



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Marge Brown	Mild muscle atrophy in hind end.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Significant elevation of liver values and bilirubin (blood work will be emailed to you) Unable to obtain urine Current Medications none
Feline	Emailed bloodwork was not found.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Siamese	<b>Urinary System</b>
<b>SEX</b>	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris.
Spayed Female	No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
<b>AGE</b>	Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measures 3.25 cm. The left kidney measures 3.28 cm.
17 Years	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The right adrenal gland is normal in size (0.44 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
6.02 Pounds	The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Sara Hansen	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>HOSPITAL NAME</b>	The gallbladder is non-distended in size, almost empty. The wall is mildly thick, measuring 0.42 cm, mildly irregular and hyperechoic. This finding is exacerbated, however, by the non-distended size. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
Santa Clara AH	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>INVOICE</b>	
44180	
<b>DATE</b>	
1/12/23	



## PATIENT

Marge Brown

## SPECIES

Feline

## BREED

Siamese

## SEX

Spayed Female

## AGE

17 Years

## WEIGHT

6.02 Pounds

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Santa Clara AH

## REFERRING VET

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The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### **Pancreas**

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

### **Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

### **PRIMARY FINDINGS**

- Acute pancreatitis, possibly concurrent cholangitis/"Triaditis". The gallbladder changes reported above should be interpreted in combination with continued clinical signs and/or laboratory changes that support cholangitis benign management of the pancreatitis.
- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

### **SECONDARY FINDINGS**

- Urinary bladder debris

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Additionally, if not recently evaluated, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.



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**SPECIES**

Feline

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**SEX**

Spayed Female

**AGE**

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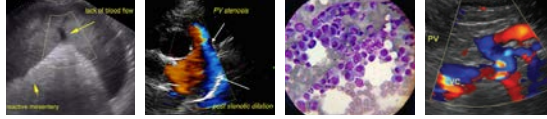
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In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

Further evaluation of the suspected inflammatory bowel disease +/- chronic smoldering cholangitis will be dictated based on improvement in clinical signs versus continued clinical signs, etc. after management and hopefully resolution of the pancreatitis.





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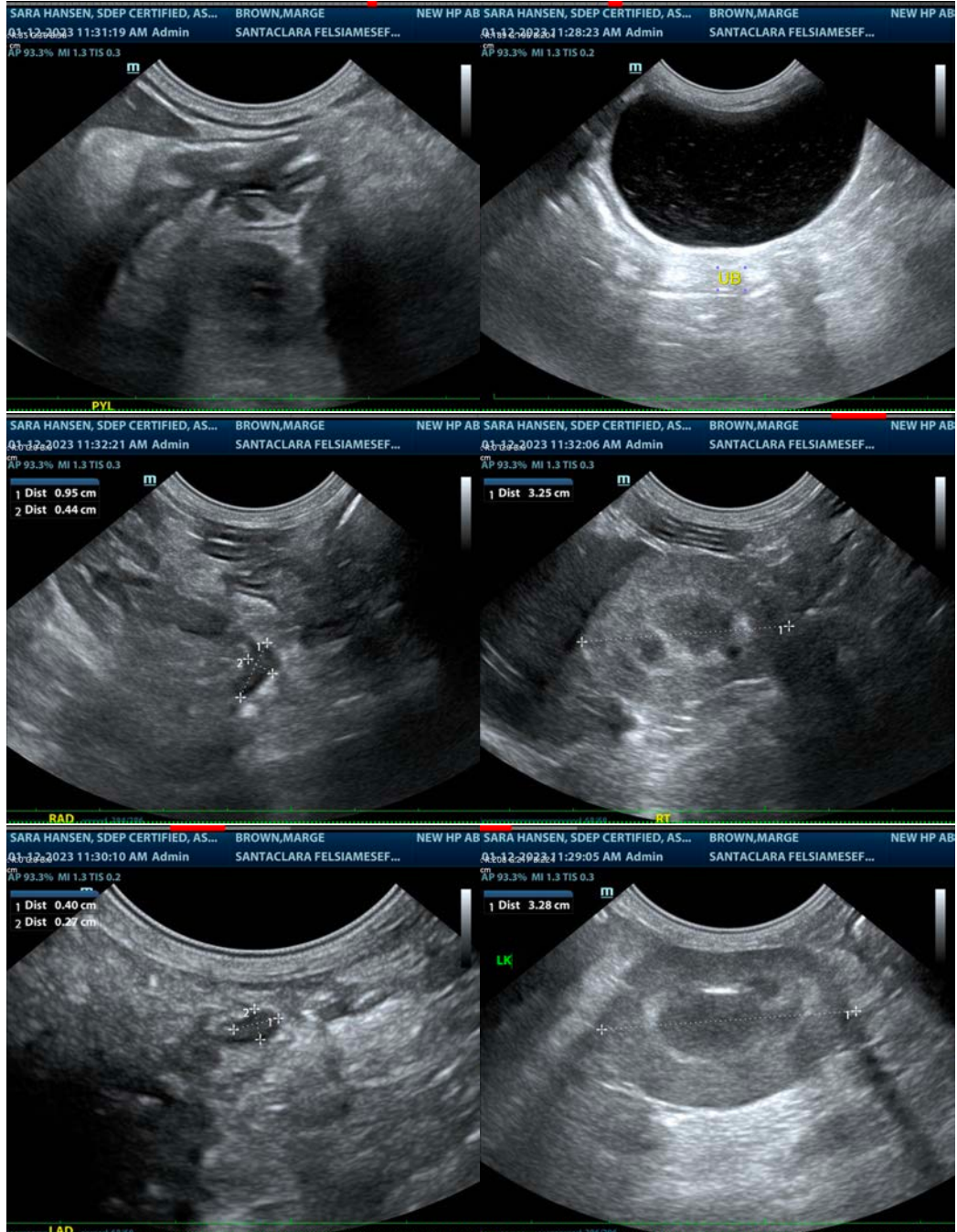
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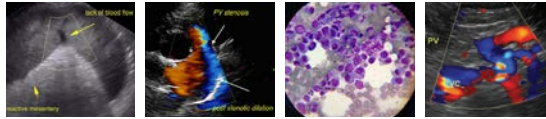
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**PATIENT**

Marge Brown

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.

**SPECIES**

Feline

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.

**BREED**

Siamese

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

6.02 Pounds

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