

Referring Veterinarian:

Clinic Name:

Postal Address:

Phone:

Fax:

Email:

Client:

Patient Name:

Case Number:

N/A

Species:

Feline

Breed:

Domestic

Age:

10 yrs 11 months

Sex:

MC

Imaging modalities:

Medicine

Date Study Occurred:

December 18, 2006

Number of Images Sent:

25

Date Sent:

December 18, 2006

Case History:

N/A

Description:

N/A

Findings:

Clinical History: Feline, DSH, 10 years 10 months old, MN, 14.25 lbs. The cat presented for poor appetite, hiding, and walks with kyphotic stance. The physical examination showed overweight, Temp=102.4°, depression, pink mucous membranes, CRT 1 second, heart rate 180 bpm, eupnea, and tense abdomen.

Laboratory Review: On 12/18/06, the CBC shows a moderate anemia and possibly low platelet count. The serum chemistry profile shows an increase in ALP and glucose and a decrease in albumin, BUN, and creatinine. The urinalysis shows +4 glucose and all else WNL.

Radiograph Review: Thoracic radiographs show normal size heart with no defined chamber dilation. The

pulmonary vessels are normal in size. The lungs are clear with no defined infiltrates or discrete nodules. No pleural or mediastinal lesions are noted. The trachea maintains a normal caliber along its entire length. The abdominal radiographs show mild gaseous distention of the GI tract and lack of accumulated intra-abdominal fat.

Ultrasound Examination: The liver shows a slightly mottled echogenicity in its parenchyma. No masses noted within the liver parenchyma. The gall bladder is mildly distended, and its walls are not thickened or hyperechoic. The spleen shows a uniform echogenicity in its parenchyma -- no masses noted. The left and right kidneys are similar in size, shape, and echotexture. Each kidney shows an inhomogeneous texture in the renal cortex. No masses or calculi were noted in either kidney. The urinary bladder is distended with urine and contains some urine sediment material -- no masses or calculi noted. The stomach and small intestine are normal. The pancreas shows a mixed echogenicity in its parenchyma and is surrounded by an irregular hyperechoic zone of reactivity. No ascites or enlarged lymph nodes noted.

Assessment:

Case Management: Based on the clinical information that you have provided me, my clinical diagnosis is feline triad disease complex. There was no obvious evidence of cancer noted in the abdominal ultrasound images provided for review. Feline triad disease complex includes concurrent liver disease (cholangiohepatitis), pancreatitis, and inflammatory bowel disease – all three diseases are occurring in the cat at the same time. Medical management for feline triad disease complex may include the following:

1. Fluid therapy according to the cat's needs
2. Prednisone (2-4 mg/kg PO SID or divided BID with titration to the lowest effective dose over the next several months) – an important part of the general treatment plan
3. Metronidazole (5.0-7.5 mg/kg PO BID)
4. 1 mg injectable vitamin B12 every 2-4 weeks
5. Oral pancreatic enzymes supplementation at each meal
6. Diet that the cat will eat well – I would feed exclusively a hypoallergenic diet such as Hill's Prescription Diet Z/D or a similar type of diet.

Specialist:

Specialty

Medicine

Phone:

Fax:

Email:

Date of Report:

Monday December 18,
2006

Any questions regarding this report should be directed to the reporting specialist.

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