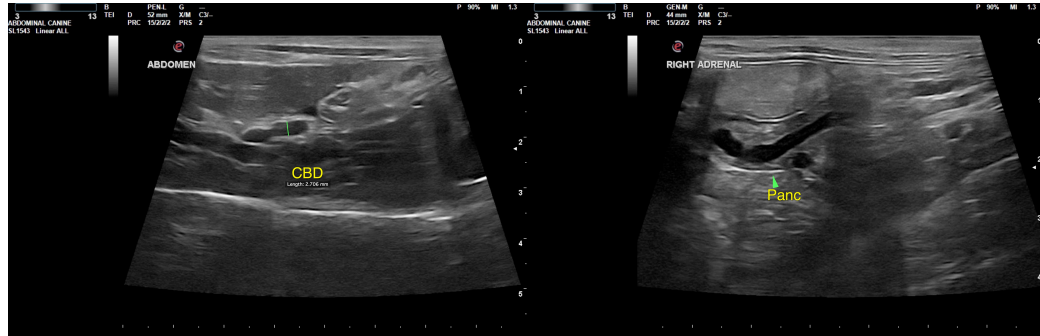
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AGE

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WEIGHT

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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.

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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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