

PATIENT

Gracie Allen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 years

WEIGHT

6.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Giuliani

HOSPITAL NAME

The PH of Stratford

REFERRING VET

Dr Giuliani

INVOICE

12416

DATE

3.13.23

PRESENTING CLINICAL SIGNS

History: Pt has been declining this past month; not interested in rx renal diet (hx of elevated bun in Aug) and won't take probiotics. Pt has explosive diarrhea, not getting better with metron. Drinking a little more than usual, weight loss. 3 days ago, pt started vomiting after meals about 3-4 days ago.

Abnormal PE/Chem/CBC/UA Results: most recent bw attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. There is a 3.1 mm cystic structure arising from the bladder wall in the region of the apex. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or other mucosal irregularities are noted. Pelvic urethra visualized to 3.0 cm.

Both kidneys are hyperechoic and exhibit poor cortico-medullary differentiation. There is trace dilation of the renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.8 cm in length. The right kidney is 3.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.5 mm at the caudal pole. The right adrenal gland height 2.6 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. There is a 1.3 mm hypoechoic nodule in the splenic body. 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 7.5 mm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There are multiple anechoic cysts present within the hepatic parenchyma, including a cluster of cysts measuring up to 1.7 x 0.7 cm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

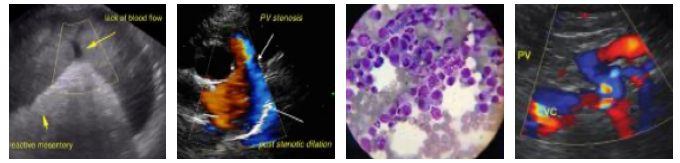
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is empty. The gastric wall is 2.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.0 mm for duodenum and 3.3 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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Pancreas

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Free Abdomen

Feline

There is focal free fluid present with the abdomen in the region of (describe). The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

Primary Findings

SEX

Spayed Female

- Diffuse small intestinal changes consistent with infiltrative bowel disease
- Significant chronic renal changes

AGE

14 years

Secondary Findings

- Multiple hepatic cysts
- Small hypoechoic splenic nodule
- Small cystic structure in the bladder apex

WEIGHT

6.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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It is likely that the changes in the small intestines are the cause of the noted clinical signs, although the renal disease may also be playing a role.

Additional recommendations include:

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- fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- 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 cysts in the liver in the nodule in the spleen are likely incidental. But fine-needle aspiration or serial monitoring with ultrasound could be considered. The cystic structure in the urinary bladder is unusual, and may represent a urachal remnant, or possibly a transient change secondary to cystocentesis.

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While the hind spotty anemia noted on the CBC is nonspecific, it has been associated with lymphoma in cats. Thus, if chemotherapy were a consideration, then intestinal biopsies would be warranted. Because of the hind spotty anemia, testing for mycoplasma with PCR is also recommended.

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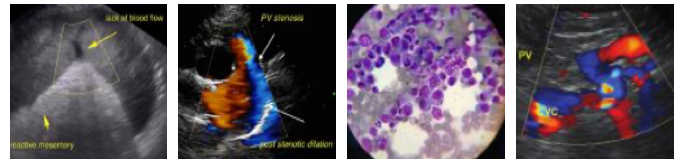
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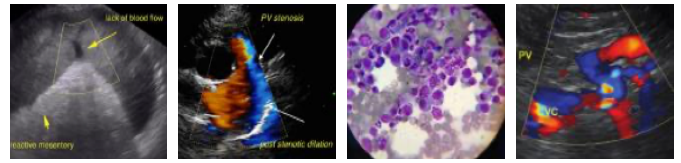
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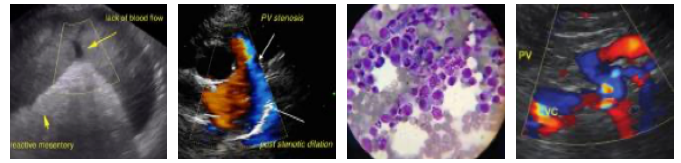
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com