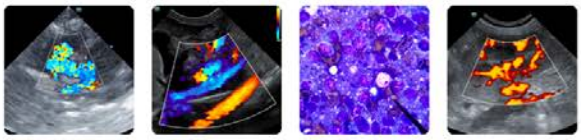


DATE

1/29/26

PATIENT

Boots Agic

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/26/14

WEIGHT

12.25 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Northwind Animal Hospital

REFERRING VET

Dr. Wilson

INVOICE

72609

PRESENTING CLINICAL SIGNS

Patient History: The patient originally presented to Northwind Animal Hospital in late November for crusty discharge and alopecia at the tip of the left ear. These lesions subsequently progressed to include swelling at the nail beds with purulent discharge. Initial treatment included an injectable antibiotic and anti-inflammatory medication. A DTM culture was performed and returned negative, ruling out dermatophytosis. The patient was later evaluated by the referring veterinarian and diagnosed with pemphigus foliaceus. He is currently doing well on a tapering course of prednisolone, with noted improvement in clinical signs. Further immunosuppressive therapy with Atopica (cyclosporine) has been discussed; however, the owner elected to pursue an abdominal ultrasound first to assess for any gross underlying systemic abnormalities that could have contributed to the development of immune-mediated disease prior to initiating or escalating additional immunosuppressive medications.

Current Medications: Prednisolone 2.5 mg: Give 2 tabs by mouth every 24 hours for 4 weeks, then 1 tab every 24 hours for 4 weeks, then 1/2 tab until gone..
Labwork Results: Labwork not attached, reported as: Skin Cytology 12/19: Marked neutrophilic inflammation with bacterial infection and necrosis.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.27 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.

The left kidney is normal is size (4.11 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.

Adrenal Glands

The right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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.

Liver

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.

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

The visible stomach wall is normal in thickness 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 mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. The duct appears diffusely mildly dilated, measuring 0.23 cm.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Mild/emerging 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 loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. **This finding could be in part normal patient variant in a senior cat.*

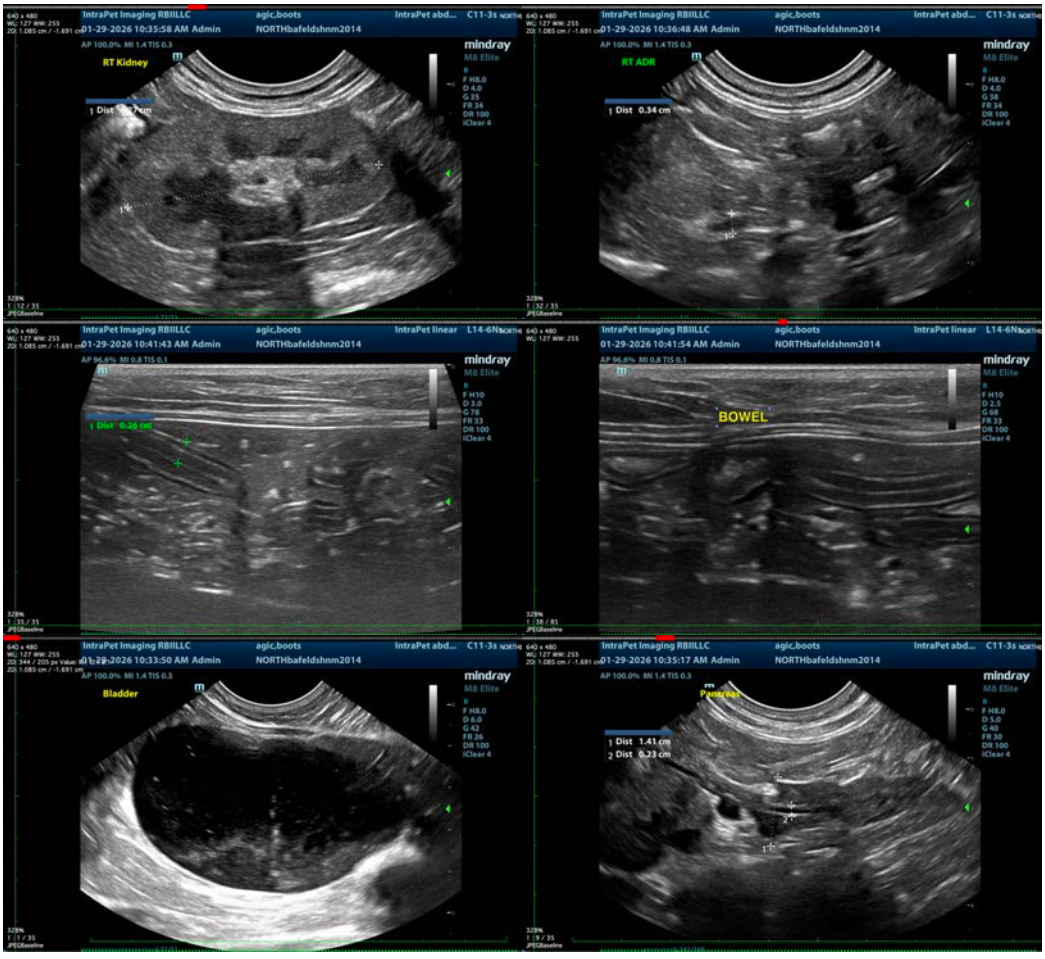
- Similarly, chronic low-grade smoldering pancreatitis can't be ruled out and should b suspected in the face of appropriate clinical signs.

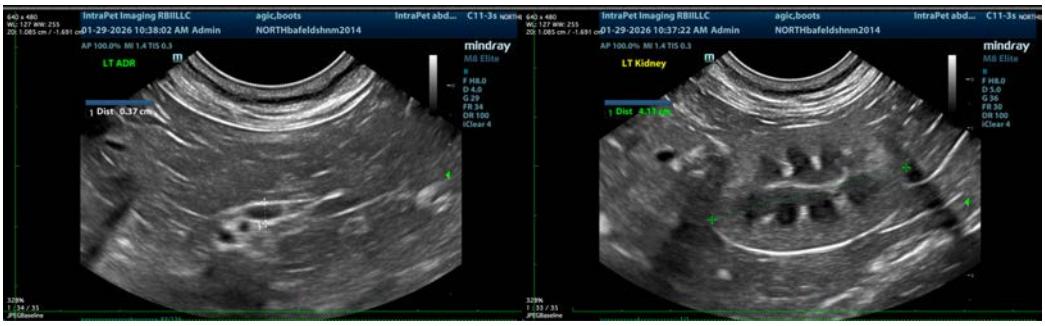
- Moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive ultrasonographically visible intraabdominal evidence of disease that could be associated with the patient's reported presenting complaint/dermatitis. The pancreatic and bowel changes are mild/subtle and should be interpreted in combination with patient's clinical history, which could warrant further GI workup.

Additionally, if not recently evaluated, given the urinary bladder debris, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.





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
info@sonopath.com