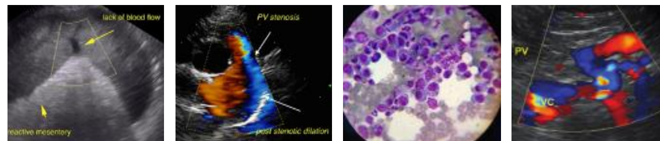

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1-800-838-4268 info@sonopath.com

PATIENT

Cairo Schneider

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 yr

WEIGHT

7.45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Patti Mayfield DVM

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PRESENTING CLINICAL SIGNS

History: Cairo is an 8 yo M/N DSH; presented to BAESC for evaluation of icterus of the sclera, mucous membranes and skin. -- Cairo was experiencing anal sacculitis ~ 1 month ago. He was treated with ABX and laxative. He then developed constipation and was seen again a few days later for constipation. Radiographs confirmed constipation and he was treated with more aggressive medical management, rather than deobstipation as the client was nervous about a sedating procedure. -- Blood work (client is uncertain if it was full/thorough vs more specific) was performed at La Paw An. Hosp. ~ 2 weeks ago and was reportedly "wnl". -- ~ 3 days ago, Cairo's stools have been declining. -- Cairo continues to eat, but seems slightly disoriented/abnormal, however not overtly lethargic. -- No CSVD noted. -- No PU/PD, drinking less. -- Client believes he has been losing weight for ~ 1 month. He is eating less and was transitioned to canned food. His appetite fair to poor. -- Cairo weighed ~ 20 # (9 kg) ~ 1 month ago, therefore has lost ~ 18-20% of body weight -- CURRENT MEDS: laxative daily; finished the antibiotics ~ 2 weeks ago (possibly Clindamycin) TREATMENTS GIVEN AT BAESC: 1.) Butorphanol 0.2 mg/kg IM to facilitate IV catheter placement and venipuncture (patient was poorly compliant) 2.) Rx: * Yunnan Baiyao: 1 capsule PO TID until gone * gave first red tablet in hospital * Vitamin K1 25 mg: 1/2 tab PO BID x 7 days (#7) * Cerenia 16 mg: 1 tab PO q 24 hours x 4 days (#4) *first dose in hosp * Mirtazapine 7.5 mg: Give 1/4 tab PO q 72 hours x 4 doses (#1) * first dose in hosp * Gabapentin 50 mg: Give 1 capsule PO TID-BID, prn (#20) * first dose in hosp * Denamarin 90 mg: 1 tab PO q 24 hours x 10 days (#10)

Abnormal PE/Chem/CBC/UA Results: PE: ~ 5% dehydrated, dull mentation. Icterus noted in sclera OU, mucous membranes (also pink) and integument. Mild abdominal discomfort on palpation (cranial). Evidence of recent weight loss. * IV catheter was attempted and placed on bilateral cephalic veins and the left saphenous, however after securing the catheter and flushing saline, all attempts led to profound bruising and phlebitis (blowing of the vessels). Placed pressure wraps on both cephalic veins and the left saphenous vein to provide hemostasis. After ~ 2-3 hours of wrapped limbs, was able to remove bandages with no further hemorrhaging noted, however significant bruising. CBC: * Unable to perform, due to inability to collect volume and profound bruising and continued bleeding from the venipuncture sites. PCV/TP: 44%/7.8 g/dL CHEM-17 + lytes * Stress hyperglycemia, BG: 187 mg/dL (71-159) * SDMA: 17 ug/dL (0-14) * BUN: 11 mg/dL (16-36) * ALT: 256 U/L (12-130) * ALP: 261 U/L (14-111) * Tbili: 8.6 mg/dL (0-0.9) T4: wnl PT: 40 sec (15-22) PTT: >300 sec (65-119)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

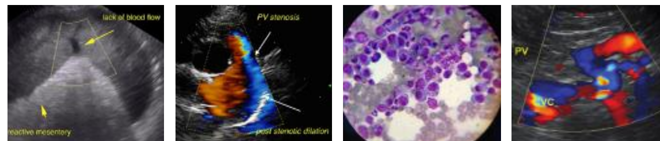
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. Minor loss of corticomedullary border demarcation and bilateral pinpoint areas of medullary mineral were present. A lateral cortical infarct was present in the right kidney. The left kidney measured 4.9 cm in length. The right kidney measured 4.4 cm in length. No overt evidence of renal neoplastic criteria was noted.

The area of the aortic trifurcation was free of pathology.

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. No overt pathology in the area of the right adrenal gland.



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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma and measured 0.8 cm in width at the level of the hilus. 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

The liver presented mildly enlarged in size. The liver parenchyma was mildly nonuniform to echogenic. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size with mildly prominent isoechoic walls. Primarily anechoic luminal content with mild to moderate particulate nonmineralized luminal debris was present. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct contained anechoic content without overt evidence of calculi measuring 0.30 cm in diameter. This did not appear to overtly extend to the level of the duodenal papilla.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.26 cm in width.

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 small intestinal wall measured 0.25 cm in width.

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

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

Small pockets of scant peri hepatic free fluid were noted. Subtle peri hepatic and peri cholecystic reactive mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangeohepatitis liver pattern with mild nonobstructive CBD dilation
- Pancreatitis with regional peri pancreatic reactive mesentery
- Overtly normal GI tract with mild gastric hypomotility
- Right kidney cortical infarct
- Mild urinary bladder sediment

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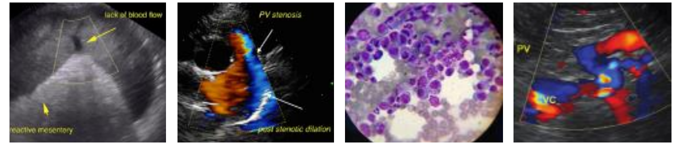

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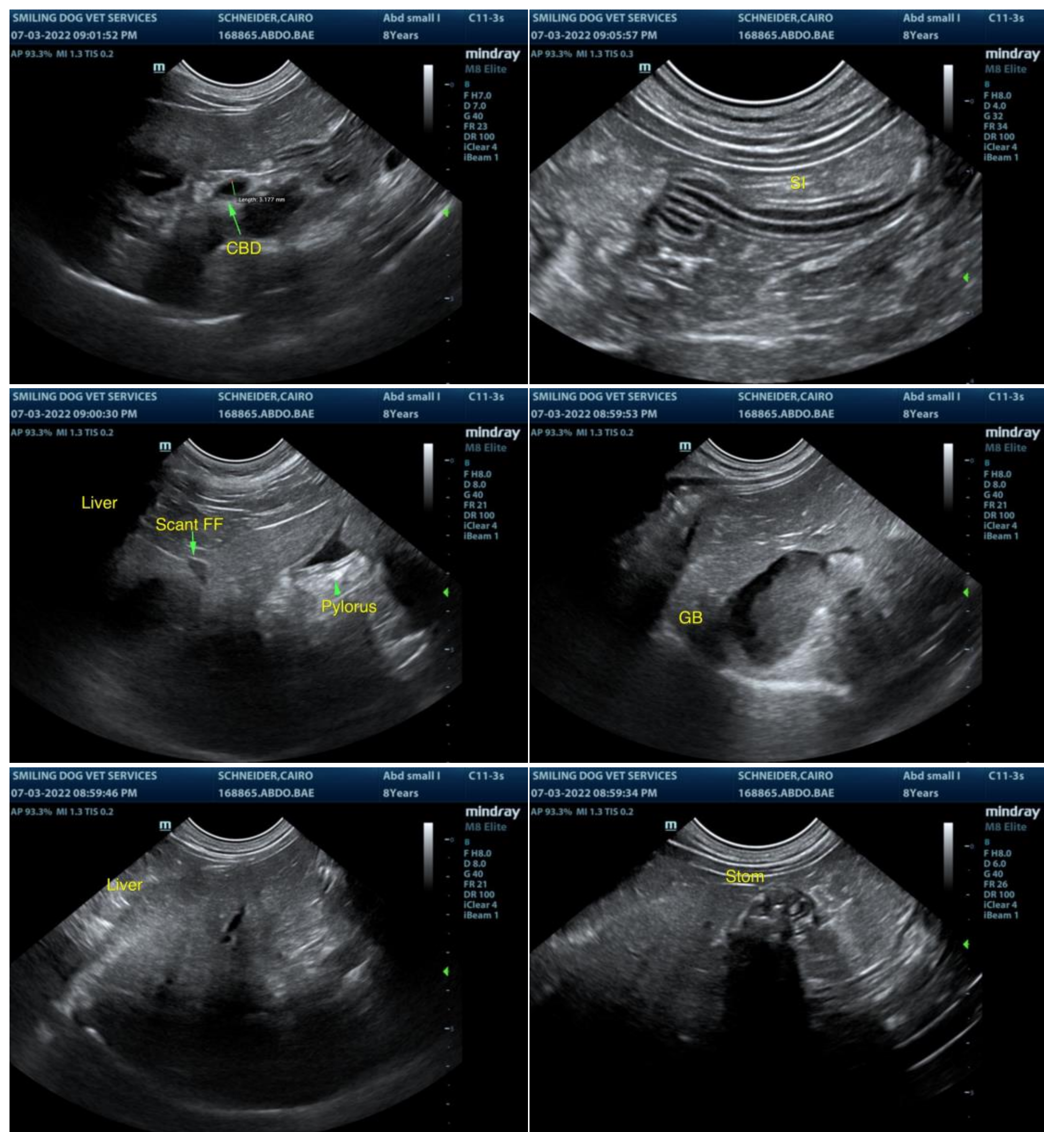
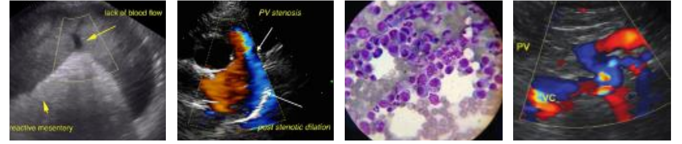
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of post hepatic obstruction was noted yet sonographic reassessment in the area of the gallbladder is warranted if progressive evidence of cholestasis/icterus is present. Overall the hepatobiliary presentation is most suggestive of inflammatory criteria with minor potential for infiltrative neoplasia. Ideally if clotting status can be stabilized, an ultrasound guided FNA of the liver for screening cytology is recommended. A spec fPL is warranted for correlation with the pancreatic presentation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to rule out occult GI disease. Empirical therapy for cholangeohepatitis/pancreatitis with continued monitoring of hepatic enzymes and clinical response would be reasonable.





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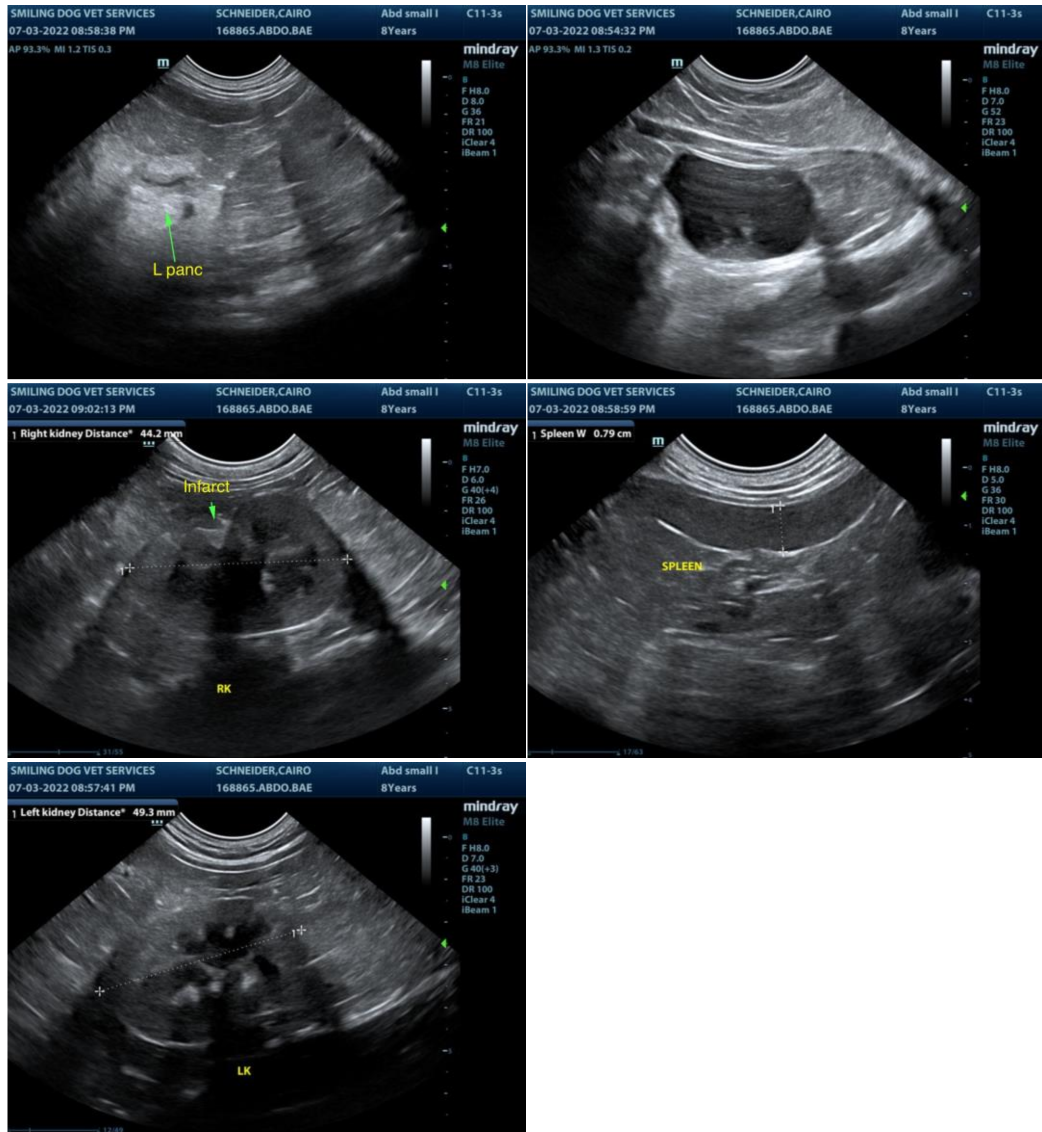

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com