



PATIENT

Keno Barnes

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. A

HOSPITAL NAME

Surfside PH

REFERRING VET

Americo Abadia

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DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: for the past year pet has been having chronic diarrhea. Metronidazole helps but doesn't fix the problem. Steroids have been tried but not long term and no high doses. Has been on different diets from hydrolyzed , fiber response , to rabbit based and now on ID diet.

Abnormal PE/Chem/CBC/UA Results: multiple fecals- negative August 2022 - BW showed wbc's- 19.3, monocytes 1.39. chemistry - glucose 178, sodium 145, TP- 9.4, glob 6.3 and no other abnormalities including thyroid August 2022- u/a showed sgr- 1.038 , 1+ protein, microalbumin- >=2.5mg/dl, Prot/creat- >=0.2 to <0.5 and ph- 6.5. Sedimentation shows normal levels of wbc's and rbc's. Pending test- cobalamin and folate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.6 cm in length. The right kidney is 4.7 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location and is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.4 mm at the at the caudal pole.

The right adrenal gland is not specifically identified due to the presence of peripancreatic inflammation in the region.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 9.3 cm.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is markedly distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 2.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.3 mm for duodenum and 2.7 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.9 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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The entirety of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct is mildly dilated, up to 2.9 mm.

Free Abdomen

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There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 1.2 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

AGE

16 Years

Primary Findings

- A hypoechoic and swollen pancreas with peripancreatic inflammation
- A diffusely enlarged liver with evidence of gallbladder inflammation
- Mild thickening of the small bowel, typical of infiltrative bowel disease

WEIGHT

11.7 Pounds

Secondary Findings

- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inflammatory changes in the liver, gallbladder, pancreas and small intestines are suggestive of feline "triaditis" syndrome. Recommendations include:

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- A complete GI panel and bile acids testing
- supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- trials with a novel protein or hydrolyzed diet
- Treatment with denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.
- Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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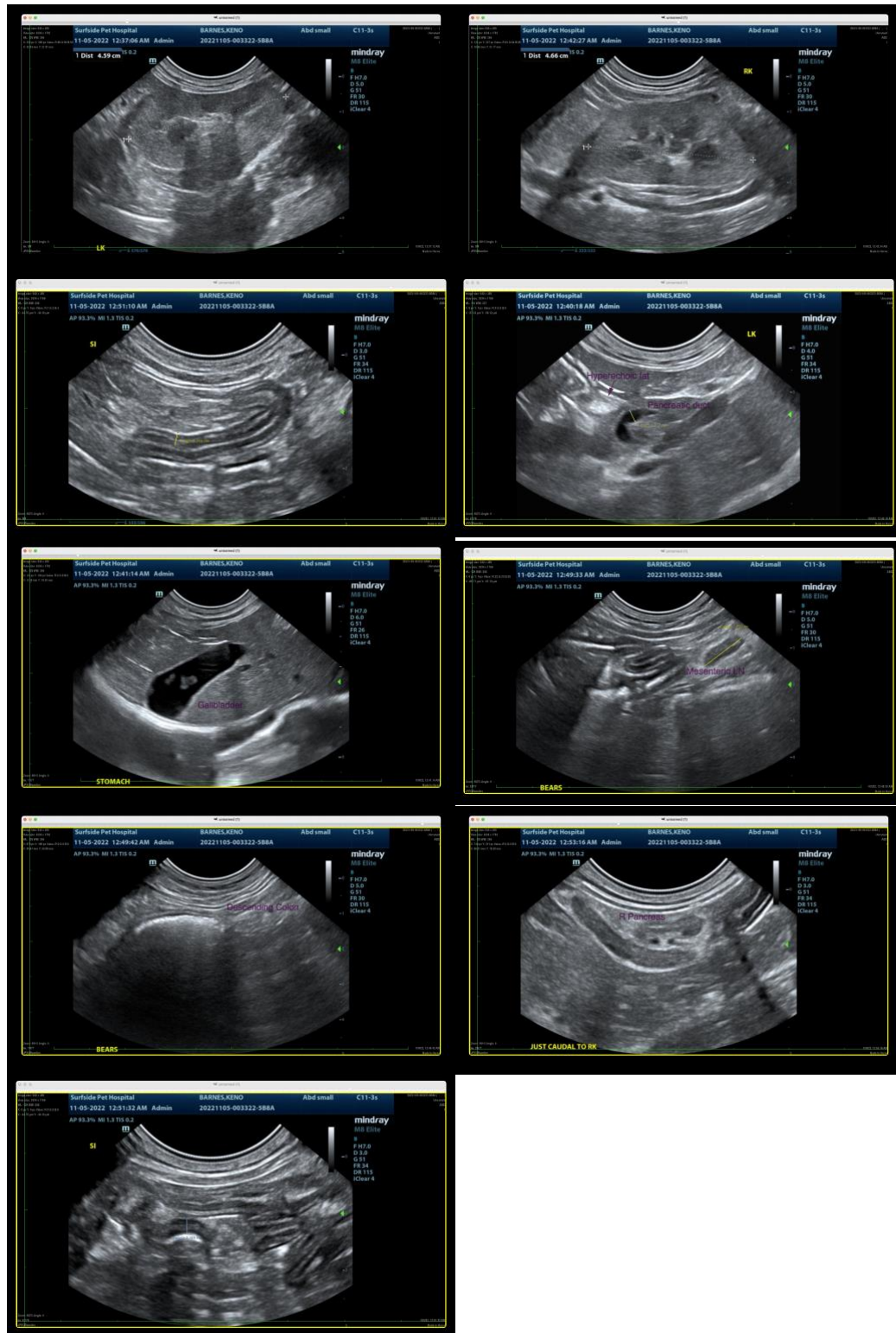
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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