

PATIENT PRESENTING CLINICAL SIGNS

Kiki Kiirō History: 4# weight loss, occasional vomiting and decreased appetite
Medication: Mirtazapine

SPECIES CBC mild monocytosis, Chem panel SDMA 18, Albumin 2.4, Globulin 6.3, ALT 223, ALP 167, AST 87, Total bilirubin 2.4, spec fpl 4.4
Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic Shorthair The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. A solitary cystic calculus was present with minor nondependent particulate sediment. The calculus measured 0.63 cm in diameter. Anechoic urine was present in the lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

No evidence of pathology in the area of the aortic trifurcation.

AGE

10 years

The left kidney was mildly subnormal in size. 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. A small cortical cyst was present in the left kidney along with bilateral mild nonobstructive medullary mineralization. The left kidney measured 2.7 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT

7.4 #

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width.

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

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The spleen exhibited a minor asymmetrical medial capsule contour with maintained homogeneous parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.94 cm width.

HOSPITAL NAME

Lehigh Valley AH
(Bath)

Liver / Gallbladder

REFERRING VET

Dr. Tan

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.

INVOICE

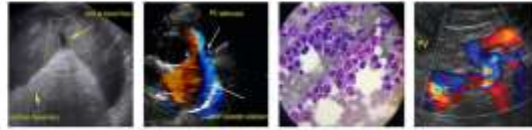
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The gallbladder was non-distended in size with mildly prominent yet isoechoic walls and primarily anechoic luminal content. The common bile duct was generally dilated and tortuous, and not consistent with post-hepatic obstruction. No evidence of obstructive duodenal papilla pathology or ductal calculi. The common bile duct measured 0.24 cm diameter.

DATE

9.3.2021

Gastrointestinal



PATIENT 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. The gastric body wall width measured 0.25 cm.
Kiki Kiuro

SPECIES The small intestine presented intact wall layering with segmental propensity for prominent to echogenic submucosa and mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall width measured 0.26 cm.
Feline

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

BREED *Pancreas*

Domestic Shorthair The pancreas presented normal in size with a mild asymmetrical contour with hypoechoic to heterogeneous parenchyma. Minor pancreatic duct dilation was noted. No signs of active inflammation or neoplastic disease was evident.

SEX *Free Abdomen*

FS A focal likely reactive pancreatoduodenal lymph node was noted adjacent to the pancreas base measuring 0.56 cm diameter.

AGE No other evidence of additional lymphadenopathy or peritoneal effusion was present.
10 years

ULTRASONOGRAPHIC FINDINGS

- WEIGHT** 7.4 #
- Cystic calculus with mild urinary bladder sediment.
 - Bilateral mild chronic renal changes with left kidney cortical cyst and mild nonobstructive medullary mineralization.
 - Chronic hepatopathy - suspect chronic inflammatory hepatopathy.
 - Mild cholecystitis / cholangitis with nonobstructive common bile duct dilation.
 - Probable chronic active pancreatitis.
 - Suspect mild chronic inflammatory enteropathy.

- INTERPRETED BY** R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rebekah Jakum, CVT ARDMS/RVT Urine culture and sensitivity on sterile urine sample suggested.

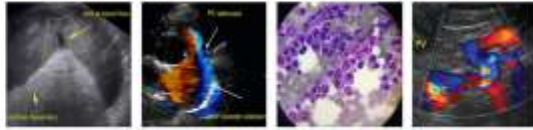
HOSPITAL NAME Triad disease is considered a top differential diagnosis in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Definitive diagnosis would require intestinal, pancreatic, and hepatic biopsies +/- bile culture and sensitivity. Empirically, triad disease protocol may be considered with assessment of clinical response.
Lehigh Valley AH (Bath)

REFERRING VET Some or all of the following protocol may be considered:

Dr. Tan **Triaditis/Pancreatitis protocol**

INVOICE Part or all of this protocol may be considered based on your clinical impression of the patient: 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
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DATE 9.3.2021



PATIENT

Kiki Kiirō

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.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

10 years

WEIGHT

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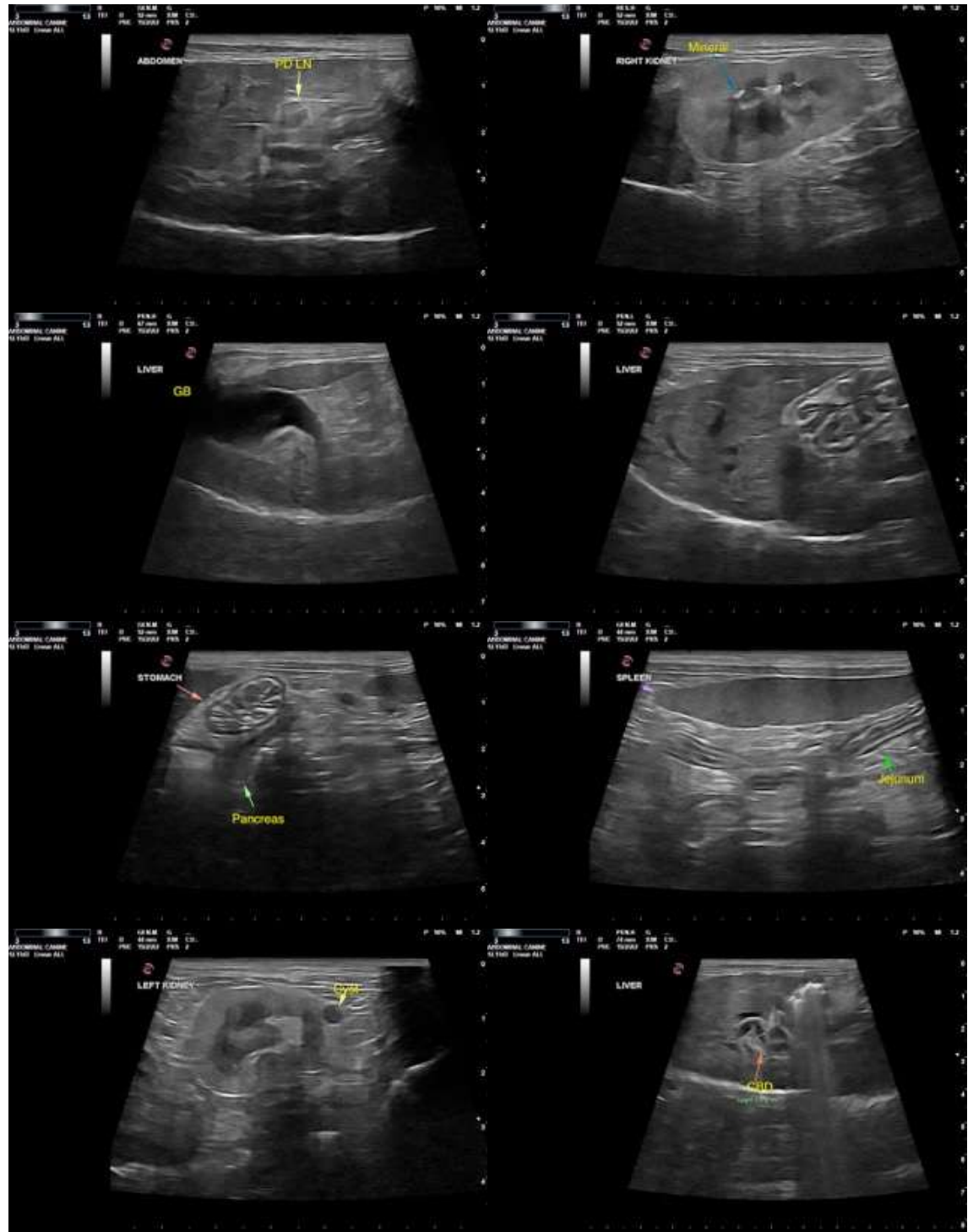
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Kiki Kiiro

SPECIES

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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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