

IMAGING PERFORMED BYSVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com**PATIENT**

Cabby Burrow

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

14 years

WEIGHT

12.3 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VETCat Care at
RochesterHills**INVOICE**

39957

DATE

10/6/22

PRESENTING CLINICAL SIGNS

History: Vomiting, decreased appetite, weight loss, suspect pancreatitis. Cannot r/o concurrent disease (eg GI)

Hx of chronic pancreatitis. Exam overall NSF. Responsive to Cerenia, Convenia, vit B 12 - all injections and Mirataz CBC: Hct 55 H Hgb 17 H r/o stress response Chem: WNL T4 2.0 fPL 3.8 - mildly elevated 7-29-22 BP = 170 (stressed)

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.

Left kidney is normal is size (3.89 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.

Right kidney is normal is size (3.82 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

Left adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. Multi-focal, well demarcated hyperechoic homogenous nodules throughout.

Liver

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. Several small, less than 1.0 cm hypoechoic nodules were noted throughout the parenchyma as well as an approximately 2.0 cm in diameter fluid filled cyst like structure in the right liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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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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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 empty with no evidence of obstruction or foreign material.

SEX

Neutered Male

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

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

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Free Abdomen

There is a scant amount of anechoic free fluid as well as prominent mesenteric lymph nodes and enhanced fat in the area of the ileoceocolic junction.

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ULTRASONOGRAPHIC FINDINGS

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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.
- **Scalloped spleen** – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- **Hyperechoic splenic nodules** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- **Liver nodules** – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

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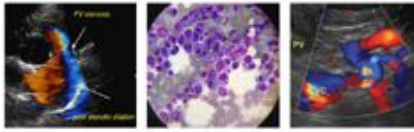
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Cystic lesion. In a senior cat these lesions could be consistent with benign, biliary cystadenomas. Malignancy cannot be ruled out, yet is considered less likely.

- **Mesenteric lymphadenopathy** both reactive lymphadenopathy and infiltrative neoplasia are differentials and cannot be differentiated without neoplasia.

Secondary Findings

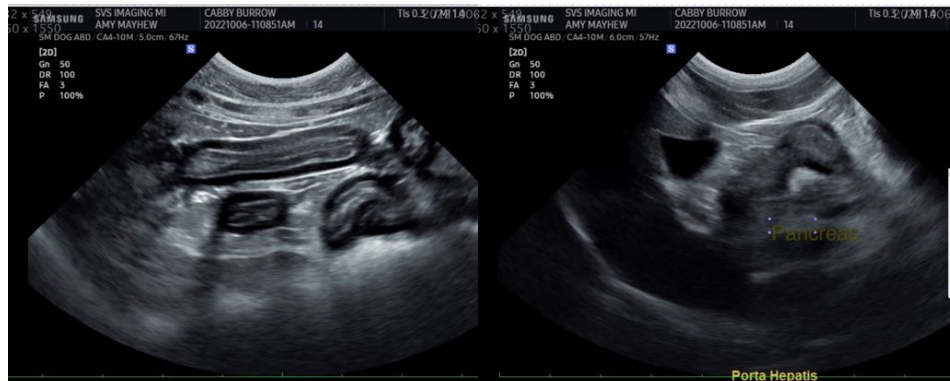
- **Urinary bladder debris.**
- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bowel changes alone are not definitive for inflammatory bowel disease versus lymphoma; however, given the concurrent splenic changes and mild lymphadenopathy, lymphoma is a differential. Recommendations include.

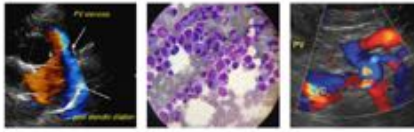
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Ideally tissue sampling beginning with a FNA of the spleen +/- liver followed by biopsies of the GI tract being sure to include ileum if possible, if a diagnosis is not obtained cytologically are recommended to definitively diagnose and therefore manage infiltrative bowel disease. If tissue sampling cannot be obtained empirical therapies include a diet change to a hydrolyzed protein diet, empirical deworming with a 5 day course of panacur, cobalamin supplementation if indicated based on GI malabsorption panel results and Prednisolone if not contraindicated based on patient's contraindications, comorbidities, etc.



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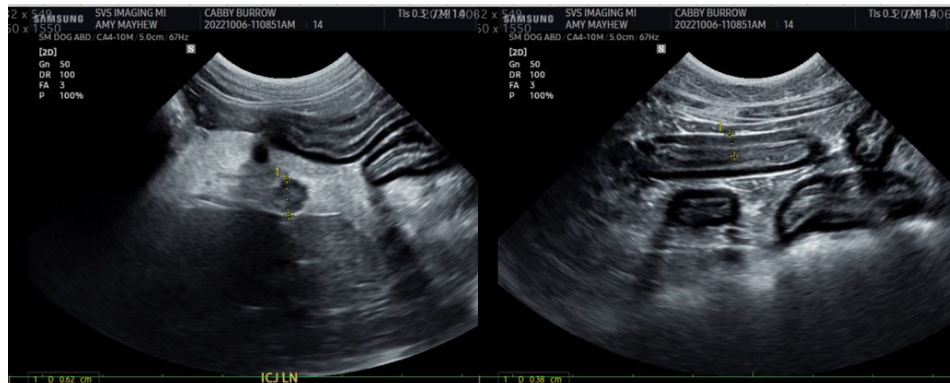
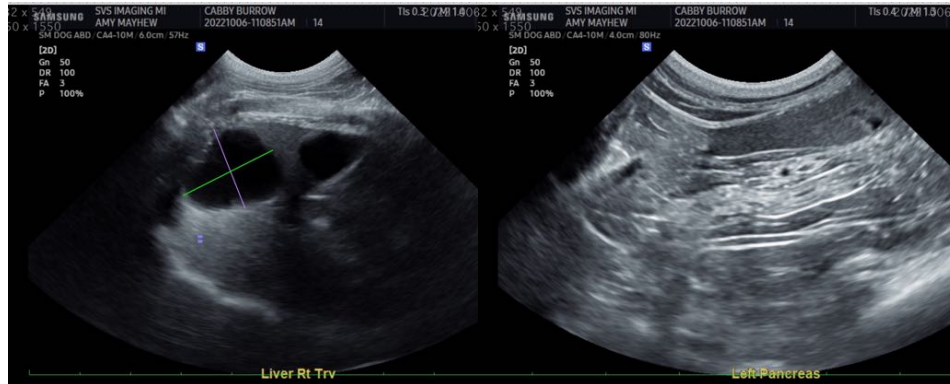
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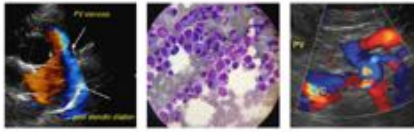
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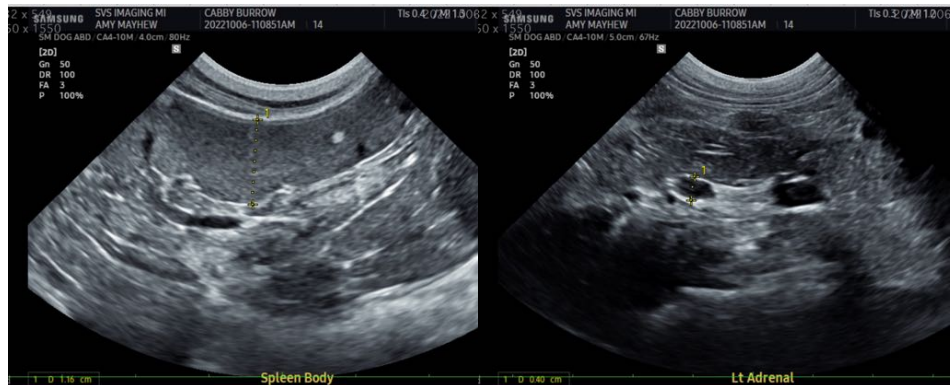
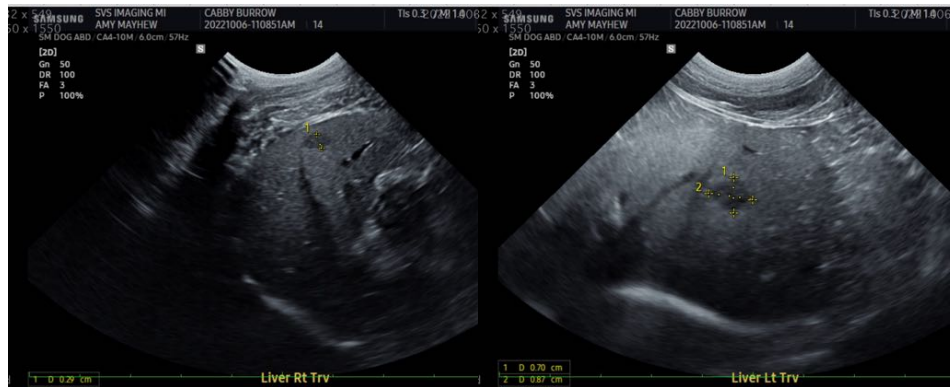
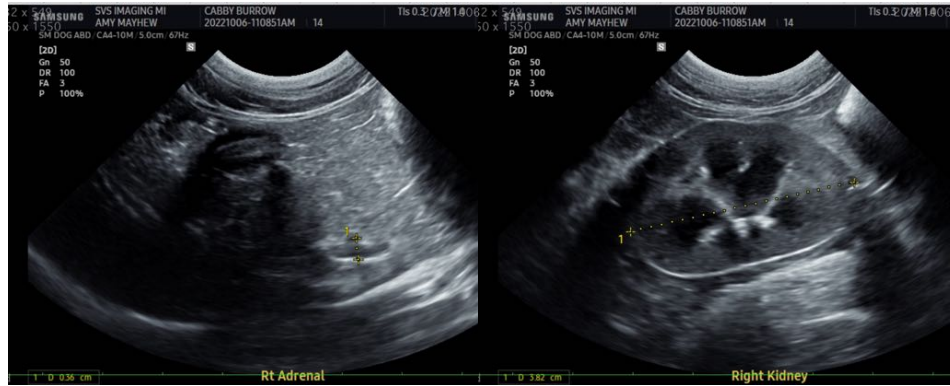
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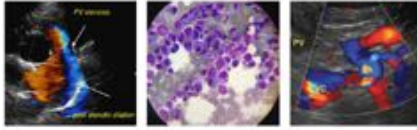
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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