



**PATIENT**

Ozzy Frampton

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Neutered Male

**AGE**

12 Years 11 Months

**WEIGHT**

6.5 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Danielle Lanz

**HOSPITAL NAME**

New Holland VH

**REFERRING VET**

Danielle Lanz

**INVOICE**

17658

**DATE**

10/11/22

**PRESENTING CLINICAL SIGNS**

History: HX of Vomiting and lethargic for past week, hyporexia, no diarrhea, weight loss 1lb in 1week. Was put on prednisolone, cerenia, mirtazipine and symptoms have improved - no more vomiting, acting more normal and eating and drinking normal amount.

Abnormal PE/Chem/CBC/UA Results: RBC 6.67, HCT 27.4, Hemoglobin 9.2, reticulocytes 15, Bilirubin 0.6, unconj, bilirubin 0.4, CK 43

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of infarcts observed. The left kidney measures 4.6 cm. The right kidney measures 5.4 cm. Nephroliths are present in both renal pelvises with mild pyelectasia appreciated bilaterally. The nephrolith on the left measures 0.62 cm in size, and on the right measures 0.57 cm in size.

**Adrenal Glands**

Adrenal glands are bilaterally uniformly plump egg-shaped adrenals (the left measures 0.7 cm, the right measures 0.7 cm), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly distended, almost empty with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The cystic and common bile ducts walls are mildly thick and echogenic. The cystic and common bile duct are mildly distended, measuring 0.53 cm distended. There is no evidence of effusion or inflammation.

**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.



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The visible small intestine demonstrates areas of 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 with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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**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. Pancreatic duct dilation is noted.

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**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

6.5 Pounds

**Primary Findings**

- 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 aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

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- Chronic active pancreatitis
- Cholecystic debris with a mildly distended biliary system and thick echogenic walls

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\*These three findings are consistent with “triaditis” in cats.

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- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

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- 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 (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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**Secondary Findings**

- Bilateral nephrolithiasis
- Age-related adrenal gland changes

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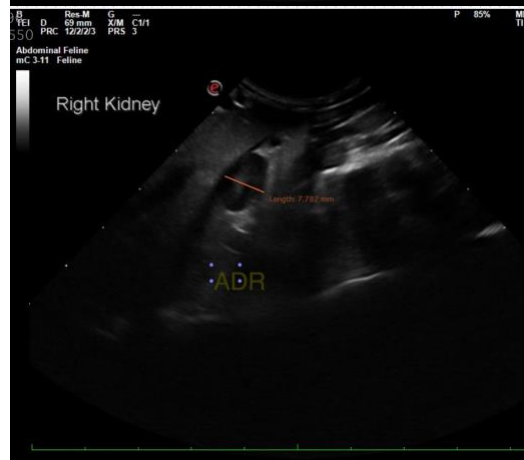
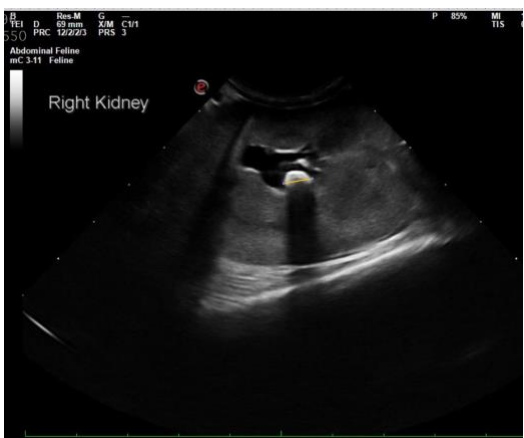
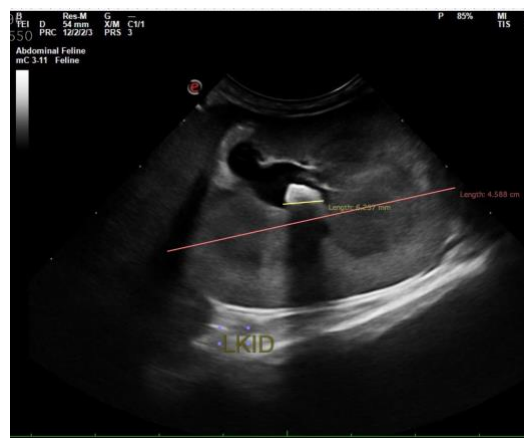
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M Laboratory is recommended for further evaluation of GI and pancreatic function.

Ideally, tissue sampling is recommended to definitively diagnose and therefore, manage the suspected infiltrative bowel disease that may also be affecting the spleen and liver. Therefore, recommendations include a fine needle aspirate of the spleen and liver if patients coagulation status is appropriate. If a diagnosis is not obtained cytologically, biopsies of the GI tract, being sure to include ileum, if possible, are recommended.

In the meantime, supportive/symptomatic medical management of “triaditis”, as is already resulting in improvement, is recommended. Additionally, empirical deworming with a 5-day course of Panacur is recommended, as is transition to a hydrolyzed protein diet.



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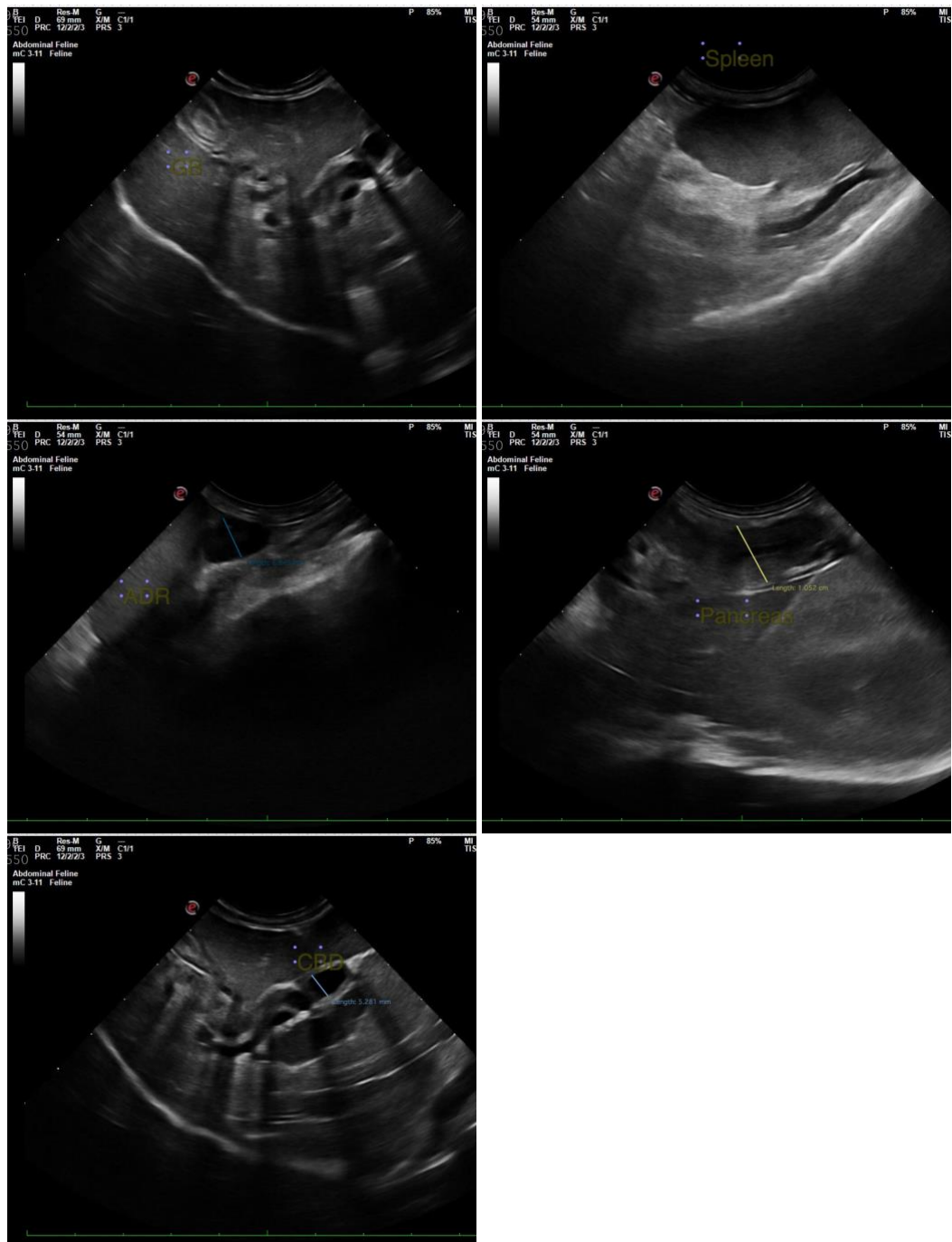
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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