



PATIENT PRESENTING CLINICAL SIGNS

Walter Kochin vomiting, weight loss
Abnormal PE/Chem/CBC/UA Results: no recent BW

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

BREED

DSH

Right kidney is normal in size (4.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

SEX

Neutered Male

Left kidney is normal in size (3.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

6 Years

Adrenal Glands

Right adrenal gland is normal in size (0.69 cm long x 0.42 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

6.6 Pounds

Left adrenal gland is normal in size (0.87 cm long x 0.34 cm at the cranial pole and 0.41 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

Liver

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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.

REFERRING VET

Dr. Lori Milot

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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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.

The visible small intestines are normal in wall thickness (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Normal layering is maintained except for a diffusely

DATE

1/13/22



PATIENT Walter Kochin
disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

BREED DSH
Pancreas
The pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogeneous echogenicity.

SEX Neutered Male
Free Abdomen
There is no evidence of peritoneal effusion. There is diffuse lymphadenopathy including hepatic, pancreaticoduodenal and mesenteric nodes, all round in shape and hypoechoic, measuring approximately 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis
- 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.
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Diffuse lymphadenopathy – concerning for infiltrative neoplasia such as lymphoma. However, reactive lymphadenopathy cannot be ruled out.

INTERPRETED BY **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Beth Johnson, DVM DACVIM
Recommendations include lab work in the form of a CBC, serum chemistry panel, electrolytes, and urinalysis, as well as a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to further assess GI function and pancreatitis. Other recommendations include a fine needle aspirate of the lymph nodes if patient's coagulation status is appropriate.

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Empirical therapy in the meantime can include antiemetics +/- appetite stimulants if possible, and when patient is eating well, a transition to a novel or hydrolyzed or protein diet. Ultimately, pending cytology results, full thickness biopsies of the intestines and lymph nodes +/- pancreas may be indicated. If biopsies are declined, other empirical therapy could include cobalamin supplementation and steroids.

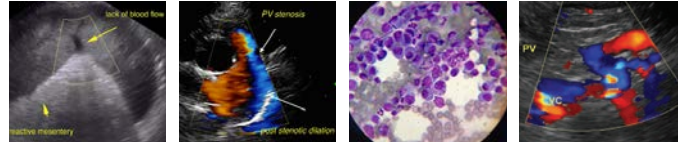
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SPECIES

Feline

BREED

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Neutered Male

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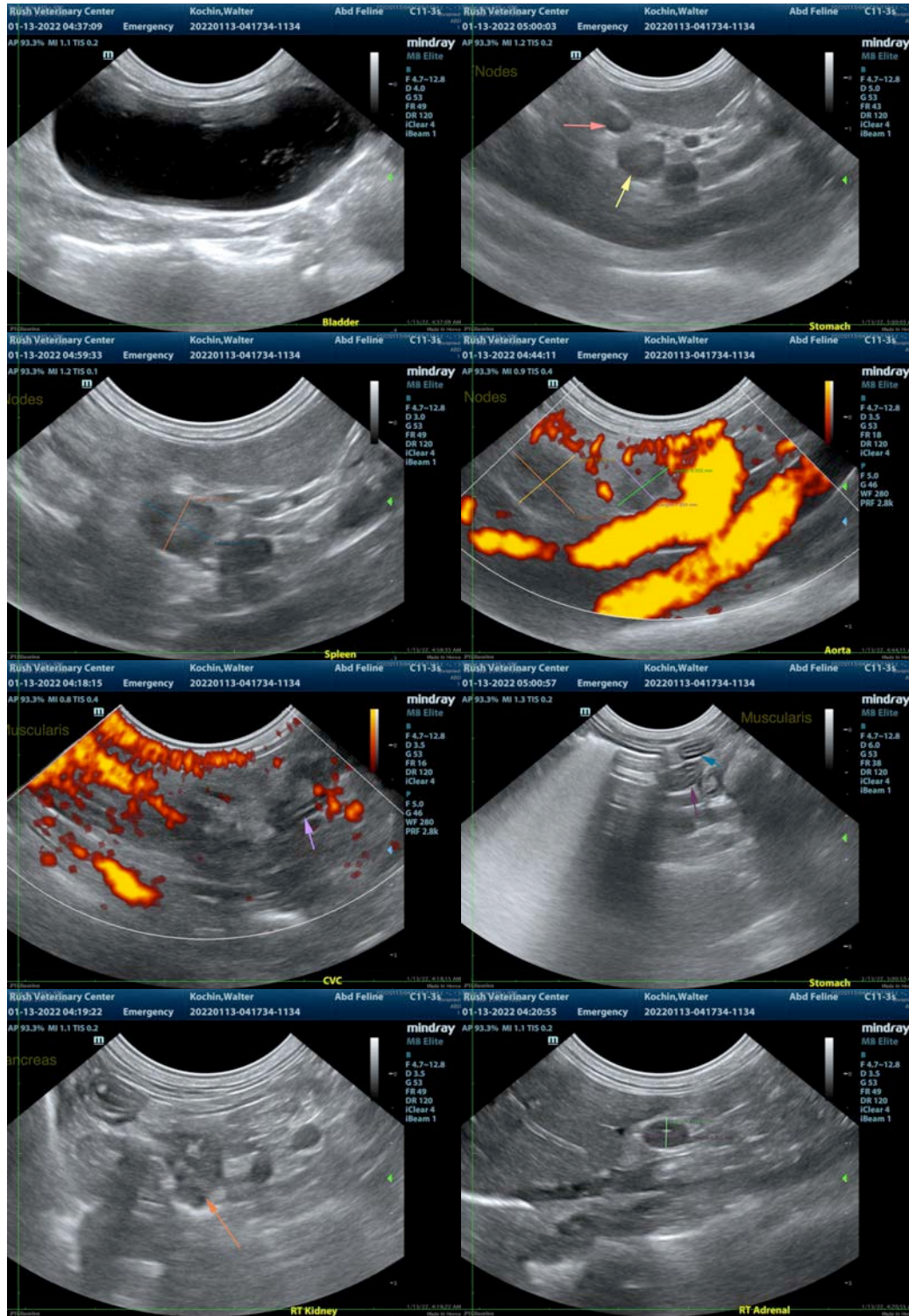
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SPECIES

Feline

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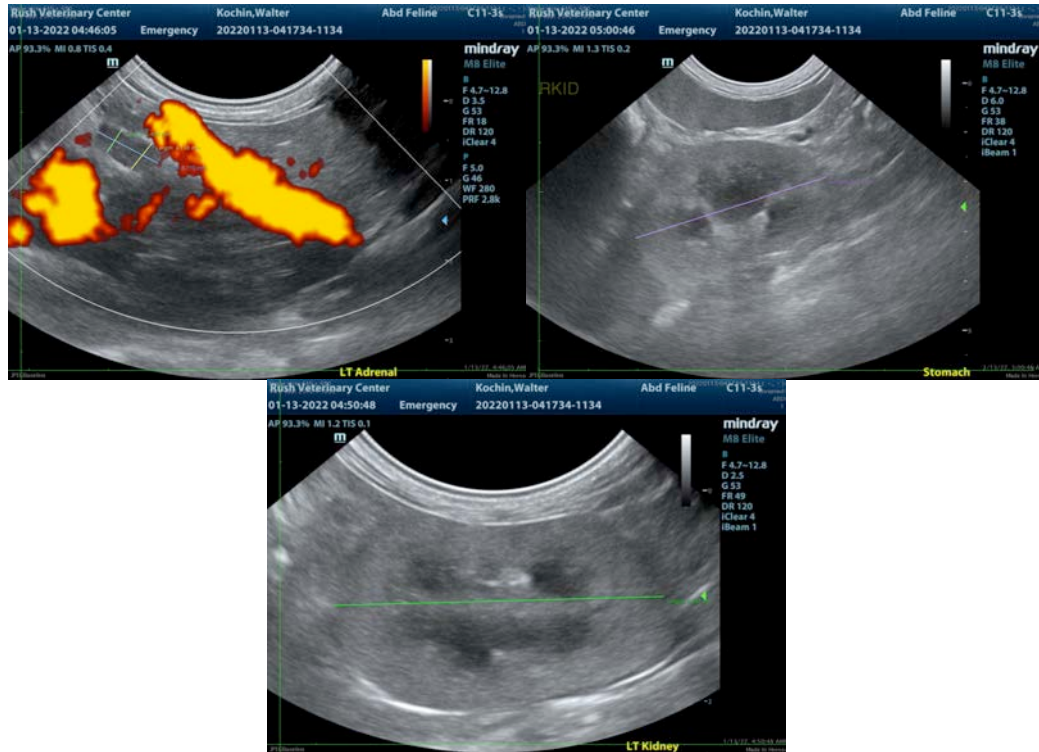
Neutered Male

AGE

6 Years

WEIGHT

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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.

INTERPRETED BY

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