

**PATIENT**

Dichali Peterson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

14.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth

**REFERRING VET**

Dr. Anderson

**INVOICE**

94943

**DATE**

1/3/22

**PRESENTING CLINICAL SIGNS**

Seen 12/29 for vomiting and polydipsia. Cerenia stopped the vomiting, but did not help appetite. Labs were unremarkable with an elevated fPL. Subcu fluids and Miritaz added at the ER over the weekend - still not helping.

PE: continued Wt. loss, resorptive lesion on 108, remainder unremarkable. Labs from 12/29/2021: UA: SG 1.050, pH 6.5, clear sediment CBC: Normal Chem: fPL 5.5 ug/L BNP: normal Thyroid: normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Left kidney is normal in size (4.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.83 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (1.06 cm long, 0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.93 cm long, 0.2 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

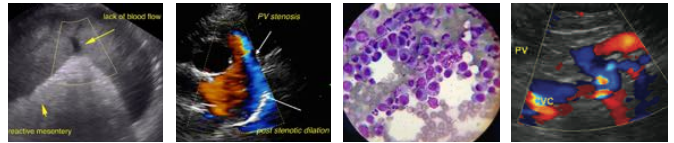
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**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.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.



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The small intestines wall layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. In the midabdomen there is one mildly fluid dilated bowel loop that contains a focal echogenic structure/piece of kibble of unknown origin. In the cranial mid abdomen there is a moderately distended, focal bowel loop. This cannot be differentiated whether it is small versus large bowel.

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Colon is normal in wall thickness (< 0.2 cm) and layering.

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**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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**Free Abdomen**

Lymph nodes are normal with no observed enlargement.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

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.

Focally fluid dilated bowel loop in the cranial mid abdomen of unknown origin, neither small nor large bowel can be definitively ruled out as well as an echogenic focal structure within another much less, but mildly fluid dilated bowel loop. This is most consistent with kibble, but a foreign object cannot be ruled out. If the fluid distended focal loop in the cranial abdomen is colon then the dilation is of less concern. If it is small bowel it is considered an obstructive pattern given the normal empty small bowel in the remainder of the abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory followed by continued medical management of the gastrointestinal signs and other therapeutic recommendations include adding pain medications +/- antibiotics in case the reported dental disease is contributing to the decreased appetite and consequent weight loss.

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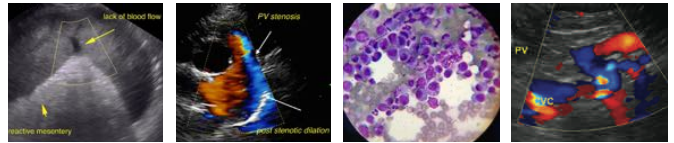
I recommend recheck of the abdominal imaging with abdominal radiographs +/- recheck ultrasound to further assess the focally dilated bowel loop with tracing to help determine if it is large versus small bowel. If the clinical signs continue and/or dilation persists or progresses then an exploratory laparotomy is recommended to rule out a partial obstruction and to obtain full thickness biopsies if an obstruction is not present given the concurrently thick muscularis.

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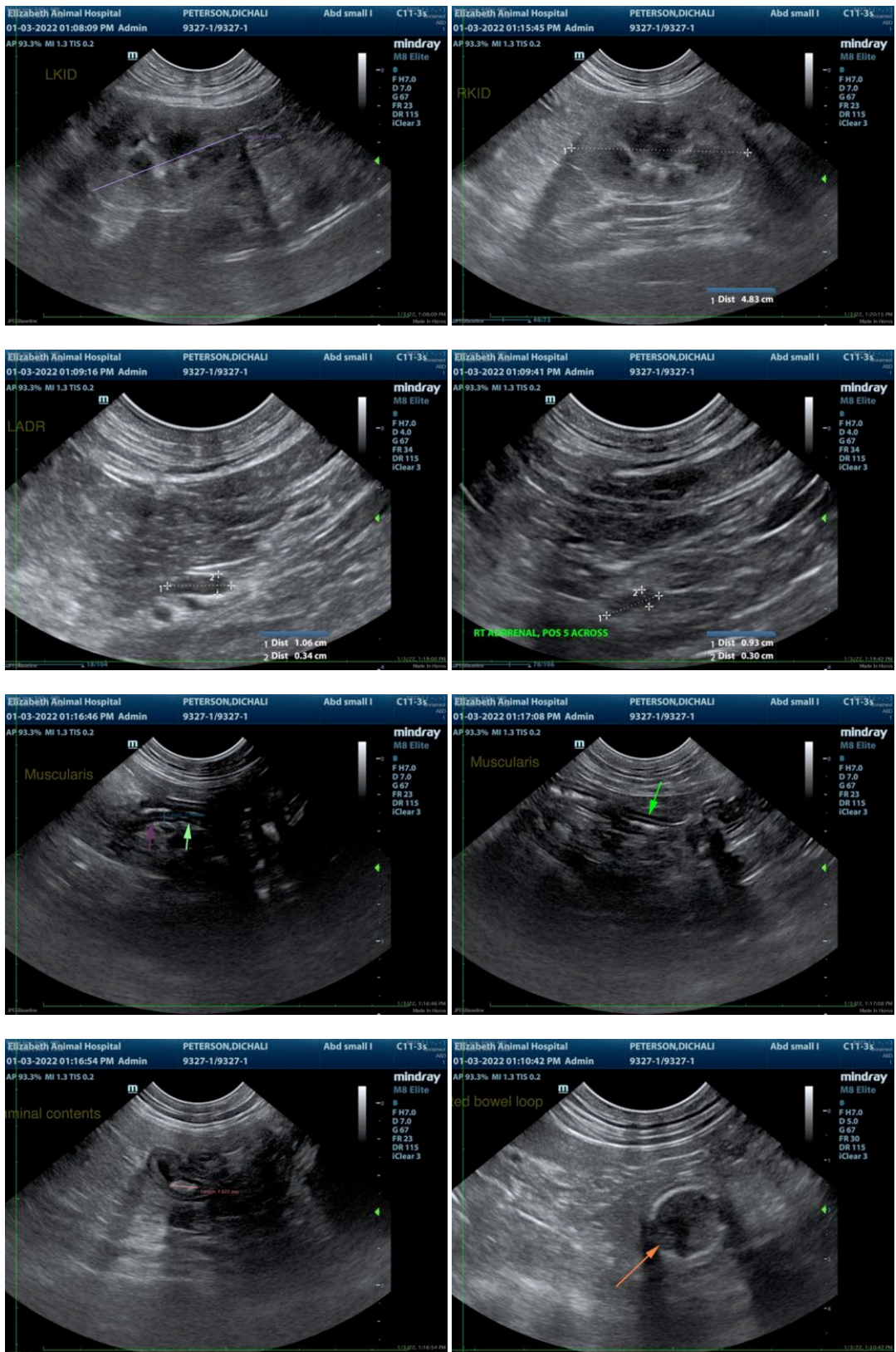
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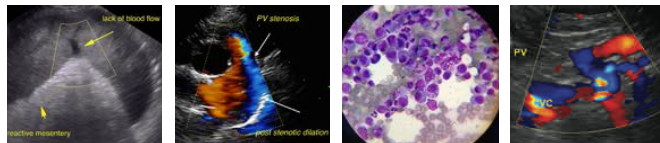
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Beth.Johnson@SonoPath.com

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