



PATIENT PRESENTING CLINICAL SIGNS

Emma Tanttila History: DATE: 9/9/2021 VETERINARIAN: Katie Weldon PATIENT/OWNER: "Emma", Margaret Tanttila Canine/Feline: Feline Breed: Siamese Female/Male: Female Spayed/Intact: Spayed Age: 12 years Weight: 8.1 lbs. (lost 0.3 lbs since 8/26/21) HISTORY: Emma is a 12yr FS Siamese who presented to the emergency clinic on 8/26/21 for being lethargic, quiet and febrile. O reported that the last two days, p was eating well. That morning, p was acting well but refused food. O gave maropitant 4mg po. P used the litter box and p had diarrhea. P seemed uncomfortable and painful and was no interested in interacting. P did not want to lift her head and so o brought her in. P is one of three cats in the house hold, but Emma lives separately from the other cats. On PE at the emergency clinic, P was dehydrated and had a mild fever at 103.7. Bloodwork showed: PCV/TS: 36% and 5.6 g/dL CBC: Leukocytosis at 21.95k with an inflammatory leukogram and suspected bands Chem 15: stress hyperglycemia at 164, mild hypophosphatemia at 2.4 Lytes: WNL Radiographs were taken at the emergency clinic 8/26/21:

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED

BY

Loetitia Saint-Jacques, RVT

Conclusions:- Mild pulmonary hyperinflation. The heart remains within normal size limits but being at the lower end mild dehydration could not be excluded- Potential gastric foreign body – this is not consistently seen and given the fundic location this may be a clinically incidental finding (no vomiting is reported)- Mild dilation of the proximal colon – this is likely transient with no distal dilation or cause of obstruction seen. The fecal material is largely formed suggesting persistent diarrhea is not present- Mild lumbosacral spondylosis – this may well be a clinically incidental finding. Additional comments:- No clear explanation for the reported lethargy, anorexia and pyrexia is seen on this study. Differentials may include a systemic inflammatory or infectious process. P was placed on Clavamox, and was doing better, but then started gradually slipping back into not eating well and vomited multiple times on Tuesday 9/7/21. The owner gave Cerenia on Tuesday and Wednesday. Today, P feels good and is eating. Physical Exam: Weight: 8.1 lbs. T- 100.8, P- 180, R- 30/purr mm: pink / moist Dehydration: 0% BCS: 3/5 EENT: No significant ocular or nasal discharge noted. Ears are clean. Oral cavity = 0-1/4 dental disease. No pain upon opening the mouth. No oral lesions noted. CV/Resp: WNL. No murmurs ausculted, normal sounds all lung fields GI: Abdomen palpates w/ a POSSIBLE ventral mid-abdominal mass???? Musk: No joint abnormalities. Muscles are symmetrical. No pain elicited on manipulation/exam. ROM appears normal. Integ: WNL LN: All peripheral LN palpate WNL Neuro: WNL Urogen: WNL, no obvious visible or palpable abnormalities REASON FOR ULTRASOUND: • Evaluate for causes of inappetence, vomiting, and diarrhea • Look for possible abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

HOSPITAL NAME

Mount Rose AH

REFERRING VET

Dr. Katie Weldon

The urinary bladder, trigone und pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process are noted.
Left kidney measures 3.4 cm length, right kidney 3.04 cm. There is a clear corticomedullary definition. Renal pelvis and exit to the ureters are unremarkable.

INVOICE

Adrenal glands

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Both adrenal glands are considered as normal.

DATE

9/10/21



PATIENT Spleen

Emma Tanttla The spleen is inconspicuous in terms of size, surface and echotexture.

SPECIES Liver/Gallbladder

Feline Liver images are inconspicuous. Deviation of vasculature is not noted. Evidence of nodular or focal changes are not visible. Gallbladder is unremarkable without sign of relevant sludge, a florid process or cholestasis.

BREED Gastrointestinal

Siamese The small intestine impresses with a marked hyperechoic mesentery showing a thickened muscular layer (up to 0.21 cm) throughout. There is a focal section with thickening of all layers with a transverse diameter of 0.44 cm and an even more hyperechoic mesentery. Small pockets of free peritoneal fluid are recognized. The ileocolic junction again shows a hyperechoic periphery with mild enlargement of the lymph nodes.

SEX Spayed Female
AGE 12 Years
Stomach and small intestine are predominantly empty, the colon is inconspicuous.

Pancreas

WEIGHT 8.1 Pounds
All pancreatic parts displayed show hypoechoic echogenicity to the surrounding omental fat. Pancreatic surface is smoothly margined. Signs of focal lesions are missing.

Ultrasonographic findings

- INTERPRETED BY** Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
- Signs of an active inflammatory bowel disease with secondary mesenteritis/peritonitis
 - Suspected pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickening of the small intestinal wall especially of the muscular layer is typical for (subclinical) chronic enteritis (IBD, eosinophilic enteritis). The intestinal periphery, mesentery and mesenteric lymph nodes represent reactive-inflammatory changes which are not typical for lymphoma but do reflect the acute onset of symptoms, leukocytosis etc. However, infiltrative disease/early-stage lymphoma can look similar and cannot be fully ruled out. Bloodwork/fecal examination and FNA of the hyperechoic mesentery and the ascites could be the next diagnostic steps. Empiric therapy with metronidazole and prednisolone could be started.

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Pancreatic changes are mild from a sonographic point of view and do most probably represent chronic, degenerative pancreatic disease. Pancreatitis is potential differential diagnosis. This must be correlated with blood results.

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Siamese

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Spayed Female

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WEIGHT

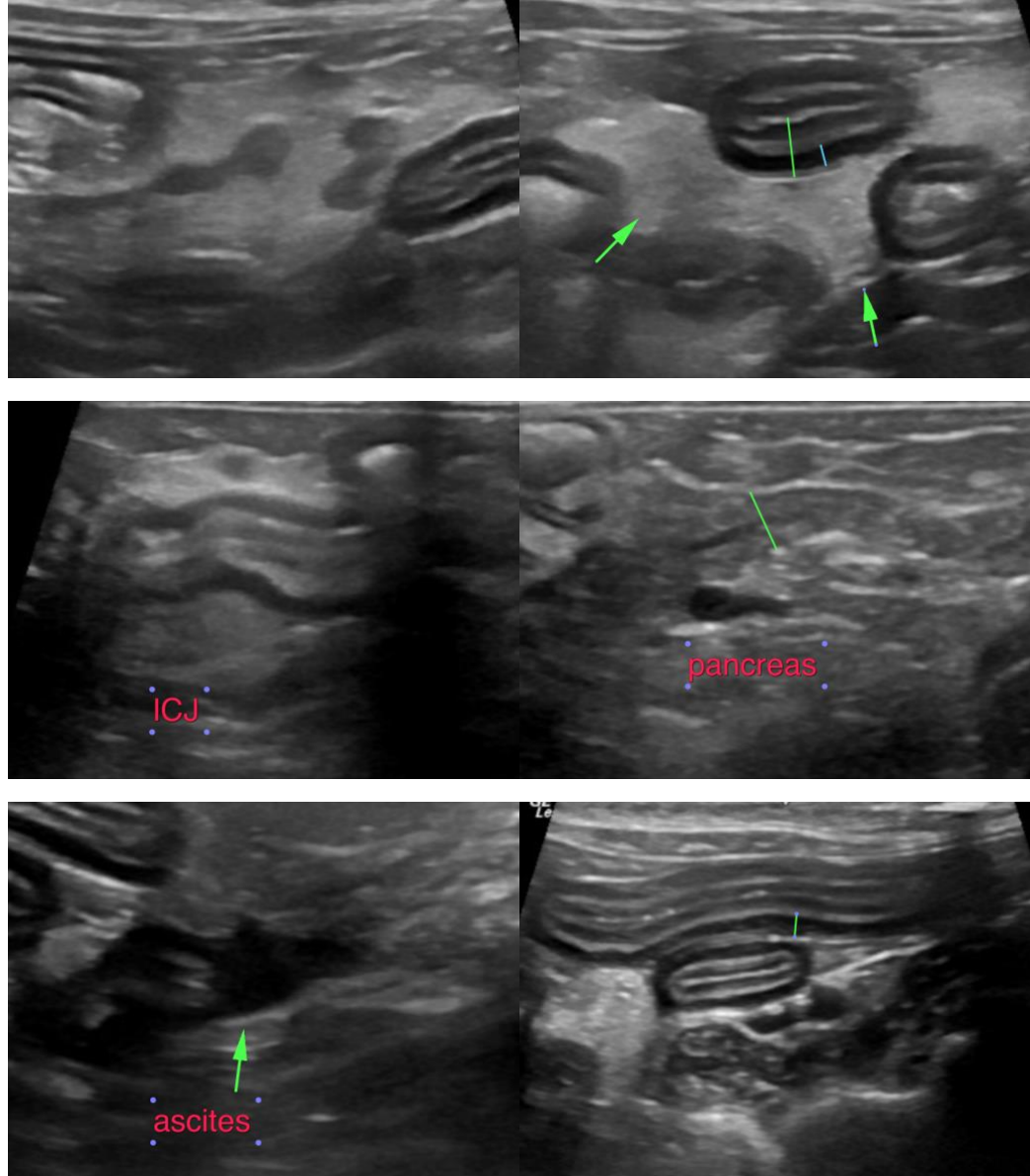
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HOSPITAL NAME The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.
Mount Rose AH

REFERRING VET 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.
Dr. Katie Weldon

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

INVOICE Sebastian.Jawinski@sonopath.com

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