



PATIENT	PRESENTING CLINICAL SIGNS
Holly Franklin	Has a neck lesion and is scheduled for dentistry next week but has not been eating well. Suspect it is due to dental disease, but owner wanted to scan to be sure we are not missing something else. Has been getting Mirtazapine.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Blood work all normal Urinalysis--Sp.G 1.012 (low), pH 8 (high), bacteria rods <10
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Himalayan	Urinary System
	The 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.
SEX	
Spayed Female	The right kidney is normal in size (3.73 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	
10 Years	The left kidney is normal in size (3.42 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.
WEIGHT	Adrenal Glands
10.3 Pounds	The right adrenal gland is unable to be fully visualized in these images.
INTERPRETED BY	The left adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	Liver
Crystal Hill	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.
HOSPITAL NAME	
Mountain AH	The gallbladder is non-distended in size. It is bilobed, which can be a benign anatomical variant in a cat. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
REFERRING VET	Gastrointestinal
Dr. MacKenzie	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	
42750	
DATE	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
11/11/22	



PATIENT

hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

Holly Franklin

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

The 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

Free Abdomen

Himalayan

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

SEX

There is no apparent lymphadenopathy noted in these images.

Spayed Female

PRIMARY FINDINGS

AGE

- **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.

10 Years

WEIGHT

SECONDARY FINDINGS

10.3 Pounds

- Bilobed gallbladder

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Beth Johnson, DVM
DACVIM

This patient's bowel changes described above may be contributing to the decreased appetite. Options include managing the dental disease and neck lesion first, and see if appetite improves, or to being workup of the suspected infiltrative bowel disease now. If concurrent vomiting, diarrhea, weight loss, etc. are noted, then recommendations are to further evaluate gastrointestinal disease now.

IMAGING PERFORMED BY

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.

Crystal Hill

Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

HOSPITAL NAME

Mountain AH

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.

REFERRING VET

Dr. MacKenzie

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PATIENT

Holly Franklin

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Mountain AH

REFERRING VET

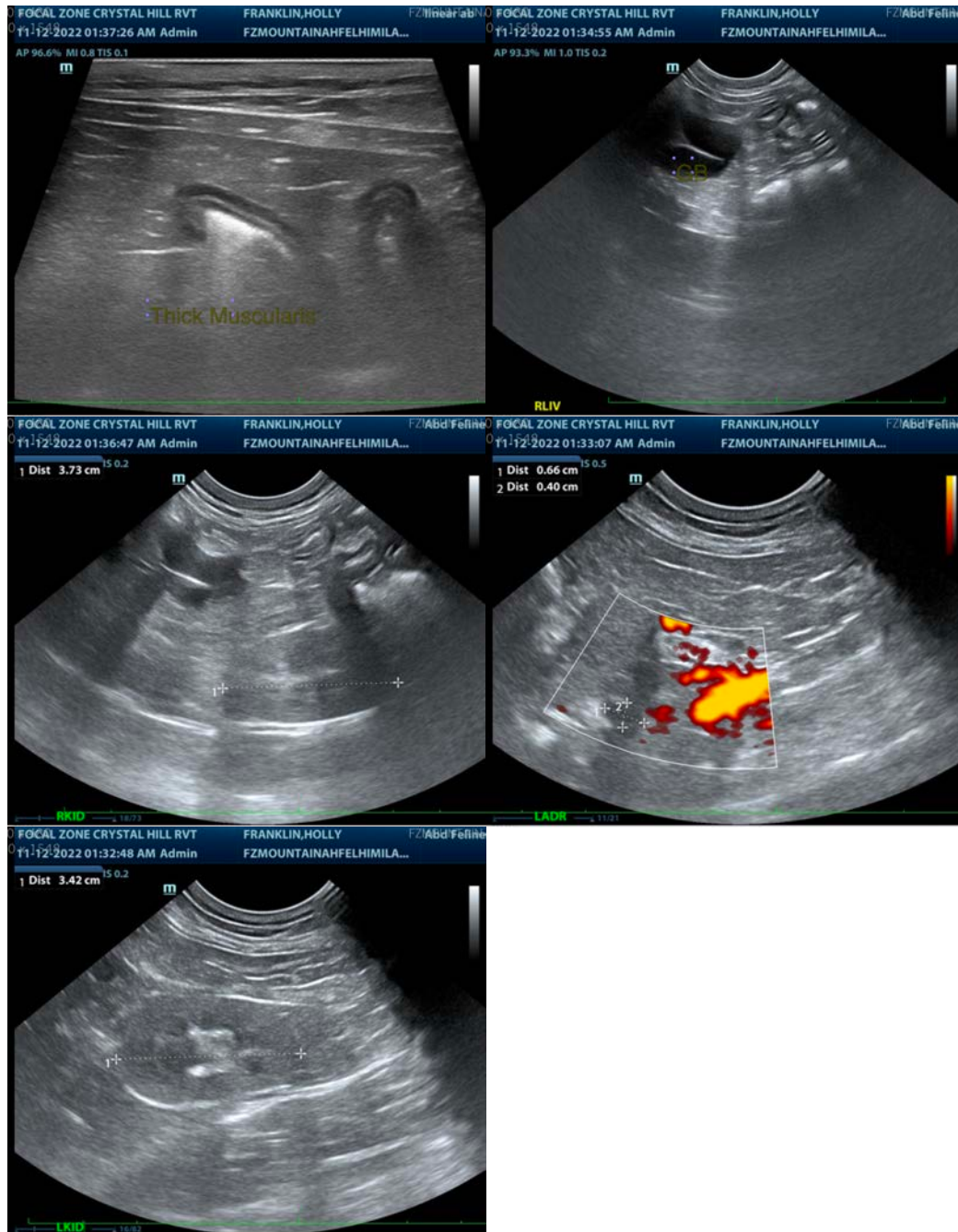
Dr. MacKenzie

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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