



PATIENT	PRESENTING CLINICAL SIGNS
Prince Manning	Patient presents for a 2 lb weight loss over a 5-6 month period. Sickly in general, history of reconstructed rectum as a kitten, chronic constipation. Current meds: Lactulose, Cisapride, Miralax. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL as of 11/11/22, T4 also WNL.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
DLH	
SEX	The right kidney is normal in size (3.3 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.
Neutered Male	
AGE	The left kidney is normal in size (3.59 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.
11 Years	Adrenal Glands
WEIGHT	The area of the adrenal glands is examined without evident pathology.
6.6 Pounds	Spleen
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	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.
Kelly Vazquez	
HOSPITAL NAME	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.
Ramapo Valley AH	Gastrointestinal
REFERRING VET	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.
Dr. Katara	
INVOICE	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.
43008	
DATE	The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is subjectively overdistended/full with formed feces, consistent with this patient's history of chronic constipation.
11/29/22	Pancreas



PATIENT

Prince Manning

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.

SPECIES

Feline

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis
- **Very mild 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.

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Determining this patient's daily caloric intake is recommended. If appetite is decreased, resulting in weight loss, the top differential, given this ultrasound alone, is constipation, and recommendations include changing or increasing medical management of constipation. However, if patient's appetite/caloric intake is adequate and weight loss is still present, then further investigation of the mild small bowel changes is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory and potentially ultimately biopsies of the bowel, being sure to include ileum, if possible, to help diagnose any infiltrative bowel process contributing to weight loss.

WEIGHT

6.6 Pounds

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, and a transition to a hydrolyzed protein diet could be considered unless a fiber responsive colitis diet is clinically more necessary for the constipation.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

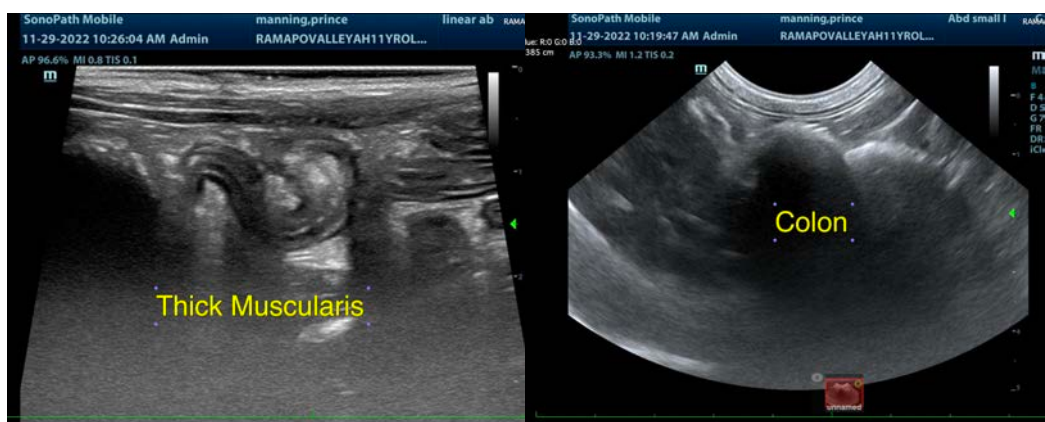
Dr. Katara

INVOICE

43008

DATE

11/29/22





PATIENT

Prince Manning

SPECIES

Feline

BREED

DLH

SEX

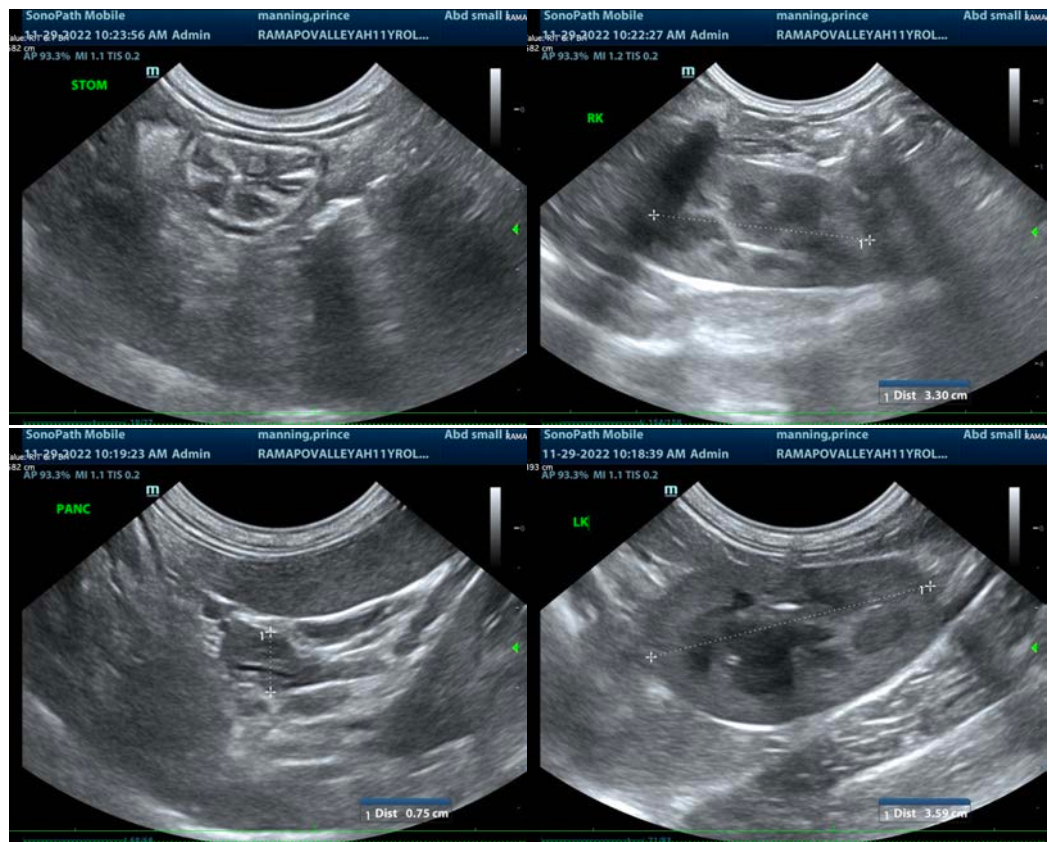
Neutered Male

AGE

11 Years

WEIGHT

6.6 Pounds



INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

43008

DATE

11/29/22

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