

**PATIENT**

Aristotle Schaffer

**PRESENTING CLINICAL SIGNS**

Recent history of defecating outside the litter box. Patient eats well, but is losing weight. Screening for GI tract disease (IBD).

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Maine Coon Mix

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Neutered male

Left kidney is normal in size (3.79 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**AGE**

9 years

Right kidney is normal in size (4.12 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**WEIGHT**

9 lbs

**Adrenal Glands**

Left adrenal gland is normal in size (0.36 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Right adrenal gland is normal in size (0.47 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**IMAGING PERFORMED BY**

M Kermendy CVT

**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.

**HOSPITAL NAME**

Wauwautosa

**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.

**REFERRING VET**

Dr. Haynes

**INVOICE**

95667

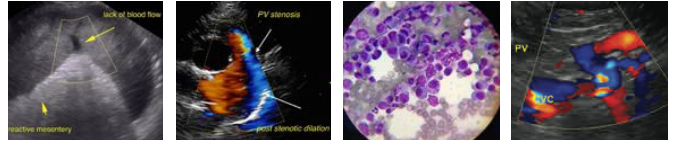
**Gastrointestinal**

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

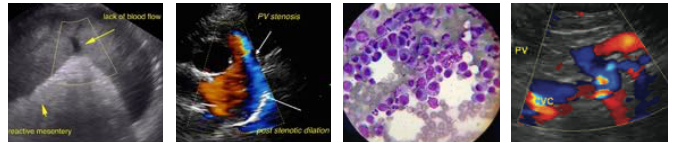
**DATE**

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The small intestines are normal in wall thickness and layering. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility



<b>PATIENT</b>	appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
Aristotle Schaffer	Colon is normal in wall thickness (< 0.2 cm) and layering.
<b>SPECIES</b>	
Feline	<b>Pancreas</b>
	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
<b>BREED</b>	
Maine Coon Mix	<b>Free Abdomen</b>
	In the midabdomen there is a round, hypoechoic structure that measures 1.5 cm in diameter and is surrounded by hyperreactive, hyperechoic mesentery that appears to be mesenteric lymph node.
<b>SEX</b>	
Neutered male	
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
9 years	<b>Primary Findings</b>
	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.
<b>WEIGHT</b>	Enlarged, mesenteric lymph node surrounded by hyperreactive mesentery. Differentials for which include both benign inflammatory/reactive change as well as infiltrative neoplasia.
9 lbs	
<b>INTERPRETED BY</b>	Urinary bladder sediment - Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
M Kermendy CVT	Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as a T4 if not already evaluated. If possible and if the patient's coagulation status is appropriate recommendations include FNA of the enlarged mesenteric lymph nodes for cytology. Ultimately given the thick muscularis biopsies of the gastrointestinal tract being sure to include the ileum if possible may be necessary to determine the underlying etiology of the infiltrative bowel disease. In the meantime, pending cytology, empirical therapy including empirical deworming with a 5 day course of Panacur, transition to a novel or hydrolyzed protein diet +/- steroids can be tried.
<b>HOSPITAL NAME</b>	
Wauwautosa	
<b>REFERRING VET</b>	
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**SPECIES**

Feline

**BREED**

Maine Coon Mix

**SEX**

Neutered male

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**WEIGHT**

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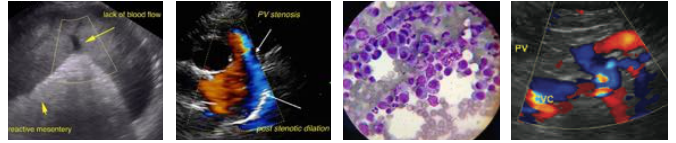
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Feline

**BREED**

Maine Coon Mix



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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.

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