



PATIENT PRESENTING CLINICAL SIGNS

Carmine Hostetter

Presented at our hospital for V+ five times today which started with undigested food then became yellow foam. P is usually a voracious eater but over the past two weeks appetite has been decreasing. P V+ a huge furball 4 days ago and today P did not want to eat. O said P seemed painful when picking him up to put him in a carrier. P had one bout of U+ in the past 24hrs Previous Health Concerns: urinary block Current Medications: Dasuquin SID

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Abdominal: empty gassy thickened bowel; mucoid yellow d/c from anus when palpated Cbc: wbc 1.84 Chem: glucose 134 Epc: lactate 3.3 Rad: gas bubbles in the stomach; small bowel thickened and patchy gas pattern; gas in colon

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12 Years

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

WEIGHT

4.8 kg

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 4.2 cm. Right kidney measures 4.6 cm.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

IMAGING PERFORMED BY

Erin Wicks

The spleen is diffusely thickened, measuring 1.2 cm at the hilus. The capsular margins are regular and the parenchyma is normal The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

HOSPITAL NAME

Shores VEC

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Moser

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall is thickened to 1.5 mm without evidence of rupture. The cystic and common bile ducts are normal.

INVOICE

43260

Gastrointestinal

DATE

6/17/23

The stomach is empty. The gastric wall is normal at 2.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.4 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 (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.



PATIENT *Pancreas*

Carmine Hostetter

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

Feline

Free Abdomen

BREED

DSH

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Neutered Male

PRIMARY FINDINGS

- Diffusely thickened, hyperechoic gallbladder wall
- Focal thickening of the small intestines – suggestive of infiltrative bowel disease.

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The history of an elevated ALT along with the changes in both the liver and small intestines are suggestive of feline Triaditis. Additional recommendations include:

WEIGHT

4.8 kg

- ❖ A complete GI panel and bile acids testing
- ❖ supportive care including fluid therapy, anti-emetics, 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 mildly thickened spleen may be incidental, or may be indicative of splenitis, or less likely infiltrative neoplasia. If the patient is not responding to therapy for Triaditis, then ultrasound guided fine needle aspirate of the spleen with a 25-gauge needle would be recommended with a pre-med of diphenhydramine.

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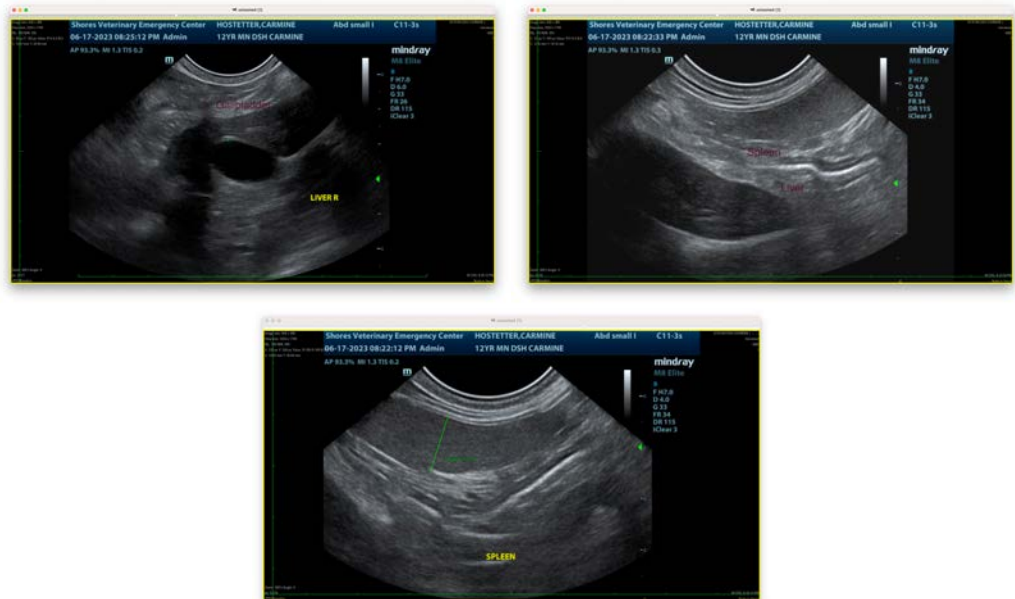
Dr. Moser

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)

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