



PATIENT PRESENTING CLINICAL SIGNS

Cynthia Horan

Presented last night for hemorrhagic gastroenteritis of one day duration. Patient has known renal disease. Cerenia, sq fluids 125ml LRS, Metronidazole, and propectalin were accomplished at exam yesterday. Patient returned this morning with slight ventroflexion, increased snap to breathing (thoracal to abdominal effort and within normal respiratory rate). Per owner patient has always had odd breathing, but is enhanced now. The patient has not vomited since yesterday. MM pink and moist roughly 5% dehydrated. No pain elicited on PE with distention of abdomen. Slight gallop rhythm to cardiac auscultation. Per owner echocardiogram was accomplished with no severe abnormality present not too long ago. Current Meds: Started last night Metronidazole and Propectalin Phosphate binder per owner (other vet rx)

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC- Leukocytosis 20.83 K/uL, Neutrophilia with left shift 12.92 K/uL, Monocytosis 3.16 K/uL Chem- Elevated Tbili 1.9 mg/dL See attached rads: Digital radiography- bronchial lung pattern, gastric stomach enlargement, potential mass close to or on liver, feces vs odd appearance to colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

18 Years

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.

WEIGHT

10.5 Pounds

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney measures 3.2 cm. The right kidney measures 3.4 cm. Pyelectasia is noted bilaterally.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

IMAGING PERFORMED BY

Jasmine Palacios

The area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Travis Gibson

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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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Gastrointestinal



PATIENT	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Cynthia Horan	
SPECIES	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.
Feline	
BREED	The colon at the level of the urinary bladder is thick, measuring between 0.50-0.65 cm with an irregular hyperechoic wall and loss of normal layering.
DSH	
SEX	Pancreas 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.
Spayed Female	
AGE	Free Abdomen There is no evidence of free peritoneal effusion noted in these images.
18 Years	The abdomen is diffusely hyperechoic as a result of enhanced hyperechoic mesentery and fat. Diffuse lymphadenopathy involving the mesenteric lymph nodes and cranial abdominal lymph nodes is also noted, characterized by round, hypoechoic lymph nodes surrounded by enhanced mesenteric fat.
WEIGHT	PRIMARY FINDINGS
10.5 Pounds	<ul style="list-style-type: none"> • Thick descending colon with loss of layering – Concerning for infiltrative neoplasia such as lymphoma. Benign inflammatory disease is possible but considered less likely.] • 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. • Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered. • Diffusely enhanced mesenteric fat and lymphadenopathy – Suggestive of diffuse peritonitis, likely secondary to the reported gastroenteritis, etc. Differentials for the lymphadenopathy include both infiltrative neoplasia as well as reactive lymphadenopathy and cannot be differentiated without tissue sampling.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Urinary bladder • Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
IMAGING PERFORMED BY	
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AGE

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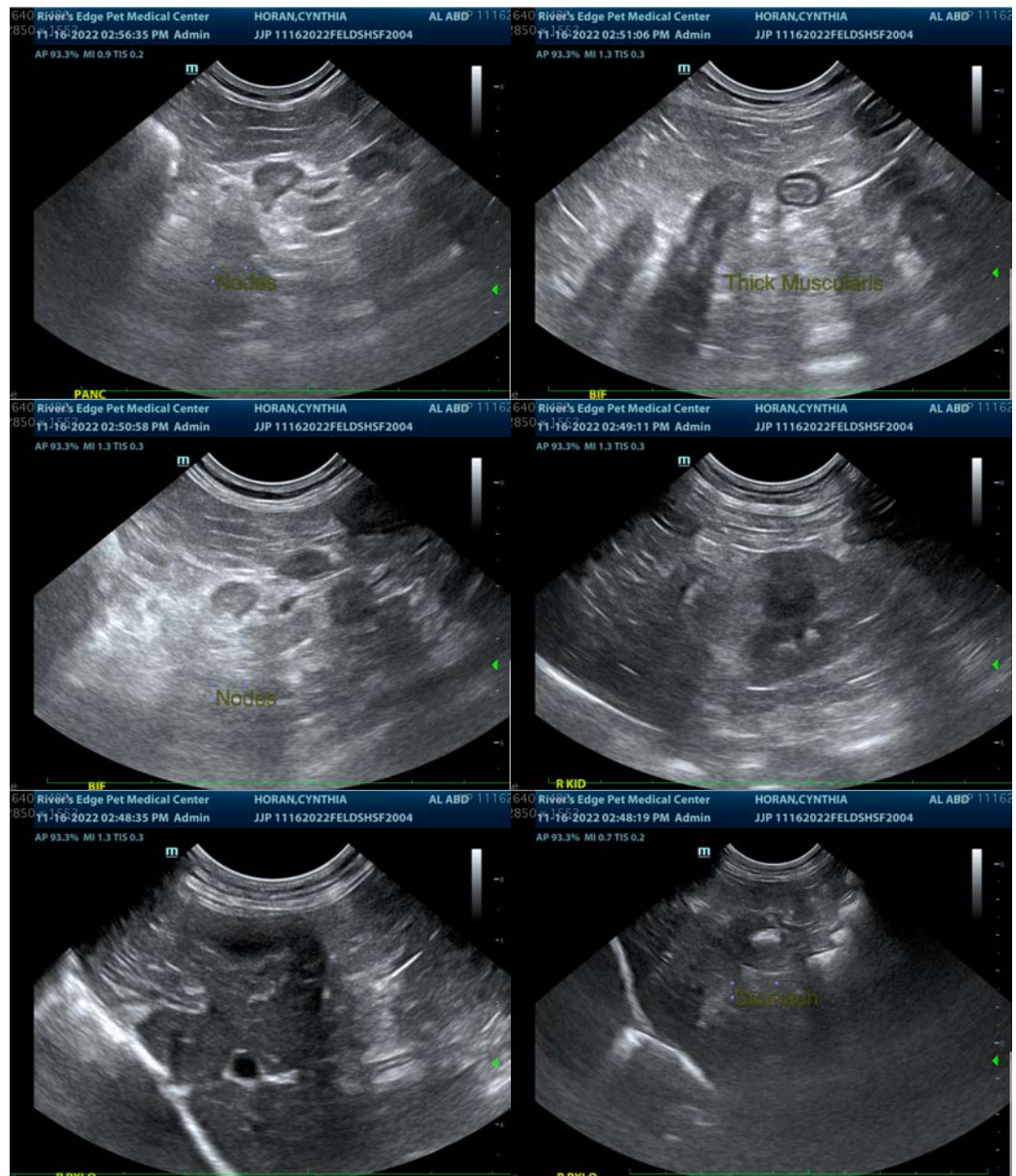
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultimately, tissue sampling is necessary to definitively diagnose the cause of the pathology described above. A fine needle aspirate of the liver could be evaluated first if patient's coagulation status is appropriate +/- fine needle aspirate of the enlarged lymph nodes if they can safely be reached. If this does not result in a diagnosis, then gastrointestinal biopsies obtained via upper and lower gastroscopy, endoscopy, and colonoscopy may be necessary.

Additionally, empirical medical management of diffuse hemorrhagic gastroenteritis and secondary peritonitis, which is resulting in reported abdominal pain, is recommended in the form of antiemetics, gastroprotectants, appetite stimulants, or nutritional support up to and including the feeding tube if necessary, pain management, broad-spectrum antibiotics, a probiotic such as Visbiome or Provable, and fluid therapy.





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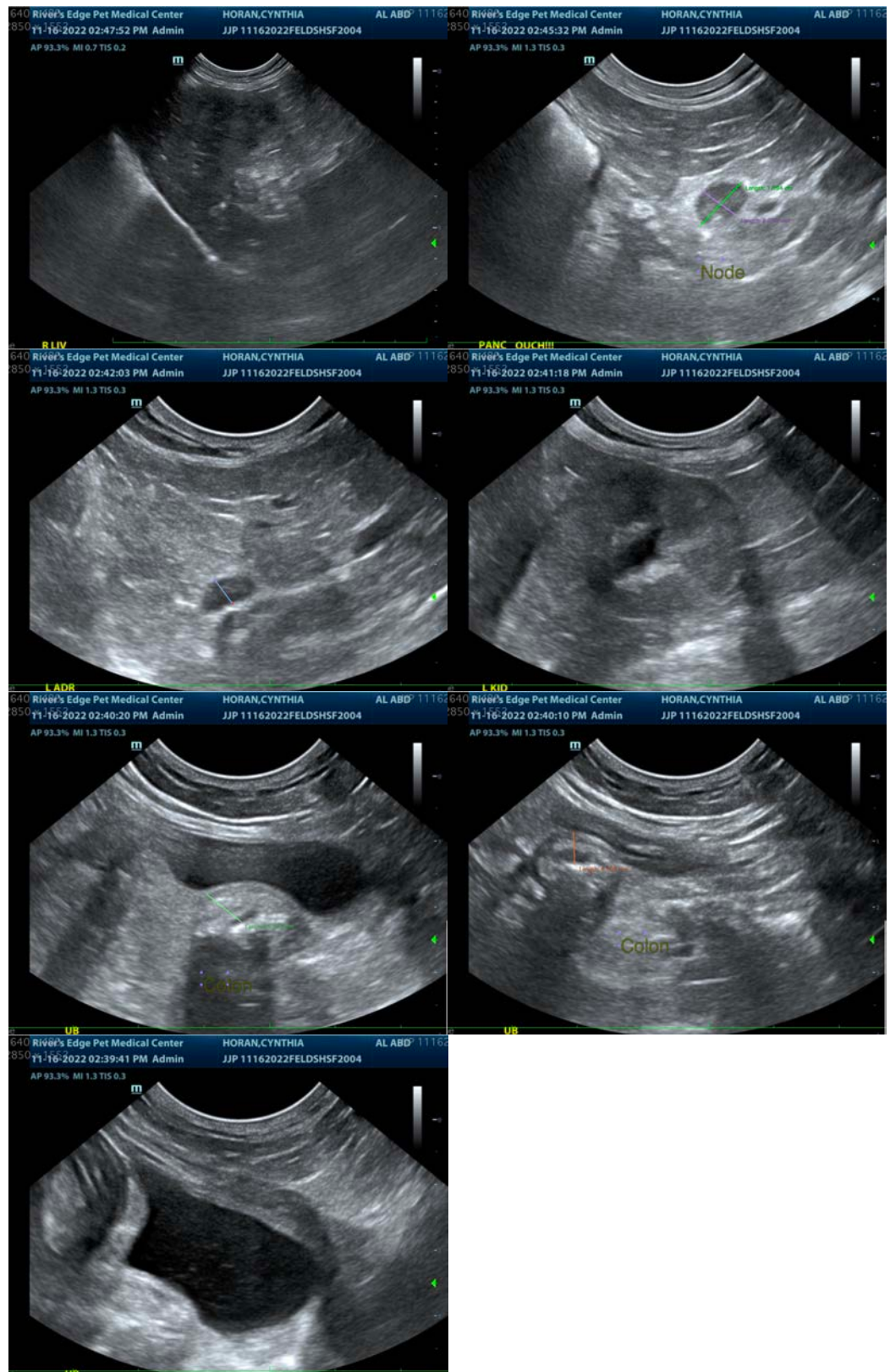
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PATIENT

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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.

SPECIES

Feline

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

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