



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Baby Hochberg
Patient has had continued un-explained weight loss, abnormal fPL
Abnormal PE/Chem/CBC/UA Results: Abnormal fpl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES
Feline
Urinary System

BREED
DLH
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.

SEX
Neutered Male
The right kidney is normal in size (4.4 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
14 Years
The left 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.

WEIGHT
9.7 Pounds
Adrenal Glands
The region of the right adrenal gland is evaluated without evident pathology.

The left adrenal gland is normal in size (0.33 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INTERPRETED BY
Beth Johnson, DVM
DACVIM
Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

IMAGING PERFORMED BY
Dr. Gallick
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.

HOSPITAL NAME
Magnolia Springs VC
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.

Gastrointestinal

REFERRING VET
Dr. Melissa Gallick
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.

INVOICE
35116
The visible small intestines are normal in wall thickness. 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 empty with no evidence of obstruction, foreign material or infiltrative disease.

DATE

1/27/22



PATIENT

Baby Hochberg

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

Pancreas

SPECIES

Feline

The pancreas is prominent in size with a nodular heterogeneous parenchyma and an irregular undulating contour with mild enhancement of surrounding mesentery appreciated.

Free Abdomen

BREED

DLH

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

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Prominent, nodular, heterogeneous pancreas – most consistent with pronounced nodular hyperplasia and possibly mild inflammation around the pancreas. Infiltrative neoplasia cannot be ruled out, but is considered less likely.
- 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.
- 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

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WEIGHT

9.7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Recommendations include laboratory assessment with a CBC, serum chemistry panel, urinalysis, T4/free T4 if not already evaluated. Other recommendations given the ultrasound appearance of the small bowel and the pancreas include a gastrointestinal malabsorption panel with TLI, PLI, folate and cobalamin to Texas A&M Gi laboratory, as well as a fine needle aspirate of the pancreas to definitively rule out neoplasia if patient's coagulation status is appropriate.

IMAGING PERFORMED BY

Dr. Gallick

Ultimately, biopsies of the small bowel is the only definitive way to determine inflammatory bowel disease versus lymphoma causing the thick muscularis. Therefore, biopsies are recommended. However, if biopsies are not an option, empirical therapy could include diet transition to a novel or hydrolyzed protein diet as well as potentially steroids.

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

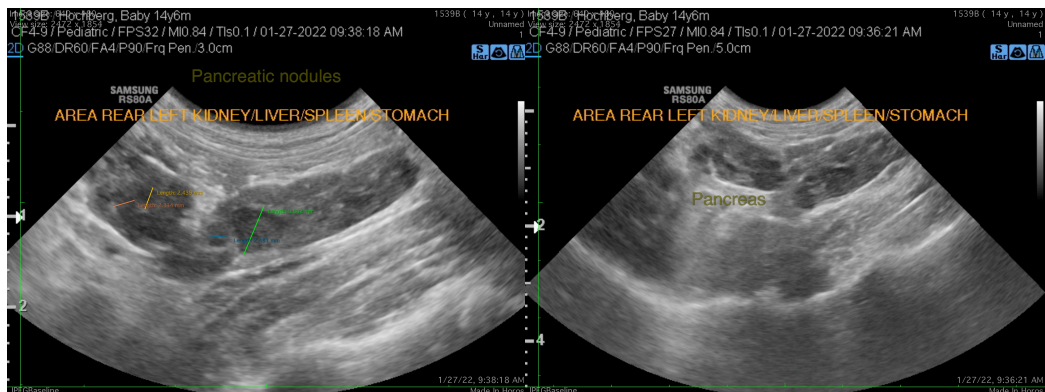
Dr. Melissa Gallick

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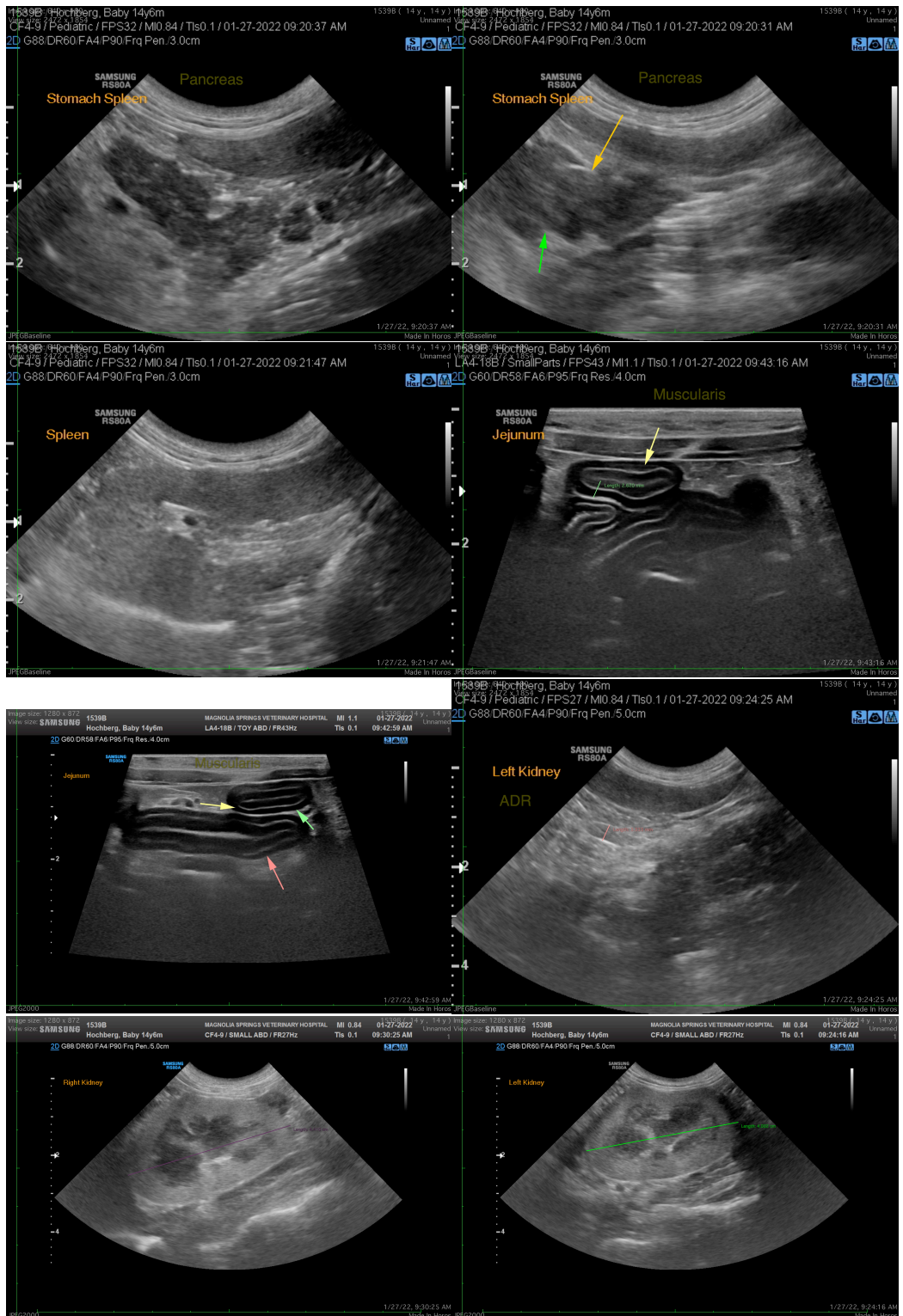
Dr. Melissa Gallick

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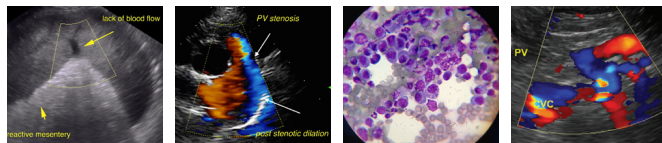
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Baby Hochberg

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.

SPECIES

Feline

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

BREED

DLH

SEX

Neutered Male

AGE

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WEIGHT

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