

PATIENT

Scruffles Orourke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

~2 Years

WEIGHT

2.5 kg

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
 Creek

REFERRING VET

Salib/Wittenrich

INVOICE

35722

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: Watery ocular discharge bilaterally, ++Squinting, bilateral severe mucoid yellow/green nasal discharge, patch of alopecia present (collected samples for diagnosis) Patient is lethargic and exhibiting neck ventroflexion. Start IVF, Ampicillin, Maropitant, Metacam, Methadone, Viralys.

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed non regenerative anemia, leukopenia with neutropenia and suspected bands, lymphopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (3.64 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.

Right kidney is normal in size (3.87 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

Left adrenal gland is normal in size (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.51 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

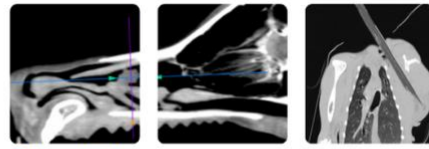
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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



PATIENT

Scruffles Orourke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

~2 Years

WEIGHT

2.5 kg

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
 Creek

REFERRING VET

Salib/Wittenrich

INVOICE

35722

DATE

12/1/25

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of very prominently 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 distal descending colon is very mildly thick, measuring between 0.2 cm – 0.3 cm, thick with normal intact layering. The remaining colon is normal in thickness and layering. The lumen is mildly fluid distended, especially distally.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

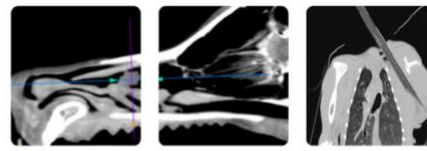
- Marked/significant inflammatory bowel disease pattern- Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- Etiologies causing the very mild colon changes are the same.
- Mildly to moderately reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported ocular discharge, cytopenias, etc., a comprehensive infectious disease evaluation is recommended.

The bowel changes described above, are of unknown, if any, relation to patient's presenting complaint of ocular discharge and the cytopenias, etc. However, pending results of the above work up, as well as pending patient's clinical history:

- 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.



PATIENT

Scruffles Orourke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

~2 Years

WEIGHT

2.5 kg

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
 Creek

REFERRING VET

Salib/Wittenrich

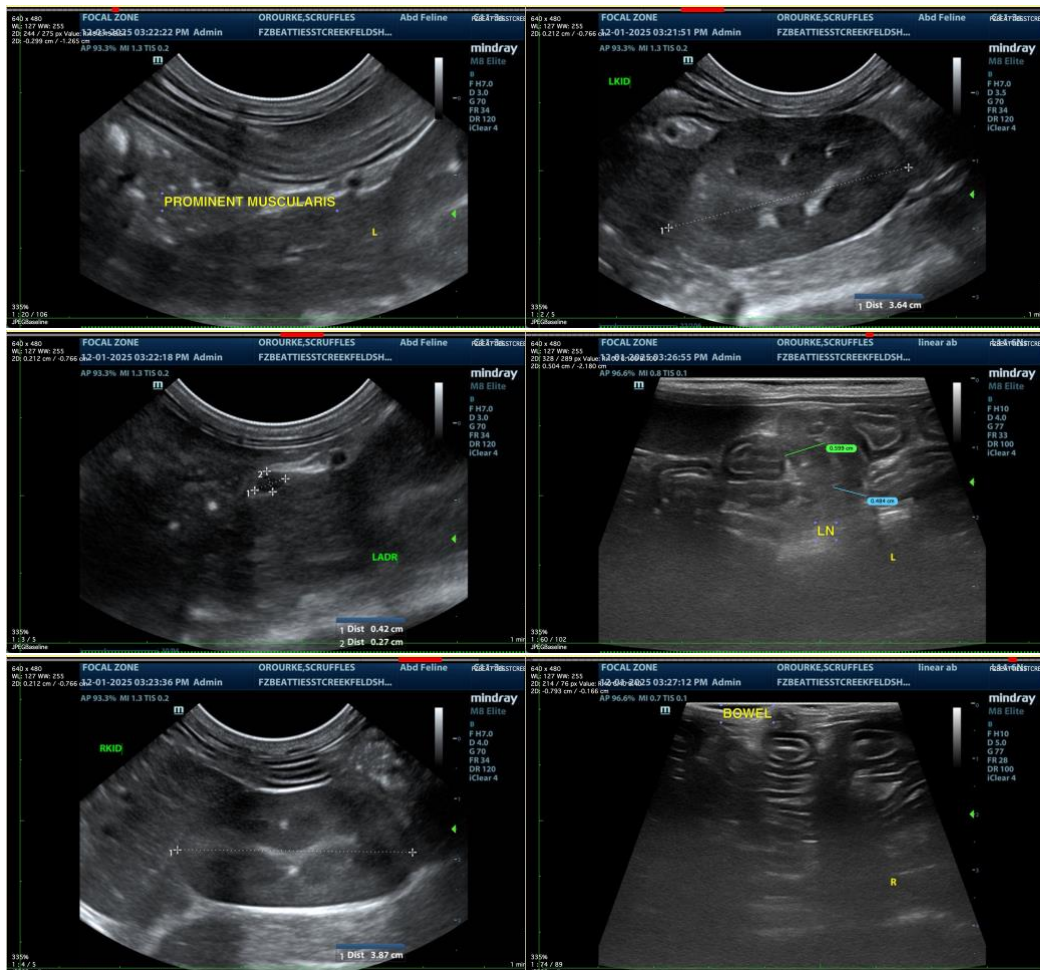
INVOICE

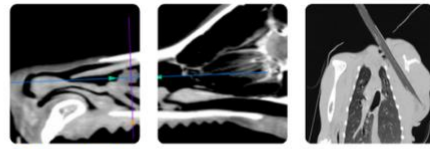
35722

DATE

12/1/25

- 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.
- If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.
- Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).





PATIENT

Scruffles Orourke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

~2 Years

WEIGHT

2.5 kg

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
 Creek

REFERRING VET

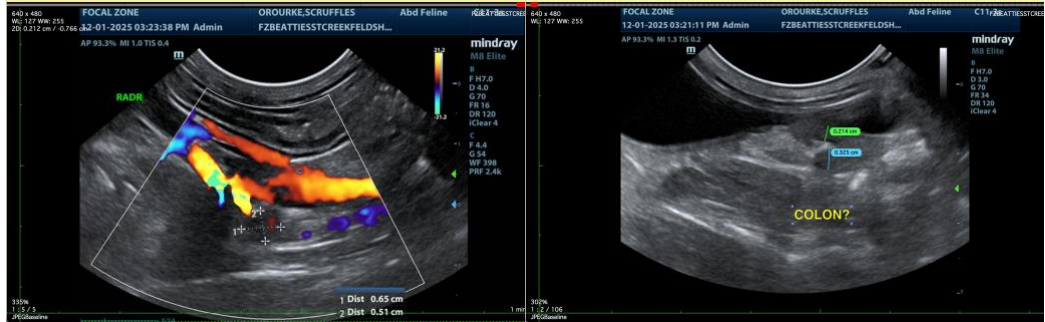
Salib/Wittenrich

INVOICE

35722

DATE

12/1/25



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

info@sonopath.com