



PATIENT	PRESENTING CLINICAL SIGNS
Shadow Swanston	vomiting, weight loss, not eating Very anxious cat 3.46kg in Nov 2020, now 3kg one year later, mild weight loss
SPECIES	Abnormal PE/Chem/CBC/UA Results: Bloodwork shows hypokalemia, isosthenuria, rest of the labs are WNL
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	Urinary bladder is moderately 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.
Spayed Female	Right kidney is normal in size (2.5 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.
AGE	Left kidney is normal in size (3.5 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.
14 Years	
WEIGHT	Adrenal Glands
3 kg	The adrenal glands are not well visualized in these images. However, there is no pathology noted in the region of the adrenal glands.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	Liver
Dr. Singh	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.
HOSPITAL NAME	Gastrointestinal
Balmy Beach PH	Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is an incidental normal variant of a very mildly tortuous bile duct appreciated.
REFERRING VET	
Dr. Singh	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.
INVOICE	
29769	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. In the caudal mid abdomen there is a focal, more severe muscularis thickening with some early loss of layering appreciated. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
DATE	
11/11/21	



PATIENT

Shadow Swanston

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

SPECIES

Pancreas

Feline

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

DSH

Free Abdomen

There is no evidence of peritoneal effusion. Mild mesenteric lymphadenopathy is appreciated.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Thick muscularis diffusely with a more focal, more severe muscularis thickening in the mid caudal abdomen with some early loss of layering, suggestive of early emerging neoplasia.
- Concurrent, most likely reactive mesenteric lymphadenopathy – However, infiltrative neoplasia of the nodes cannot be ruled out.

AGE

14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a gastrointestinal malabsorption panel with TLI, PLI, folate and cobalamin to Texas A&M GI laboratory followed by full thickness biopsies of the small bowel with close attention given to the focal changes in the mid caudal abdomen. If not already evaluated, thyroid panel could also be assessed to rule out concurrent hyperthyroidism contributing to vomiting and weight loss in this patient. If biopsies are declined, empirical therapy with novel or hydrolyzed protein diet, cobalamin supplementation, and empirical steroid therapy can be considered.

WEIGHT

3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

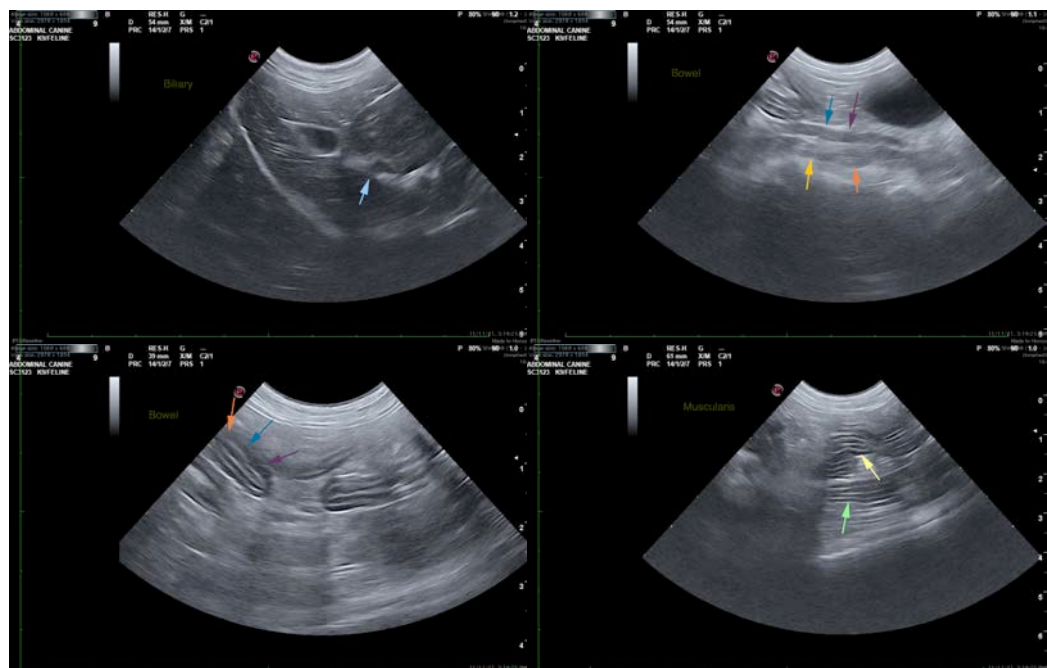
Dr. Singh

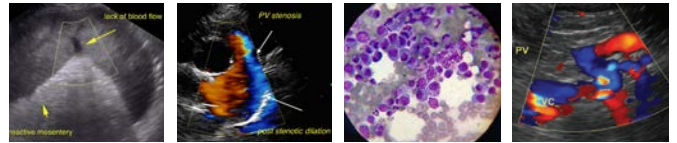
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PATIENT

Shadow Swanston

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3 kg

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HOSPITAL NAME

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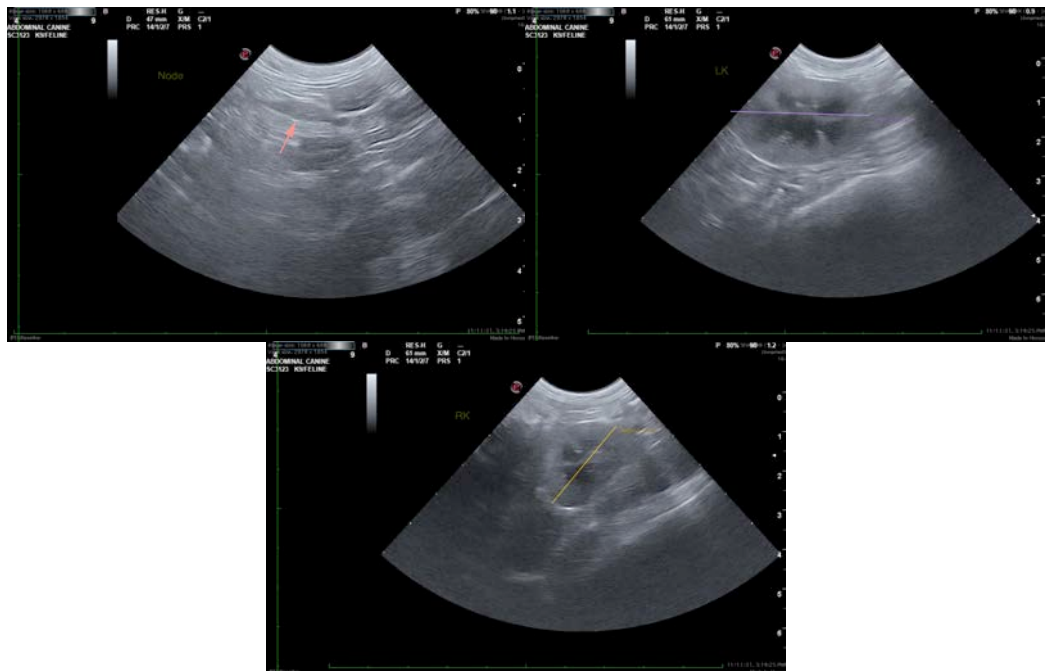
Dr. Singh

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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.

Beth Johnson, DVM, DACVIM
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