



PATIENT	PRESENTING CLINICAL SIGNS
Mojo Murphy	Recurrent gastrointestinal symptoms. Owner reports occasional vomiting, blood sometimes noted in vomit. Not currently on hydrolyzed food.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Eosinophils 2.526 (0.09 - 2.18 K/ μ L) No other significant changes on labwork
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The 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.
Neutered Male	
AGE	The right kidney is normal in size (4.3 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.
2 Years	
WEIGHT	The left kidney is normal in size (3.92 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.
11.7 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.55 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
	The left adrenal gland is normal in size (0.54 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Jack Reese	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.
HOSPITAL NAME	Liver
Willow Run VC	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.
REFERRING VET	
Dr. Jessica Latham	
INVOICE	
44499	The 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.
DATE	Gastrointestinal
1/25/23	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.
	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

Mojo Murphy

hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

SPECIES

Feline

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

Pancreas

BREED

DSH

The 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

Neutered Male

Free Abdomen

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

AGE

2 Years

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.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.7 Pounds

- **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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jack Reese

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.

HOSPITAL NAME

Willow Run VC

A fecal exam is not recently evaluated, and potentially, given the housemate vomiting as well, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

REFERRING VET

Dr. Jessica Latham

Ultimately, however, biopsies of the GI tract, being sure to include ileum, if possible, are recommended to definitively diagnose and therefore manage the suspected infiltrative bowel disease.

INVOICE

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Given this patient's young age and concurrent eosinophilia, a benign inflammatory process or potentially parasitic or allergic are the top differentials. Therefore, if biopsies cannot be obtained, empirical deworming with a 5-day course of Panacur and transition to a hydrolyzed protein diet could be considered as a less invasive option first. If one hydrolyzed protein diet doesn't help alleviate the clinical signs, some patients respond better to different brands of hydrolyzed protein diets than others.

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Mojo Murphy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

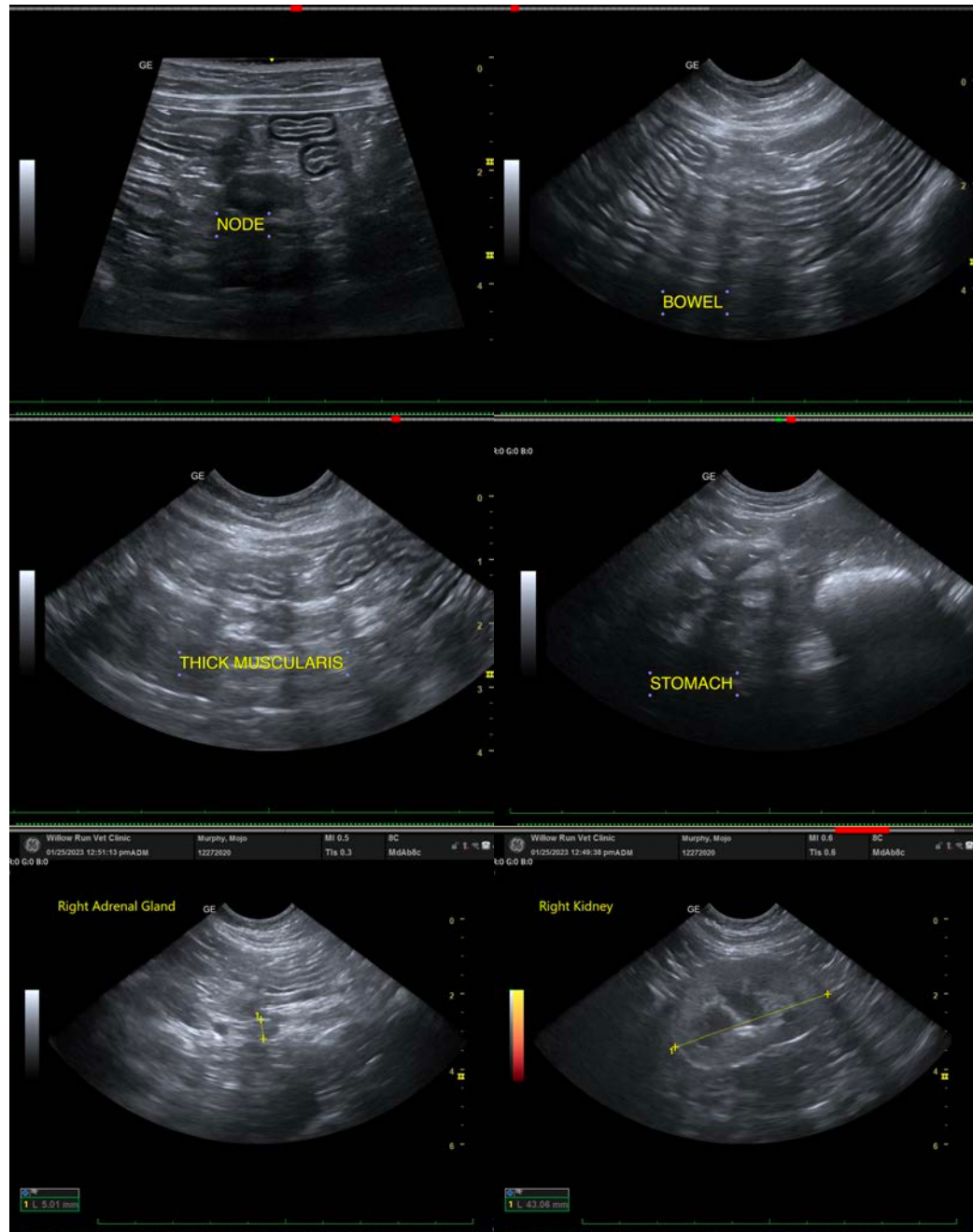
Dr. Jessica Latham

INVOICE

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Neutered Male

AGE

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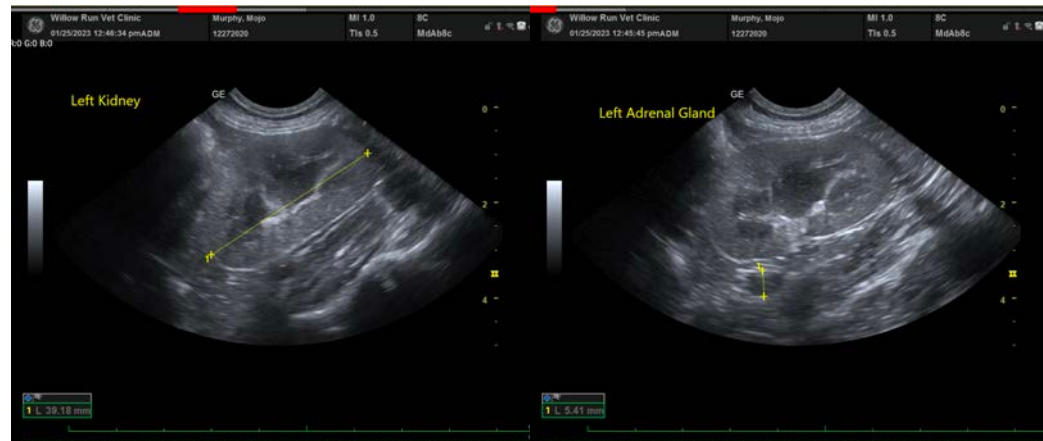
Dr. Jessica Latham

INVOICE

44499

DATE

1/25/23



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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