



PATIENT

Daisy Terhune

PRESENTING CLINICAL SIGNS

Inappetence, vomiting, weight loss, not improving with Sucralfate or hairball remedy
Exam unremarkable, CBC/Chem WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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

SEX

Spayed Female

Left kidney is normal in size (3.6 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, mineral or infarcts observed.

AGE

11 years

Right kidney is normal in size (3.5 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 lbs

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.22 cm at cranial pole and 0.23 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland cannot be definitively measured. However, the region of the right adrenal gland was evaluated without pathology. A suspected right adrenal gland measures 0.34 cm at the cranial pole and 0.36 cm at the caudal pole.

IMAGING PERFORMED BY

Chelsea Pastor

Spleen

HOSPITAL NAME

Fredon AH

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Grau

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.

INVOICE

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Gastrointestinal

DATE

1/24/22

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is mildly fluid distended with fluid distended pylorus appreciated. No other luminal content is noted. There is no



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|-----------------------------|--|
| PATIENT | evidence of obstruction, foreign material or infiltrative disease. However, a partial obstruction cannot be definitively ruled out given the mild fluid distension. |
| Daisy Terhune | |
| SPECIES | The small intestines had normal layering maintained 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. |
| Feline | Colon is normal in wall thickness (< 0.2 cm) and layering. |
| BREED | |
| Domestic Shorthair | |
| SEX | |
| Spayed Female | |
| AGE | |
| 11 years | |
| WEIGHT | |
| 8 lbs | |
| INTERPRETED BY | |
| Beth Johnson, DVM DACVIM | |
| IMAGING PERFORMED BY | |
| Chelsea Pastor | |
| HOSPITAL NAME | |
| Fredon AH | |
| REFERRING VET | |
| Dr. Grau | |
| INVOICE | |
| 95466 | |
| DATE | |
| 1/24/22 | |

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. In the mid cranial abdomen there is a round, fluid filled structure that appears to be part of the stomach/pylorus as described above, but a second dilated bowel loop versus hypo to anechoic cavitated lymph node cannot be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric stasis/ileus. No visible evidence of an obstruction; however, a possible obstruction cannot be definitively ruled out.
- 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.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient given the clinical signs as well as the thick muscularis include gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as a T4 and free T4 if not already evaluated. Given the gastric distension/ileus a prokinetic as well as anti-emetics and gastroprotectants are also recommended. Following medical management and hopefully resolution of clinical signs reassessment of the dilated bowel in the cranial abdomen is recommended to assure resolution. Any progression of the dilation is further support of a possible, but considered unlikely, partial obstruction. Ultimately biopsies of the GI tract being sure to include the ileum if possible may be necessary to definitively determine the cause of the thick muscularis.



PATIENT

Daisy Terhune

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

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INTERPRETED BY

Beth Johnson, DVM
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IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

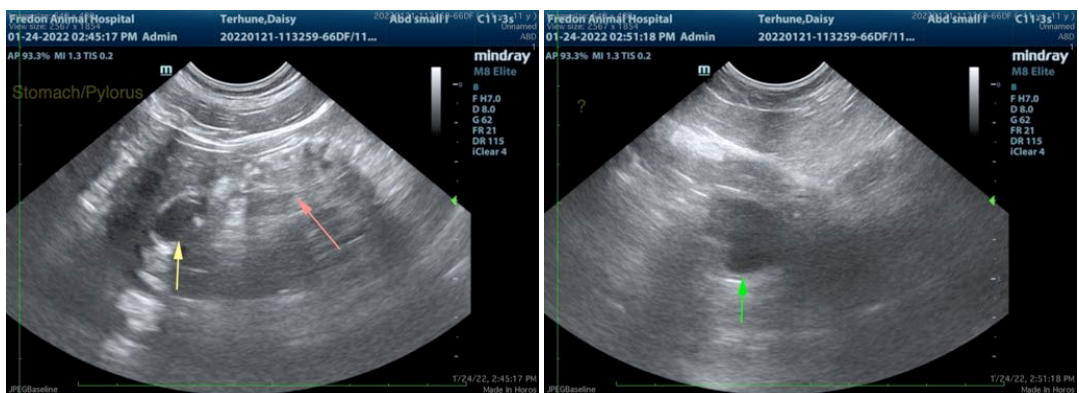
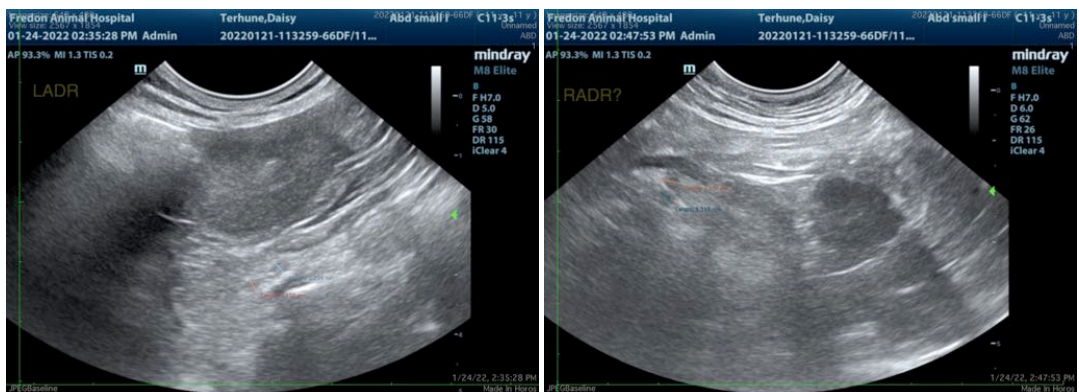
Dr. Grau

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PATIENT

Daisy Terhune

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

Domestic Shorthair

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

SEX

Spayed Female

AGE

11 years

WEIGHT

8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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