



PATIENT PRESENTING CLINICAL SIGNS

Mac Best P is consistently vomiting, P has hx of this issue, was very intermittent, Now is vomiting everyday, once daily, P did better after COHAT when eating softer diet, stopped vomiting for short period of time, ED well, No diarrhea, No changes to energy Chronic vomiting - worse recently, but intermittent Unremarkable PE findings BAR/nervous, mm pink, crt <2s Euhydrated, normal skin tent O mentioend p has always been a frequent vomiter, but just seems worse over the last couple weeks Was quite bad prior to the dental, but after that p did good for a period of time and recently started Mainly digested food/bile, occ hairball BM normal, U normal. Eating normal, energy normal BW done in Oct WNL GI/Abdominal Palpation: Comfortable upon palpation, no obvious pain/discomfort.

SPECIES

Feline

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

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. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

MN

AGE

9yr

Kidneys are normal in size (right 3.51 cm, left 3.89 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely.

WEIGHT

6.7kg

Adrenal Glands

INTERPRETED BY

Right adrenal gland is normal in size (0.35 cm at cranial pole and X cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.5 cm at cranial pole and X cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

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.

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Burlington

Liver

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

Murota

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.

INVOICE

12729ag

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

01/17/2023

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



PATIENT hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is: The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Feline

Pancreas

BREED Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

DSH

Free Abdomen

SEX There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

MN

Enhanced hyperechoic mesenteric fat surrounding the small bowel primarily around the ileocecal colic junction was present.

AGE

ULTRASONOGRAPHIC FINDINGS

9yr

- 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.

WEIGHT

6.7kg

Secondary

- Urinary bladder debris

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

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REFERRING VET

Murota

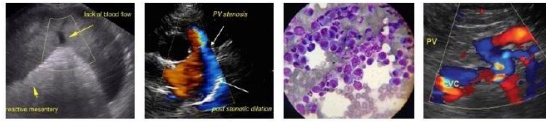
1. A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. Ideally, biopsies of the GI tract, being sure to include ileum, if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease. If biopsies cannot be obtained, empirical therapies could include diet change based on trial and error response beginning with a hydrolyzed protein diet, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).
2. 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.

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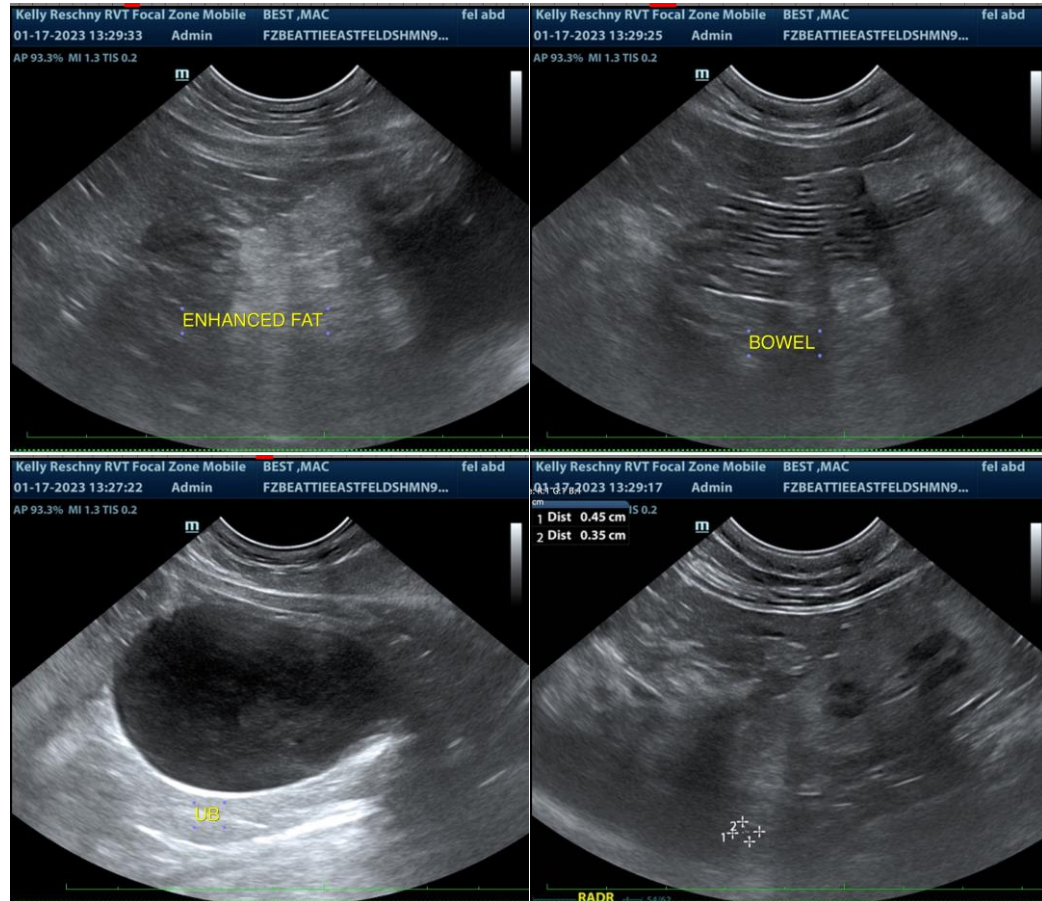
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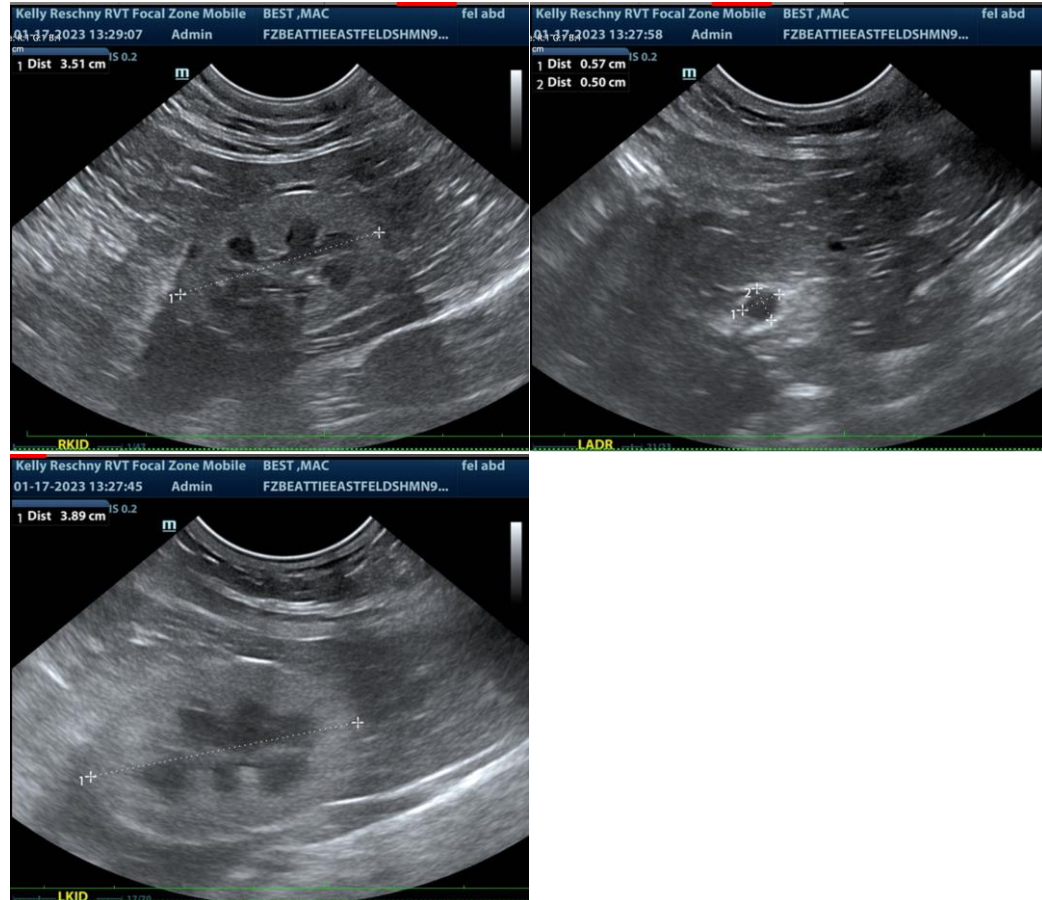
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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