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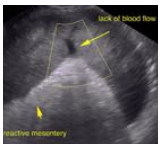

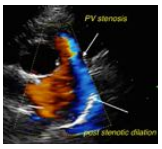

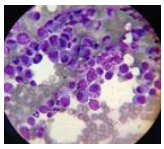
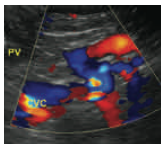

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1-800-838-4268 info@sonopath.com

PATIENT

Abby FIpps

SPECIES

Feline

BREED

Calico

SEX

Spayed Female

AGE

15 years

WEIGHT

6.88 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Puthof

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Puthof

INVOICE

95131

DATE

1/11/22

PRESENTING CLINICAL SIGNS

Abby is presents today for loose stool. When she was seen here in August for diarrhea, it improved on the metronidazole but wasn't completely normal. After stopping the medication, it has fluctuated between formed and loose over the past few months. She has even started to defecate on the hardwood floor. Her behavior has also steadily changed over the past few weeks to months - she will still play intermittently but seems more irritable. Ernest is also concerned that she is struggling with her arthritis - can't seem to get comfortable in his lap anymore. It is very consistent and has not gotten worse or better. She has started to go on the hardwood floor. Her appetite is starting to get less and but her thirst is still good. The diarrhea is the consistensy of soft serve ice cream. This has been a very slow gradual thing that has started since the last time she was here. She will still play and gets around okay, just started having more issues. Very little vomiting. GI Panel is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (3.2 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Right kidney is normal in size (2.6 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

Left adrenal gland is normal in size (0.55 cm long, 0.3 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.55 cm long, 0.27 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. Splenic vasculature appears normal. The spleen revealed multifocal well-demarcated hyperechoic homogenous nodules.

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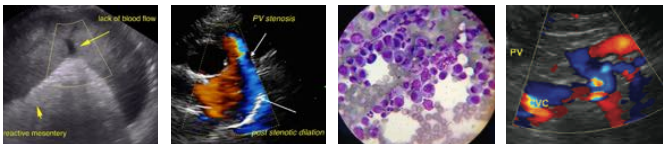

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Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines maintained normal layering except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

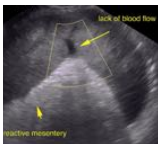
ULTRASONOGRAPHIC FINDINGS

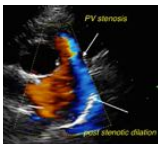
Primary Findings

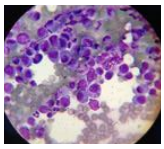
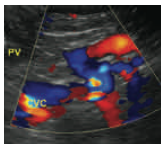
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes. Non-obstructive dystrophic mineralization.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.
- Feline thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include gastrointestinal malabsorption panel to Texas A&M GI laboratory, which is reportedly already pending. A T4 can be considered if not already evaluated. The ultrasound findings other than benign age related changes are most consistent with small bowel disease. Therefore, biopsies either surgical, full thickness or endoscopic biopsies being sure to include the ileum may be warranted to definitively diagnose the infiltrative bowel disease. However, if biopsies are not





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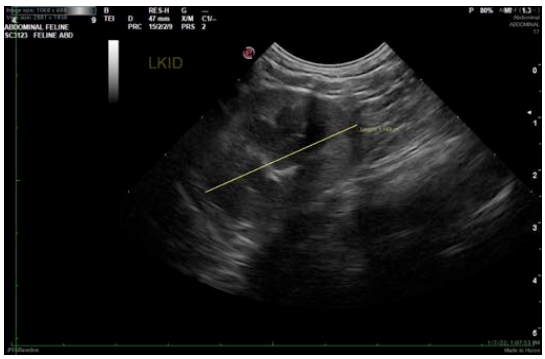
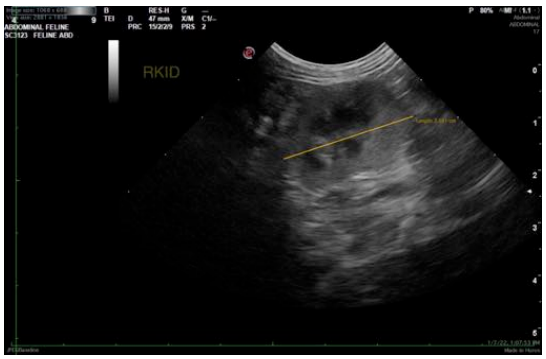
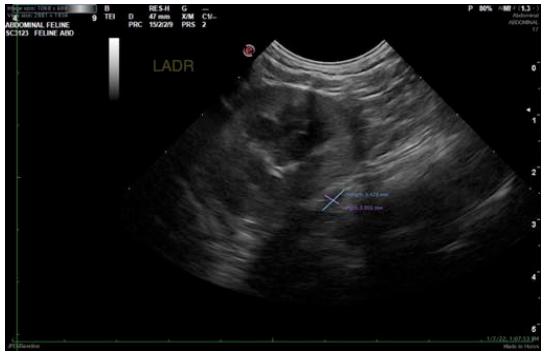
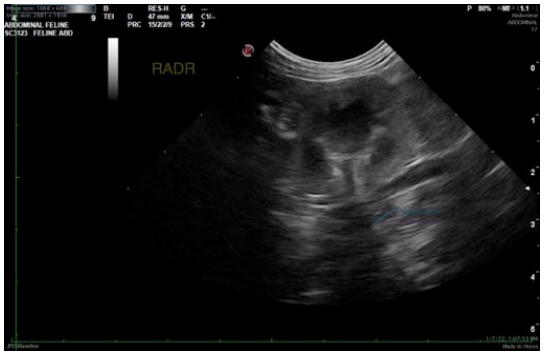
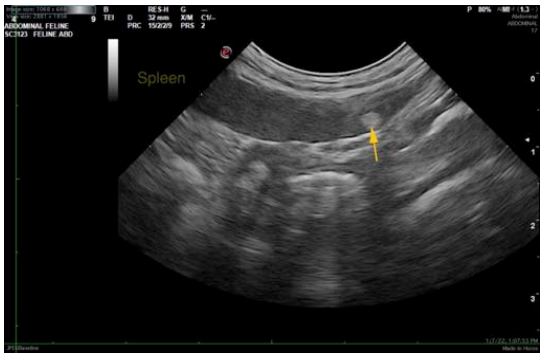
pursued then empirical therapy with a diet change to novel or hydrolyzed protein diet, empirical cobalamin +/- empirical steroids can be considered. Other therapeutic options to consider are probiotics and empirical deworming with a 5 day course of Panacur. The inappropriate defecation may be related to discomfort getting in and out of the litter box due to the reported progressive arthritis therefore offering a flatter, lower profile litter box or cutting out a door in the litter box or medically managing the arthritis with pain management may help alleviate the inappropriate defecation.

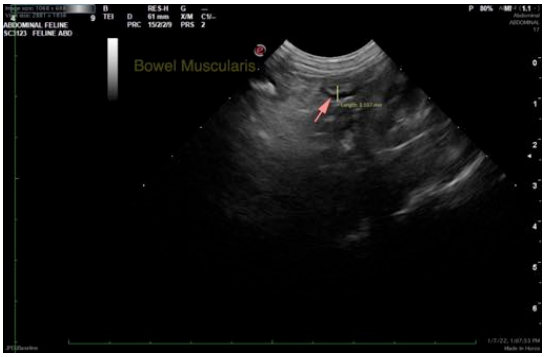












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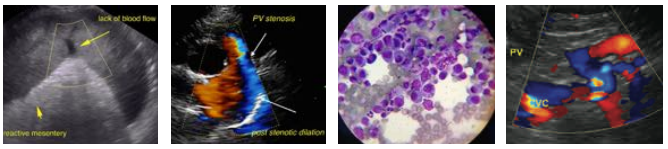

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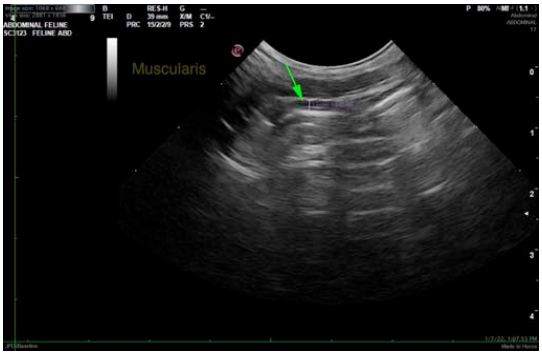

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com