



PATIENT PRESENTING CLINICAL SIGNS

Teeter Kreider Hx of vomiting and progressive weight loss over the past few months to a year
Abnormal PE/Chem/CBC/UA Results: Preop chem: TP 8.9 (8.8 high), Alb 4.1 (3.9 high), ALT 367 (100 high), BUN 42 (36 high) CBC from 12/2/21: NEU 12.14 2.30 - 10.29 K/ μ L HIGH LYM 3.63 0.92 - 6.88 K/ μ L MONO 1.08 0.05 - 0.67 K/ μ L HIGH EOS 2.19 0.17 - 1.57 K/ μ L HIGH BASO 0.27 0.01 - 0.26 K/ μ L HIGH T4 1.9

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

The right kidney is normal in size (3.74 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, mineral or infarcts observed.

AGE

14 Years

The left kidney is normal in size (3.61 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, mineral or infarcts observed.

WEIGHT

8.2 Pounds

Adrenal Glands

Right adrenal gland is normal in size (1.35 cm long x 0.48 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.94 cm long x 0.30 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
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Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Local Mobile Vet

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

Dr. Jenny Parrish

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.

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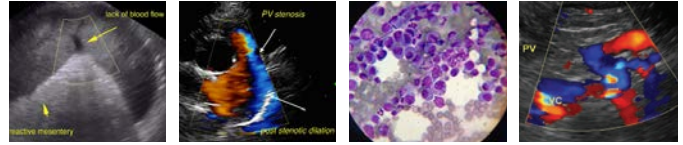
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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

1/18/22



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The visible small intestines are upper normal in wall thickness to mildly thickened. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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

Pancreas

DSH

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.

SEX

Free Abdomen

Neutered Male

There is no evidence of peritoneal effusion. Mesenteric lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- 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.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- 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.

WEIGHT

8.2 Pounds

- Mesenteric lymphadenopathy – Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory, as well as fine needle aspirates of the enlarged mesenteric lymph nodes (if accessible and if patient's coagulation status is appropriate). A fine needle aspirate of the spleen is also recommended if patient's coagulation status is appropriate. If infiltrative round cell neoplasia such as lymphoma is not diagnosed from these aspirates, biopsies of the gastrointestinal tract (either endoscopic and being sure to include the ileum possible, or full thickness surgical biopsies) may be necessary to definitively determine the cause of the small bowel muscularis thickening.

INVOICE NUMBER

34356

In the meantime, given the reported eosinophilia, empirical therapies could include deworming with a 5-day course of Panacur as well as a transition to a novel or hydrolyzed protein diet. If further diagnostics are not possible, and diet alone does not help remedy clinical signs, other empirical

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1/18/22



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therapy could include cobalamin supplementation and steroids. If not already performed, T4 and free T4 are also recommended given the mildly increased ALT.

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Neutered Male

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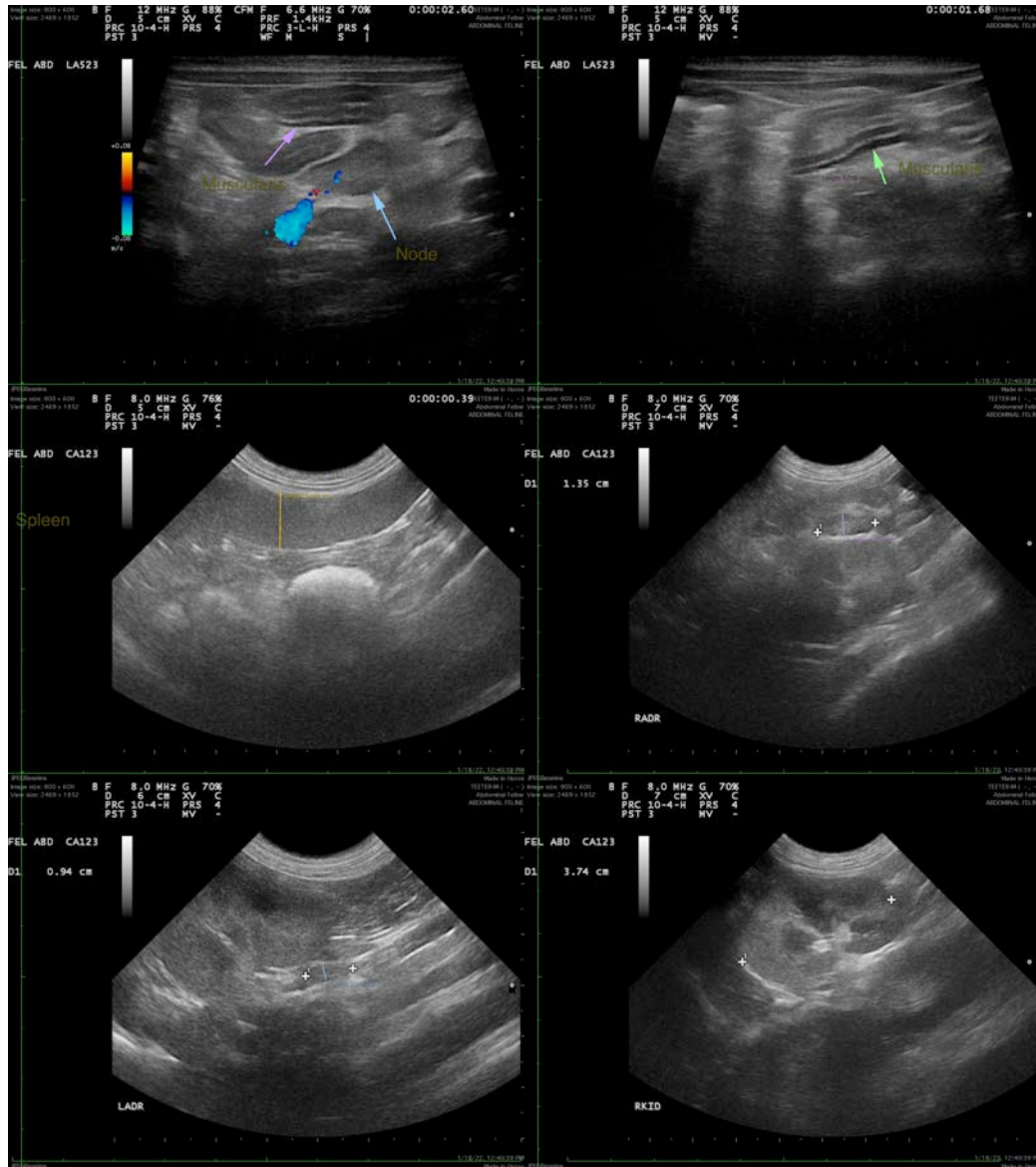
Dr. Jenny Parrish

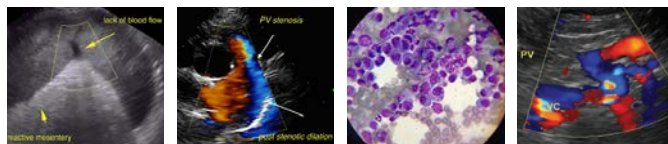
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DATE

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Neutered Male

AGE

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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.

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