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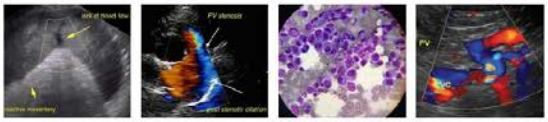

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Lily Hawley

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

AC of Penn Valley

REFERRING VET

Dr. Nancy Reese

INVOICE

42391

DATE

10/26/22

PRESENTING CLINICAL SIGNS

history of gradual weight loss over the last 1.5-2 years (cant see all of dates on file). Routine blood chemistries/CBC/T4 all WNL in 1/2021, 1/2022, and 8/2022. Weighed 11# in 2020 (or earlier) and 9.9 in 2021, and 8.7 in 8/2022. No noted vomiting, stools occasionally loose, diet- fancy feast canned + dry all day and "ultra thrive" supplement. T4 was high normal range (3.3) , declined Ft4 testing. Maybe palpated thickened intestines at one point. Owner tried feeding more, but cat did not put on weight (not sure if she actually ate more or not). Butorphanol Sedation for AUS

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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.72 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 in size (3.15 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 (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. 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.

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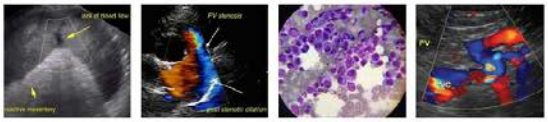

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic. The lumen is empty with no evidence of obstruction or foreign material. In the mid abdomen, there is a focal bowel loop with "hazy", hypoechoic early loss of layering suspected.

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 in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Hypoechoic, prominent mesenteric, gastric, and sublumbar lymph nodes are noted. The left sublumbar lymph node measures 0.41 cm. The gastric lymph node measures 0.50 cm.

PRIMARY FINDINGS

- **Gastrointestinal lymphoma (suspect) pattern –** Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Given the early or emerging loss of layering suspected, infiltrative neoplasia is considered possibly more likely, but benign IBD cannot be ruled out without tissue sampling.
- **Pancreatic nodular hyperplasia –** Infiltrative neoplasia cannot be ruled out but is considered less likely.
- **Generalized lymphadenopathy including cranial abdominal/gastric, mesenteric, and sublumbar lymph nodes –** Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

SECONDARY FINDINGS

- Urinary bladder debris

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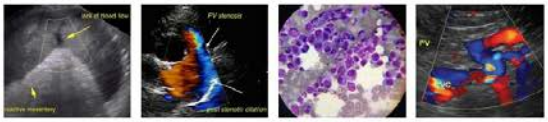

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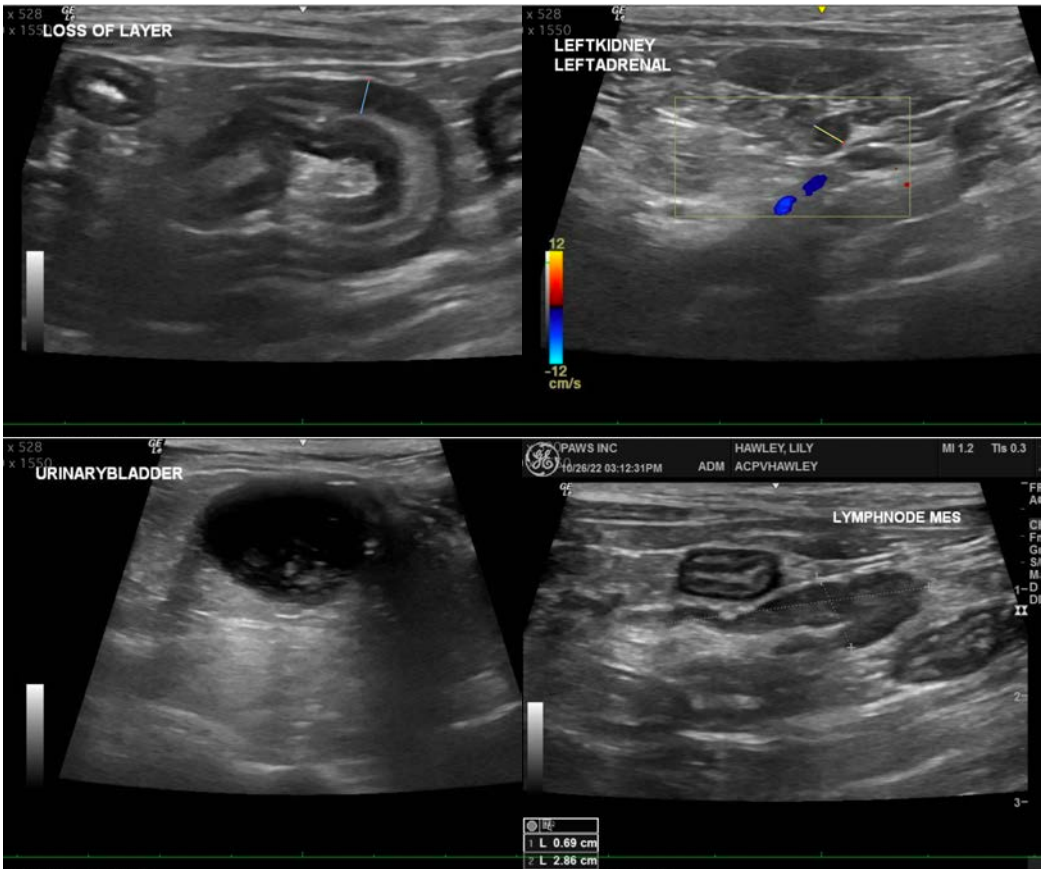
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the mild/subtle changes present in these images, recommendations are to definitively rule out hypothyroidism prior to pursuing more invasive diagnostics, given the high-normal T4. Therefore, a free T4 is recommended.

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

Ideally, biopsies of the GI tract, being sure to include the focal bowel with early loss of layering, if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease. This may require intra-op ultrasound, if available.

If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Other supportive therapeutic considerations could include fiber supplementation, especially with large bowel diarrhea and/or a probiotic.



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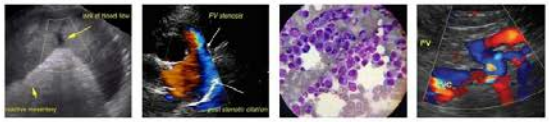

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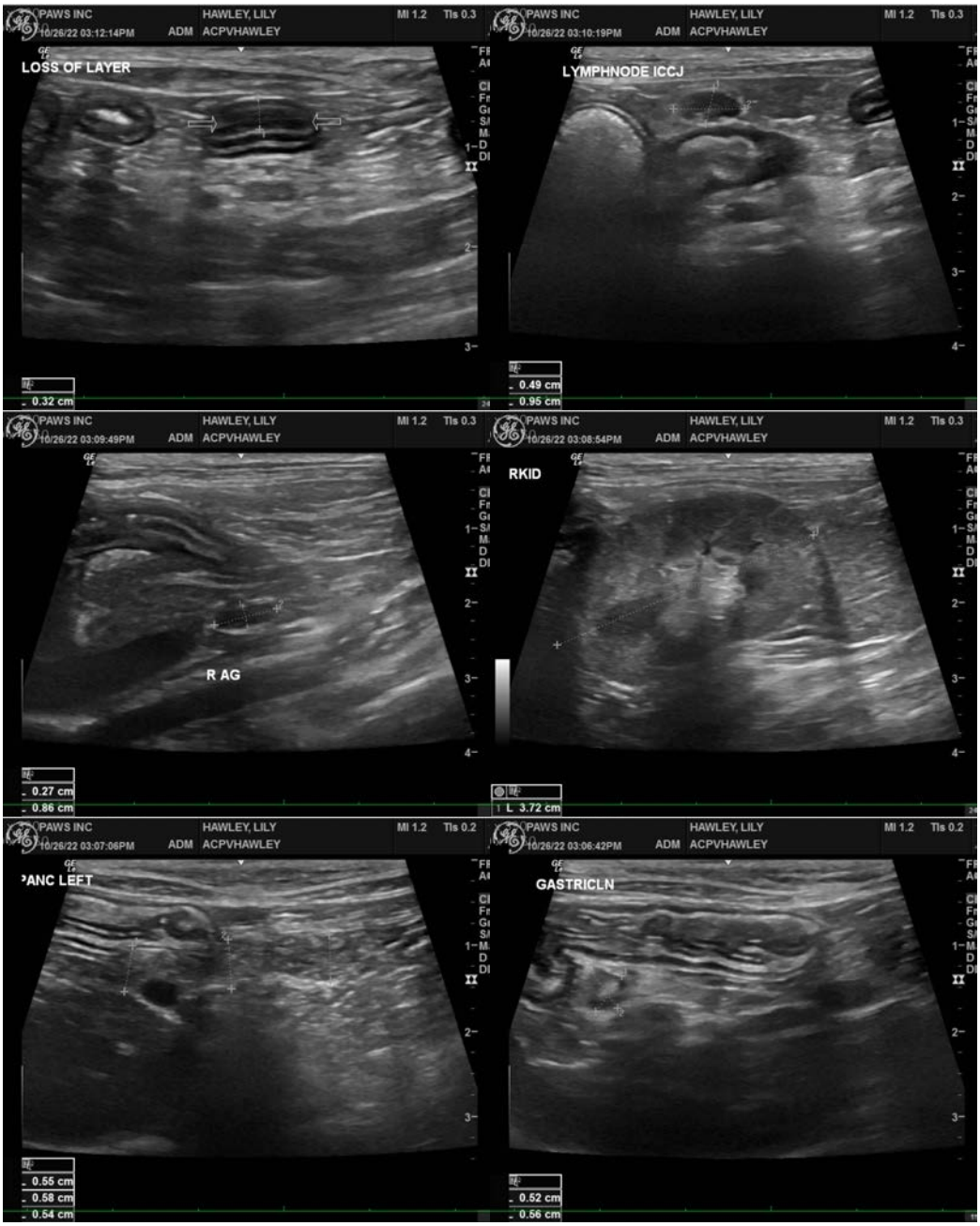

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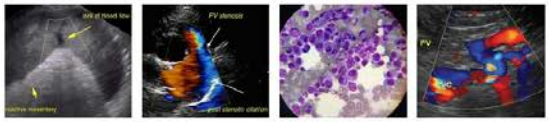

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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