



Central Texas Veterinary SPECIALTY & EMERGENCY HOSPITAL

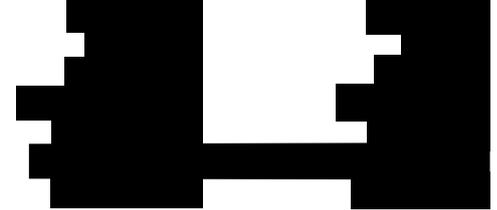
Powerful medicine. Exceptional care.

Central Texas Veterinary Specialty &
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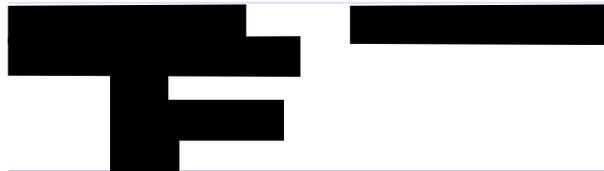
CLINICAL SUMMARY

Animal Name

Neko



Client Details



Patient Details

Name	Neko	Age	11 years 2 months
Species	Feline	Sex	Male Neutered
Breed	DSH	Referral	



Health Status

Date/Time	Weight (lb)	Temp(°F)	Heart Rate	Respiratory Rate
07-06-2022 9:00:00am	19.40	100.0	190	40

Presenting Problem

Hx of IBD and urolithiasis/bladder debris

History

Neko has been previously diagnosed with IBD based on an ultrasound has been on prednisolone intermittently for several years. He has been on prednisolone continuously since 2020. In July 2021, he had surgery because of cystic calculi (calcium oxalate). An E coli was grown from the urine and he was treated with marbofloxacin for 2 weeks. In April 2022, the appetite was decreased and the stools were soft. He was started on Elura and metronidazole. Blood work was unremarkable. Radiographs showed a possible small bladder stone again. An ultrasound was performed and they throughout that there was a chronic enteropathy and there was debris in the bladder. The next day, he was not urinating and the decision was made to do a PU. They tried to switch the diet to C/D and SO diets. He has continued to have intermittent vomiting and soft stools. They tried using tylosin, but the soft stools have persisted. He continues to vomit intermittently. He is still receiving 5 mg of prednisolone once a day and is eating Ultamino exclusively now. He vomited on Monday and had several bouts of diarrhea. He has been reluctant to urinate since the surgery and may only urinate every 24-36 hours. When he does urinate, they are normal amounts. The bladder is expressible when they go into the hospital. The appetite is fair now, but it was voracious prior to last week. He is currently receiving 5 mg of prednisolone once a day, 125 mg of metronidazole twice a day, and 16 mg of cerenia once a day (for a week). The diarrhea is more watery with occasional mucus and blood.

Physical Exam

There is an intermittent grade 2/6 parasternal murmur was heard. The femoral pulses were strong and synchronous. The lungs were clear. The abdomen was not painful and no masses were felt. The peripheral lymph nodes were unremarkable. The PU site is clean and normal in appearance

Assessments

Chronic enteropathy- We discussed that the diarrhea and intermittent diarrhea may be secondary to a bacterial dysbiosis or to an emerging small cell lymphoma.

Previous calcium oxalate urinary calculi

Previous perineal urethrostomy

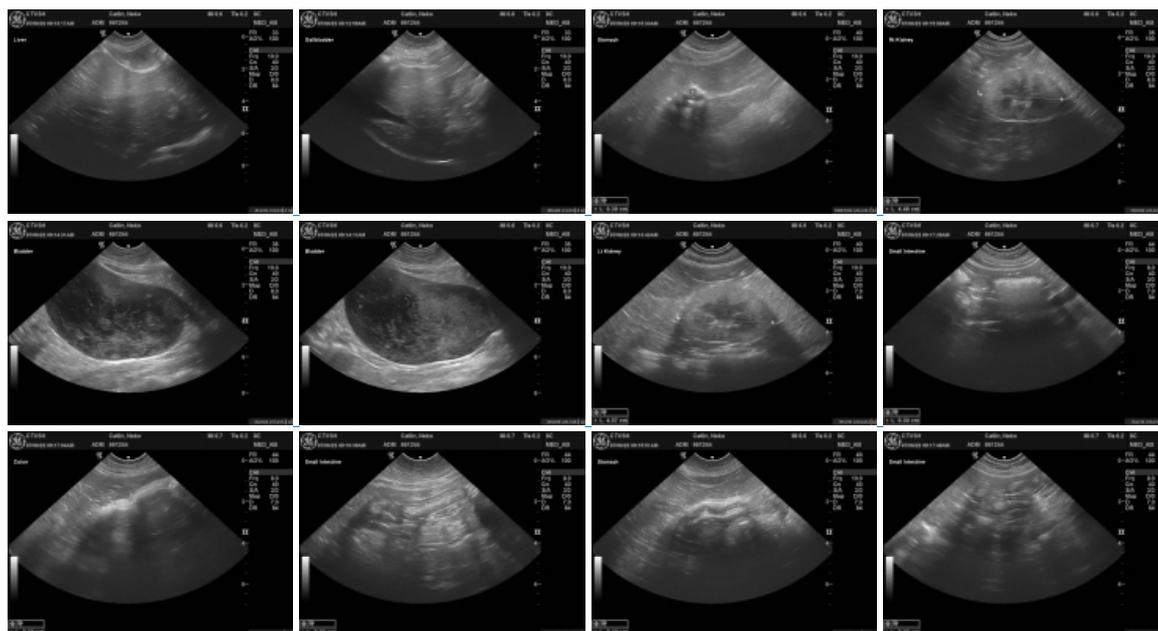
Chronic reluctance to urinate on a consistent basis- suspect that this is behavioral problem

Plans

I was able to express his bladder and completely empty it during the exam today, but he was not easy. We discussed the option of getting intestinal biopsies to try to differentiate between IBD and small cell lymphoma, but the owners are reluctant to send him to another surgery. Instead, we are going to focus on the possible bacterial dysbiosis. They will continue the Ultamino diet and they have purchased fecal transplant capsules from Animal Biome and will administer these. They are also going to start a more potent probiotic called Visbiome to see if this will help establish a more normal flora. I did ask them to stop the metronidazole at this time since previous antibiotics have not helped. I did ask them to increase the prednisolone up to 7.5 mg/day. For the reluctance to urination, I have recommended 5 mg of amitriptyline once a day to see if this helps with some of his anxiety and maybe get him to urinate more consistently at home. They are to call me in 1-2 weeks with an update and I will see him back in 4-6 weeks.

Diagnostic Result

Ultrasound Abdomen Partial (Ref: US10733-DR285669)



Imaging Online Viewable External Link:

<https://ctvseh.vetrocket.net/view.html?link=p2fLDgLOBgu9uK9vtKrst0nljNn1Awq9ms4ZlJyUms40lJeUnte4otuUmjm1odqXnZmZmtm2nta5mtiYmZmXmtG3nJiYmJG2mdu3nty3nZK0ihu9mtiGyZ0YmdiYlta3lta2>

Ultrasound Abdomen Partial (Ref: US10733-DR285669)

Outcome

Gall Bladder: Moderately distended. The wall appears normal.

Liver: Normal size and echogenicity. No masses seen. The edges are sharp.

Spleen: Normal size and echogenicity. No masses seen.

Left Kidney: 4.57 cm in length, good corticomedullary definition, no pelvic dilation.

Right Kidney: 4.48 cm in length, fair corticomedullary definition, no pelvic dilation.

Bladder: Moderately enlarged and there is flocculent material floating in the urine. The wall of the bladder is normal and there were not obvious masses or calculi seen

Pancreas: Not seen.

Intestinal Pattern: There is mild thickening of most of the intestines at 0.3-0.32 cm with normal layering. There air in the colon and the wall of the colon was mildly thickened at 0.34 cm

Gastric Pattern: Empty and the walls were normal in appearance

Lymph Nodes: There is no obvious mesenteric lymphadenopathy.

Other: There was no obvious free fluid present

Medication

Date/Time	Drug Name	Qty	Instructions	Prescribed By
07-06-2022 10:07:09am	External Prescription	30	Amitriptyline 10 mg tablets Give 1/2 tablet once a day Refill: 2	Sharon Theisen

We appreciate your support of our referral practice and your confidence in the doctors and staff at Central Texas Veterinary Specialty & Emergency Hospital. Please do not hesitate to call if there are questions or problems with Neko.

Sincerely,



Sharon Theisen, DVM, DACVIM