



PATIENT	PRESENTING CLINICAL SIGNS
Winston Holmgren	Having increased frequency in seizure activity. Obese. Stage 2 renal insufficiency. Moderate periodontal disease. On amlodipine and now normotensive. Amlodipine started in June when seizures occurred. Seizure activity increased since June. Drinking a little more. Otherwise doing ok.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Obese, periodontal disease, seizures.
BREED	
DSH	
SEX	
MN	
AGE	
14	
WEIGHT	
18.68	
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	
Charlie Rodriguez	
HOSPITAL NAME	
Bethany Family Pet Clinic	
REFERRING VET	
Kristen Velasco	
INVOICE	
12127ag	
DATE	
11/11/2022	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Kidneys are bilaterally small irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 3.9 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

Right adrenal gland was unable to be visualized.

Left adrenal gland is normal in size (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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

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.

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.

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 or foreign material.

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.

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

Pancreas

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.



PATIENT

Winston Holmgren

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- 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.
- This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's seizure history an overall metabolic screen with CBC, chemistry and electrolytes is recommended if not recently done.

AGE

14

Another differential for this patient's seizures potentially related to chronic kidney disease is proteinuria and a vascular event. Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

WEIGHT

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Given the bowel changes further evaluation of GI function/digestion/absorption is recommended in the form of 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. However, the changes may be an incidental finding if there are not supporting clinical signs such as vomiting, diarrhea and/or weight loss, and likely not related to the seizures. If a metabolic cause is not found that could be causing the seizures, further neurologic evaluation, advanced imaging etc. may be warranted.

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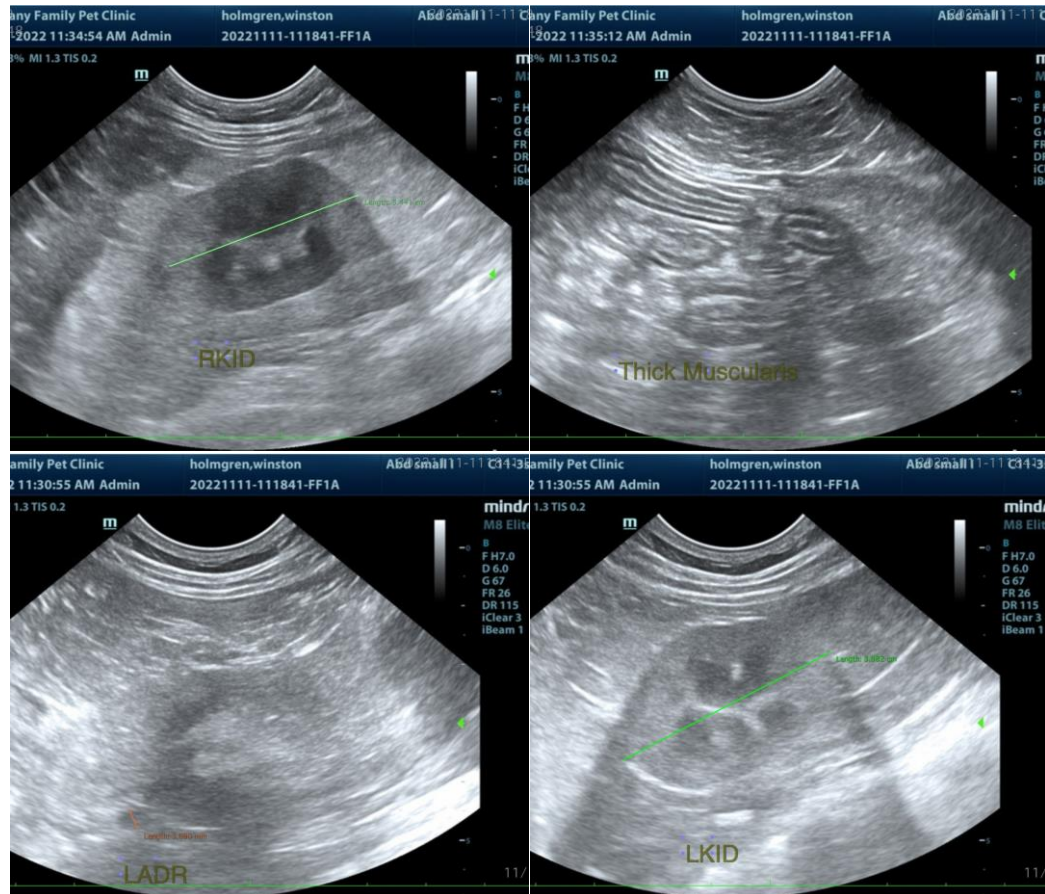
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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