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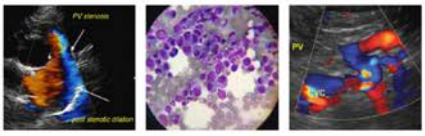

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Josie Wethington

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
12 Years

WEIGHT
10.3 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Wixom Family Pet Practice

INVOICE
42494

DATE
11/2/22

PRESENTING CLINICAL SIGNS

Current Medications: Cerenia 16mg, 1/2 PO SID; Phenobarbital 16.2mg PO BID Patient History: She vomits up food daily 4-5x/week currently, started 2 years ago. She had exploratory surgery at BP in 2019 b/c they thought she had a FB on AUS, none found, took biopsies of stomach and small intestine which revealed lymphoplasmacytic enteritis. They have tried different foods over the years w/o success, never any prescription foods, does worse on fish flavors. She has had a gurgly stomach for years per owner. For a long time, a couple of years, she was vomiting 2x daily. Cerenia helped initially. She has also been on dexamethasone, cisapride, vit B12 and erythromycin, this was about 2 years ago after her surgery, but owner doesn't recall if she had any improvement. She is on Phenobarbital for hyperesthesia of her tail by rDVM.

Abnormal PE/Chem/CBC/UA Results: Mild tartar/gingivitis; abdomen is soft, non-painful, small intestines feel slightly thickened, no obvious masses/FB palpated BW/UA-NSF, USG 1.020 Please see attached labs and rads.

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.

The right kidney is normal in size (4.08 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.

The left kidney is normal in size (3.79 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

The right adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The 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 large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.

Liver

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.

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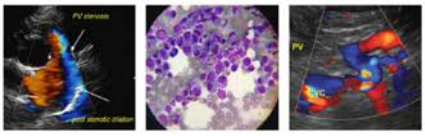

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The gallbladder is incidentally bilobed, which is a normal anatomic variant in some cats. It is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of mildly 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 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Chronic active pancreatitis
- **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.

SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is not currently receiving cobalamin, reevaluation of a malabsorption panel as well as pancreatic function, etc. is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

Additionally, to rule out an underlying concurrent infectious component, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered.

Given this patient's historical diagnosis of inflammatory bowel disease and change in clinical signs based on diet, perhaps the appropriate diet just hasn't been found yet. Dietary therapy is a trial-and-error process. Recommendations include trying a hydrolyzed protein diet such as Royal Canin hydrolyzed, or

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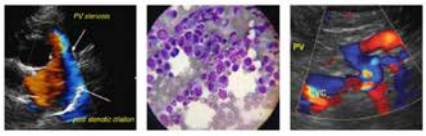

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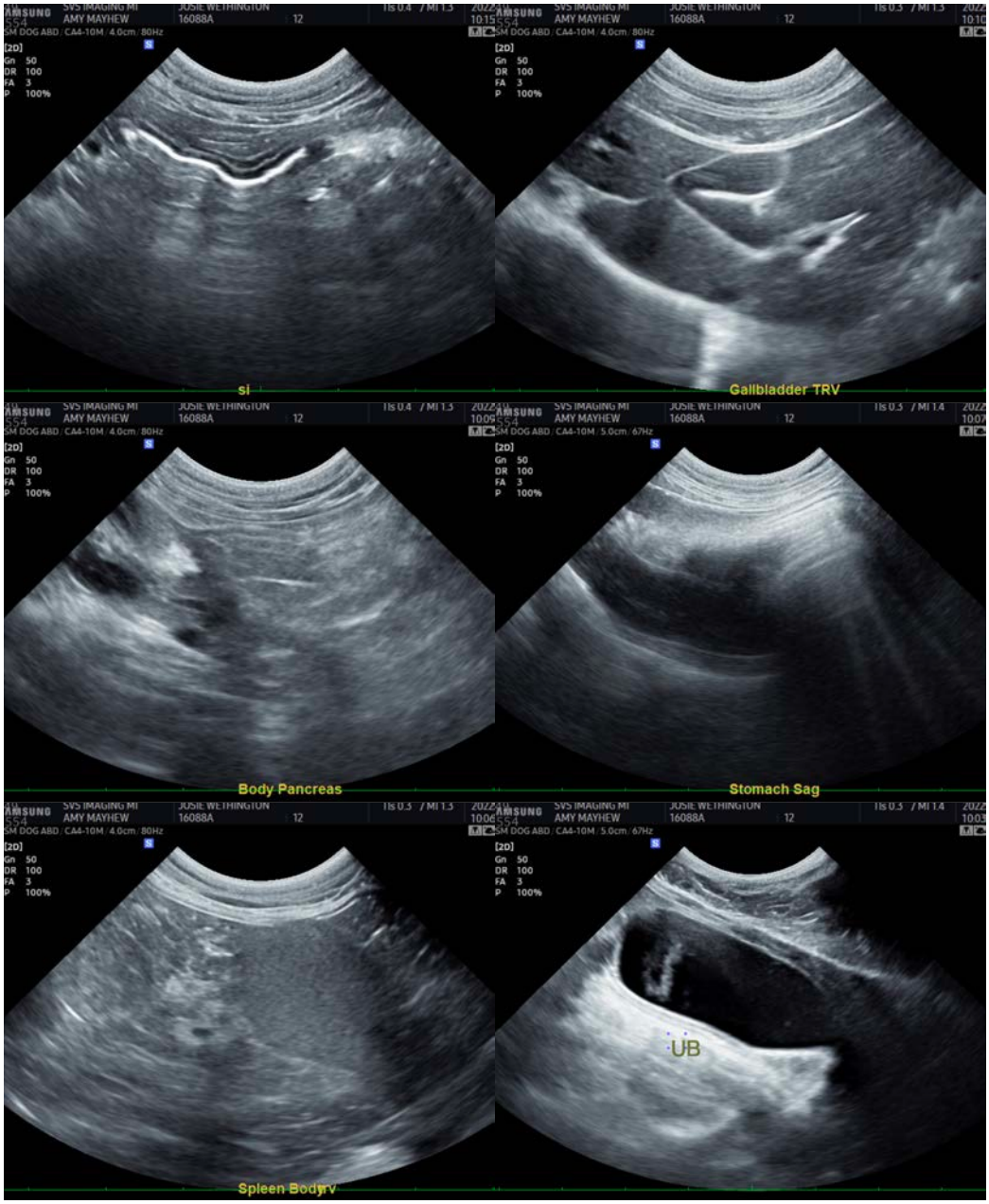
Purina hydrolyzed if not already evaluated. A probiotic such as Proviable or Visbiome could also be considered, as could Simethicone for gas relief if not previously tried and ineffective.



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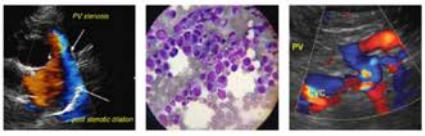

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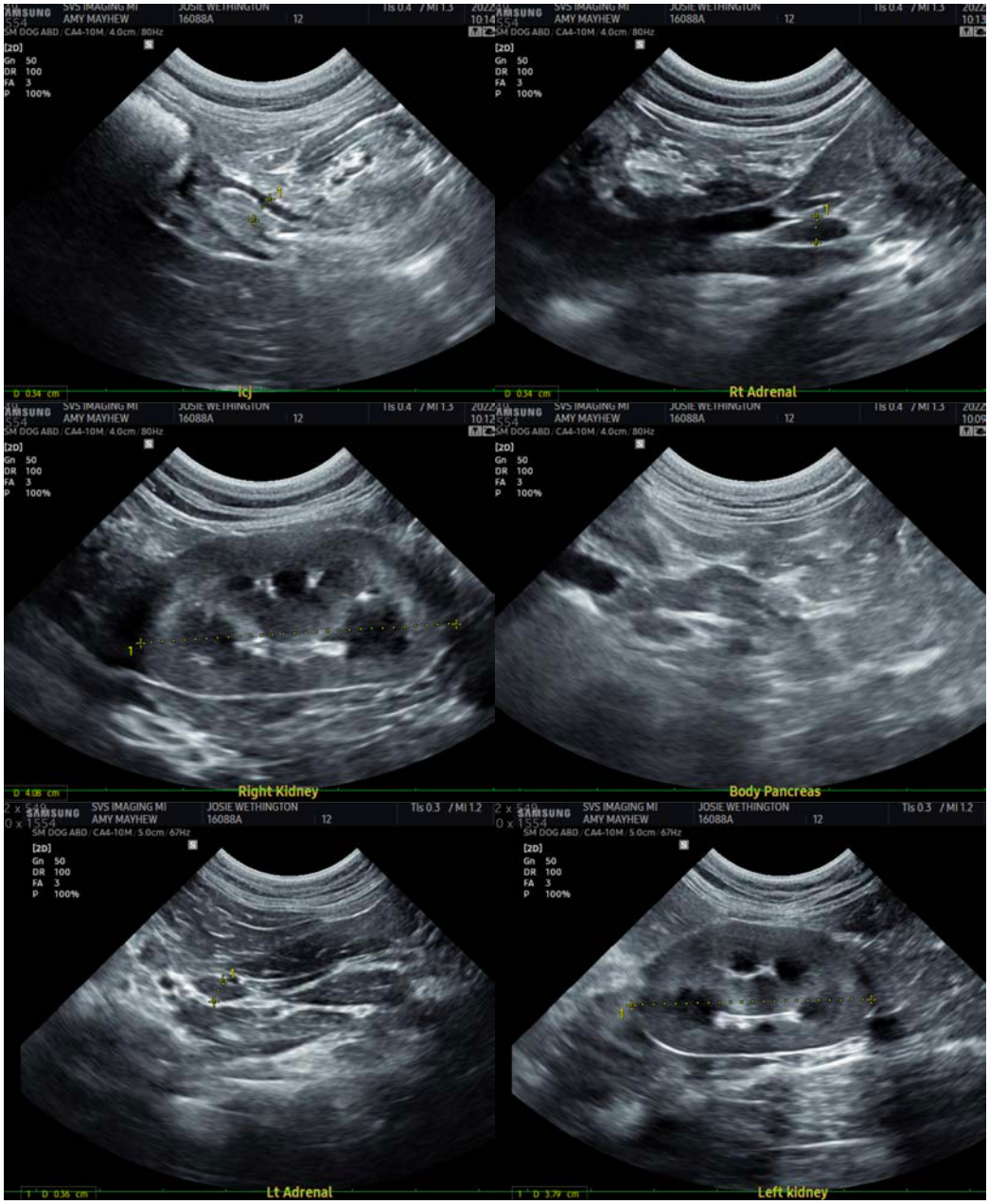

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com