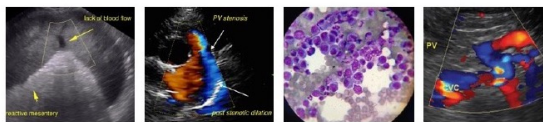


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Eregon Weaver	Diagnosed as diabetic this year. Has always been a healthy cat. Has been pretty well controlled and has always had a really good appetite. This last two days, zero interest in food. Have not given insulin yesterday or today due to reluctance to eat anything.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Bloodwork normal other than elevated blood glucose (but has not had insulin over last two days) and is a pretty high stress kitty in clinic. On radiographs, suspected larger looking liver.
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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.
Spayed Female	<b>The right kidney is normal in size (4.02 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.</b>
<b>AGE</b>	<b>The left kidney is normal in size (4.09 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.</b>
14 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
5.9 kg	The right adrenal gland is normal in size (0.68 cm long x 0.44 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.56 cm long x 0.30 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Queensway AH	Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>REFERRING VET</b>	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. A tortuous bile duct is appreciated.
Dr. Bilinsky	
<b>INVOICE</b>	<b>Gastrointestinal</b>
35140	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.
<b>DATE</b>	
1/27/22	



**PATIENT**

Eregon Weaver

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.

**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**

Spayed Female

**Free Abdomen**

There is no evidence of peritoneal effusion. In the mid abdomen, there is a 1.0 cm round, hypoechoic lymph node with reactive mesentery surrounding it.

**AGE**

14 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.9 kg

- 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.
- Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Tortuous bile duct – This can be a normal finding in a senior cat. However, mild chronic cholangitis/cholangiohepatitis cannot be ruled out.
- 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.
- Mesenteric lymphadenopathy – Rule outs include infiltrative neoplasia such as lymphoma given the other changes, versus reactive lymph node also possible.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include a fine needle aspirate of the enlarged lymph node and the liver if patient's coagulation status is appropriate, looking to rule out lymphoma. Given the history of diabetes, a urinalysis with culture (if indicated based urinalysis results) is warranted, as is checking the urine for ketones.

**HOSPITAL NAME**

Queensway AH

**REFERRING VET**

Dr. Bilinsky

Given the thick muscularis and concurrent lymphadenopathy, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess the gastrointestinal tract and pancreas is recommended. Finally, empirical therapy (pending the results of the aforementioned aspirates, etc.) could include broad-spectrum antibiotics +/- Ursodiol given the mild biliary changes, as well as a trial of a low-fat diet or hydrolyzed or novel protein diet with the long-term choice being based on patient response.

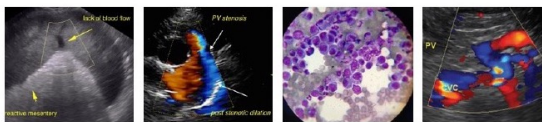
**INVOICE**

35140

Ultimately, if fine needle aspirates of the lymph nodes are not diagnostic, biopsies of the gastrointestinal tract (being sure to include the ileum if possible) may be necessary to definitively rule in/rule out infiltrative neoplasia versus inflammatory changes. If biopsies are not possible and antibiotics/Ursodiol, etc. don't result in improved appetite, other empirical therapies could include cobalamin supplementation and steroids, being cautious with steroids knowing that will make the diabetes more

**DATE**

1/27/22



**PATIENT**

difficult to regulate.

Eregon Weaver

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

5.9 kg

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Beth Johnson, DVM  
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**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Queensway AH

**REFERRING VET**

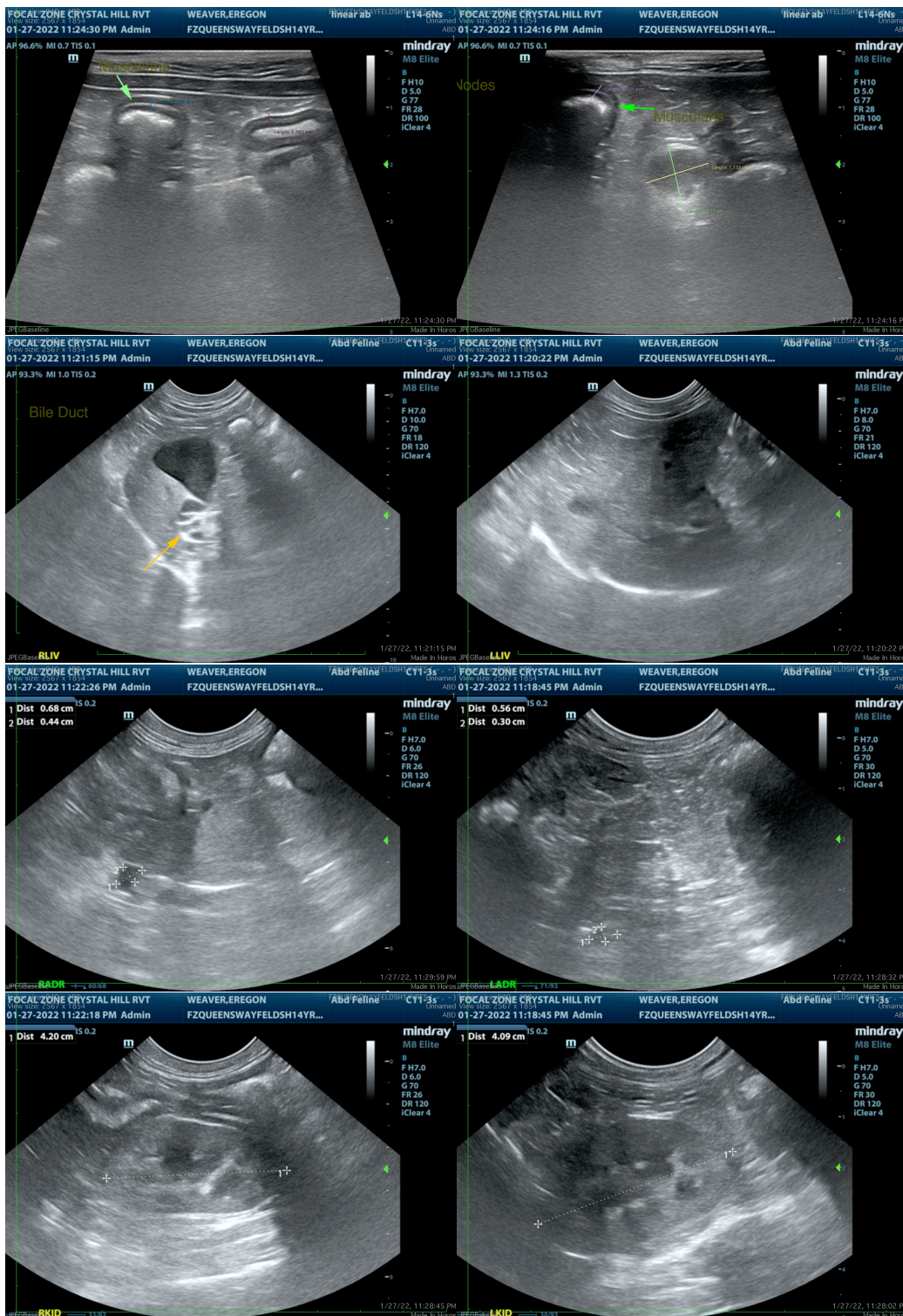
Dr. Bilinsky

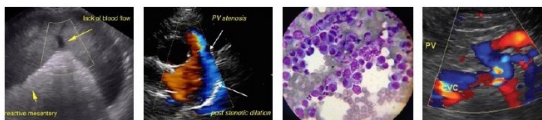
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1/27/22





**PATIENT**

Eregon Weaver

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.

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

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Queensway AH

**REFERRING VET**

Dr. Bilinsky

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