



PATIENT

BeBe Schembri

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

9.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Cassels Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Lezcano

INVOICE

94545

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: P presented w chronic diarrhea, decreased appetite and weight loss. P is outdoors and hunts routinely. P was prophylactically dewormed w Profender in Sept 2021 and o applies Revolution monthly. Hx of mild CF OA.
Abnormal PE/Chem/CBC/UA Results: 12/21: CBC: eos: 1776H, Chem: creat: 1.7, T4: 2.5, UA: SG: 1.054, 2+ prot, RBC 4-10/hpf. NPS on Ova + parasite at Antech. 9/21: CBC: eos: 1808H, Chem: creat: 1.5, no UA performed. Chest and Abd rads pending interpretation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended and has a normal uniform wall thickness. Contents include primarily anechoic fluid combined with suspended and gravity dependent, echogenic, some mineral non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (4.1 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.36 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.3 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.24 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.



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Gastrointestinal

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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is mildly distended with fluid and gas. This is consistent with mild gastric stasis. No obvious obstruction, foreign material or infiltrative disease is present and the pyloric outflow tract appears patent.

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Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa.

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Colon is normal in wall thickness (< 0.2 cm) and layering.

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Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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Free Abdomen

Lymph nodes are normal with no observed enlargement.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bladder sediment. This is most consistent with cellular debris or crystalluria.
- Mild gastric stasis.
- Feline thick muscularis. This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient given it's history and clinical signs as well as ultrasound findings include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory due to the suspicion of infiltrative inflammatory or neoplastic disease in the small bowel. Other recommendations include a free T4 given total T4 reportedly > 2.0. Finally based on the protein in the urine as well as the debris within the urinary bladder recommendations include urine culture to rule out urinary tract infection and if negative UPC to further assess the reported proteinuria. Empirical therapy in the meantime should include a 5 day course of empirical deworming with Panacur, diet change to a novel or hydrolyzed protein diet could be considered; however, it seems of low therapeutic benefit given the patient's ability to hunt and eat outdoors. Other empirical therapies while awaiting results could include cobalamin supplementation +/- steroid +/- anti-inflammatory steroids. Ultimately either full thickness surgical biopsies or endoscopic biopsies being sure to include the ileum if possible may be necessary to diagnose the infiltrative bowel disease. Differentials for the eosinophilia include both parasitic as well as allergic such as food allergy or even eosinophilic inflammatory bowel disease so if the eosinophilia persists after a 5 day course of Panacur deworming biopsies are even more warranted.



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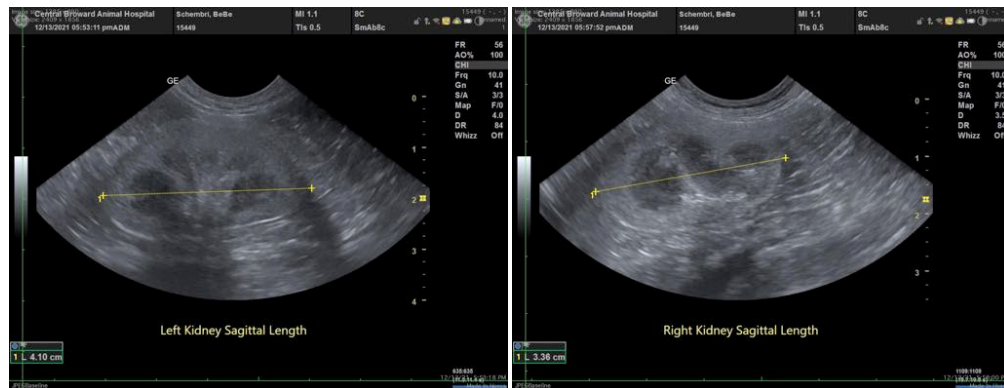
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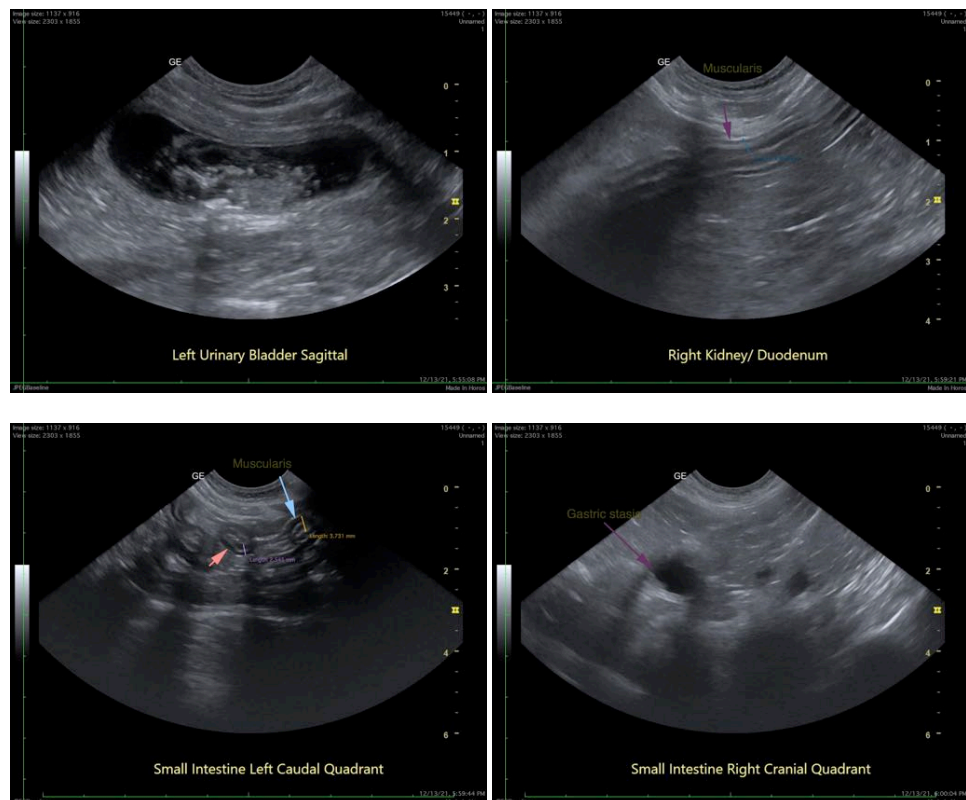
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The information and recommendations provided are based on the images presented by the referring



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veterinarian. 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.

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Beth.Johnson@SonoPath.com

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