**PATIENT**

Olive Drach

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

2.02 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Shannon Heintz

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Shannon Heintz

INVOICE

17043

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: Olive has had a chronic history of vomiting (intermittently) and diarrhea for 2 years. Olive was given a 6 week anti-inflammatory prednisolone taper in 2020, and the diarrhea and vomiting did not respond (per previous records). Olive has been on several prescription diets including Royal Canin GI Kitten, Royal Canin HA, and most recently Royal Canin SS. Although a strict diet trial was recommended, a true diet trial has never been attempted. Olive is currently on a mix of Royal Canin HA and SS with no improvement. Bile acids test was declined previously, as were small intestinal biopsies. Olive was spayed last year and the owner reports she has had more bad days than good since then. Vomiting has increased to daily episodes with bouts of undigested food or foamy liquid represented equally. Diarrhea is constant and soft to liquid. Olive is also now intermittently lethargic and has lost weight. Olive's mother died of unknown causes around 2 years of age. Otherwise, Olive has had several bouts of an URI symptoms that did not resolve with empirical antibiotics. A polyp was removed with traction from the L nasopharynx under sedation in 2021 for this reason. Sedation included midazolam, butorphanol, and alfaxalone.

Abnormal PE/Chem/CBC/UA Results: On exam, Olive is under-conditioned at a BCS of 3/9 and has thickened intestinal loops. Remainder of her physical exam is unremarkable. Lab results (all reported from rDVM records): FeLV/FIV neg/neg Toxoplasmosis neg (unsure which test from previous records) GIT panel to Texas A&M (only values reported): B12 >1000, Folate 19.3 TLI 87.8 Repeated CBC/chemistry/TT4/UA panels were reportedly WNL. Reportedly Olive has had many routine fecals which produced negative results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the residual prostate appeared normal and free of pathology.

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 pyelectasia. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length. Pinpoint hyperechoic corticomedullary foci were present, which may indicate pinpoint areas of mineralization, fibrosis or microinfarction.

Adrenal Glands

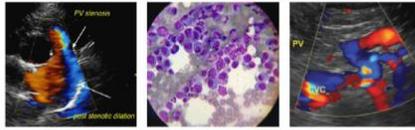
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

Spleen

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Olive Drach

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

2.02 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannon Heintz

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Shannon Heintz

INVOICE

17043

DATE

8/25/22

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

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.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering owing to mildly prominent gastric mucosa. The lumen of the stomach contained a mild amount of retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.26 cm.

The small intestine presented intact yet generalized prominent to mildly thickened wall layering owing to propensity for generalized prominent muscularis layer. The jejunum wall measured up to 0.31 cm. No obvious pathology in the area of the ileocolic junction, although not definitively visualized.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

Pancreas

The left limb of the pancreas was normal in size and contour with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

Variably enlarged mid abdominal 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 lymph node size measured 2.4 cm x 0.59 cm. Intermittent small pockets of scant peritoneal free fluid were noted in the caudal abdomen, around the urinary bladder and between intestinal loops.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Mild gastritis pattern
- Enteropathy, exhibiting intact yet prominent wall layering
- Associated mesenteric lymphadenopathy
- Mildly hypoechoic left pancreas

Secondary Findings

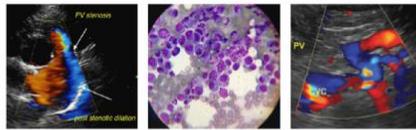
- Nonspecific pinpoint hyperechoic renal corticomedullary foci

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the small intestine is suggestive of infiltrative enteropathy with considerations, including inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis, other), while

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Olive Drach

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

2.02 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannon Heintz

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Shannon Heintz

INVOICE

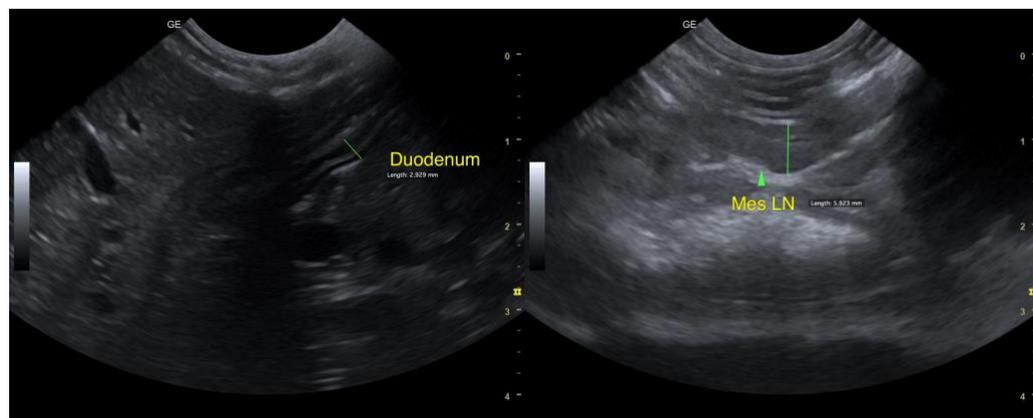
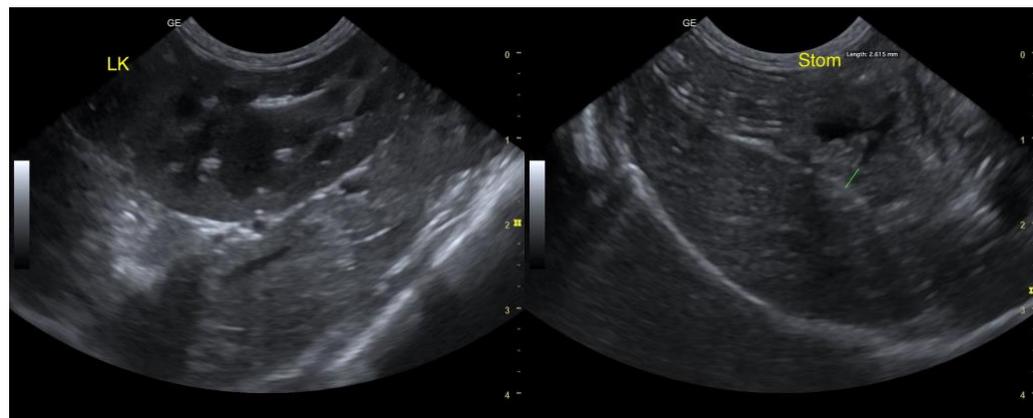
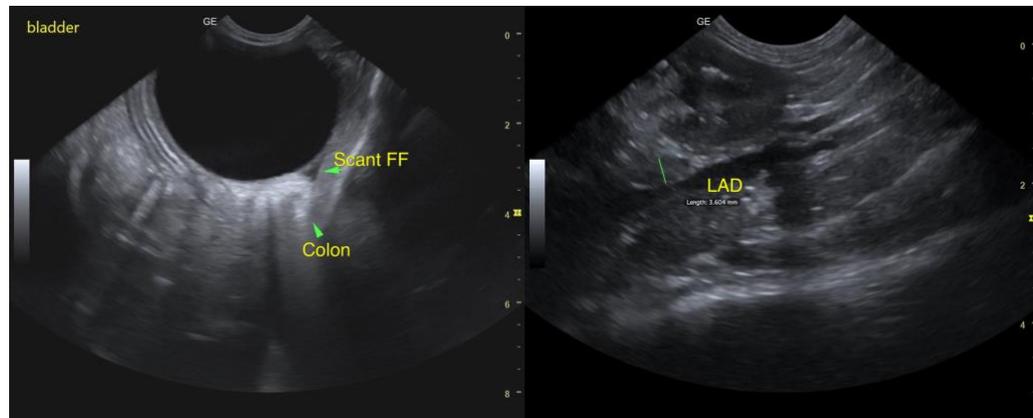
17043

DATE

8/25/22

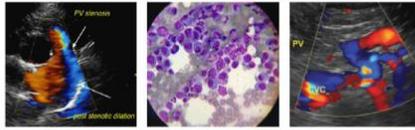
the possibility of neoplastic infiltrative enteropathy with round cells (lymphoma, mast cell neoplasia or other), which may present in similar sonographic manner, cannot be excluded. Given the young age of the patient, full thickness intestinal biopsies recommended for histopathological diagnosis and guidance of treatment Potential for concurrent low-grade pancreatitis, which is commonly seen with underlying intestinal disease in cats, is possible, although not definitive.

Empirical IBD protocol, which may include continued dietary therapy, high colony count probiotics, such as Provable +/- fiber supplementation, broad spectrum deworming, if patient is indoor/outdoor or if clinically indicated and potential prednisolone trial at lowest effective dose to control clinical signs with as needed gastrointestinal support and assessment of clinical response would be reasonable. However, intestinal biopsies are strongly suggested, if possible.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Olive Drach

SPECIES

Feline

BREED

Domestic Shorthair

SEX

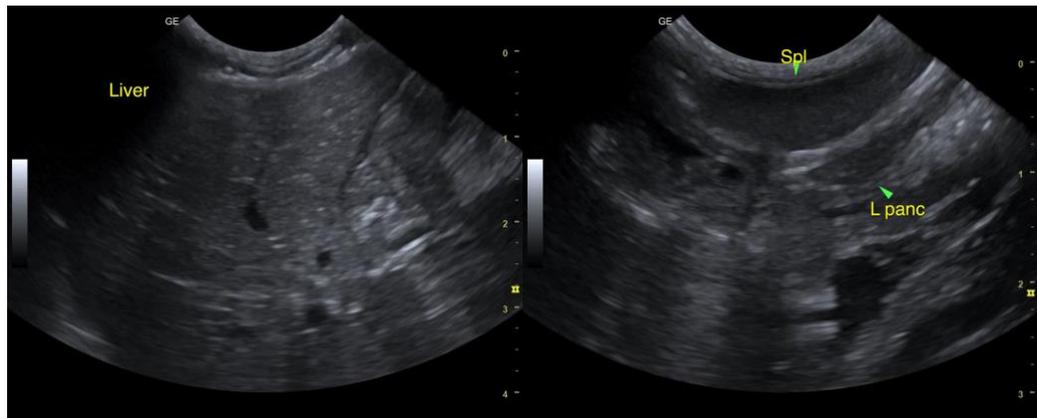
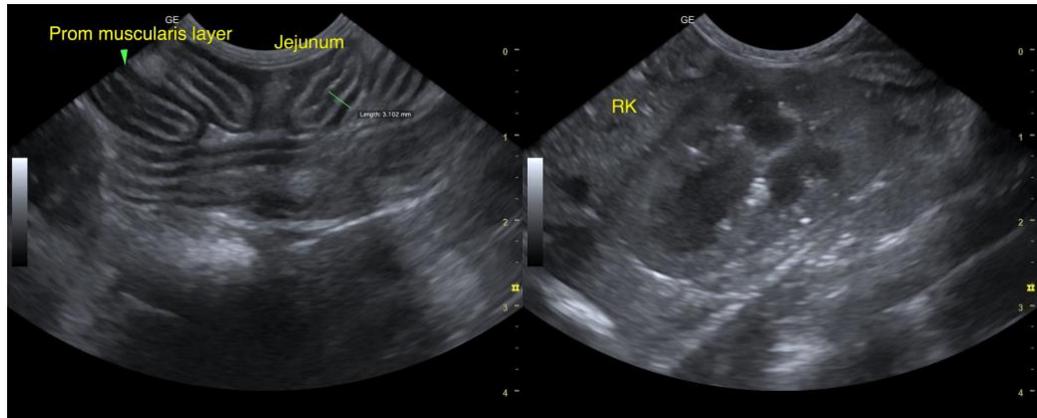
Spayed Female

AGE

2.5 Years

WEIGHT

2.02 Pounds



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannon Heintz

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Shannon Heintz

INVOICE

17043

DATE

8/25/22

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com