



**PATIENT PRESENTING CLINICAL SIGNS**

**Jax Meyer** Several week history of vomiting and lethargy. Responded temporarily to supportive care, nausea medications, soft food diet, but vomiting recurred recently with decreased appetite. O opts for ultrasound exam

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Bloodwork, urinalysis unremarkable Pain response with U/S pressure

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

**DSH** 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.

**SEX**

**Spayed Female** The left kidney is normal in size (2.84 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**AGE**

**13 Years** The right kidney is normal in size (2.79 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

**8.2 Pounds** *Adrenal Glands*  
Right adrenal gland is normal in size (0.32 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.28 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

*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.

**HOSPITAL NAME**

Willow Run VC

*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.

**REFERRING VET**

Dr. Molly Arnold

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.

**INVOICE NUMBER**

33564

**DATE**

12/15/21



**PATIENT** *Gastrointestinal*

Jax Meyer 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.

**SPECIES**

Feline The visible small intestines are normal in wall thickness with normal layering except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**BREED**

DSH The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**SEX**

The pancreas is swollen and hypoechoic to surrounding tissues with hyperechoic/hyperreactive mesentery around it diffusely. The nearby duodenum is also hyperperistaltic and corrugated.

Spayed Female

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**AGE**

13 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

8.2 Pounds

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- 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.
- Mild acute or resolving pancreatitis with concurrent duodenitis or gastroenteritis

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

Dr. Molly Arnold

Recommendations include a gastrointestinal malabsorption panel to Texas A&M to include TLI, PLI, folate and cobalamin followed by continued medical management of pancreatitis/gastroenteritis with pain medication based on the reported painful response during ultrasound, antiemetics, appetite stimulants if needed +/- antibiotics as well as fluid therapy. Ultimately, a diet change may be warranted if GI signs persist, because there is evidence of infiltrative disease as well (the thick muscularis). If clinical signs persist beyond medical management of pancreatitis and/or the GI malabsorption panel supports decreased GI function, biopsies of the small bowel are recommended. Other empirical therapy if biopsies are not an option are a diet change to a novel or hydrolyzed protein diet, cobalamin supplementation, and steroids.

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**PATIENT**

Jax Meyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

8.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

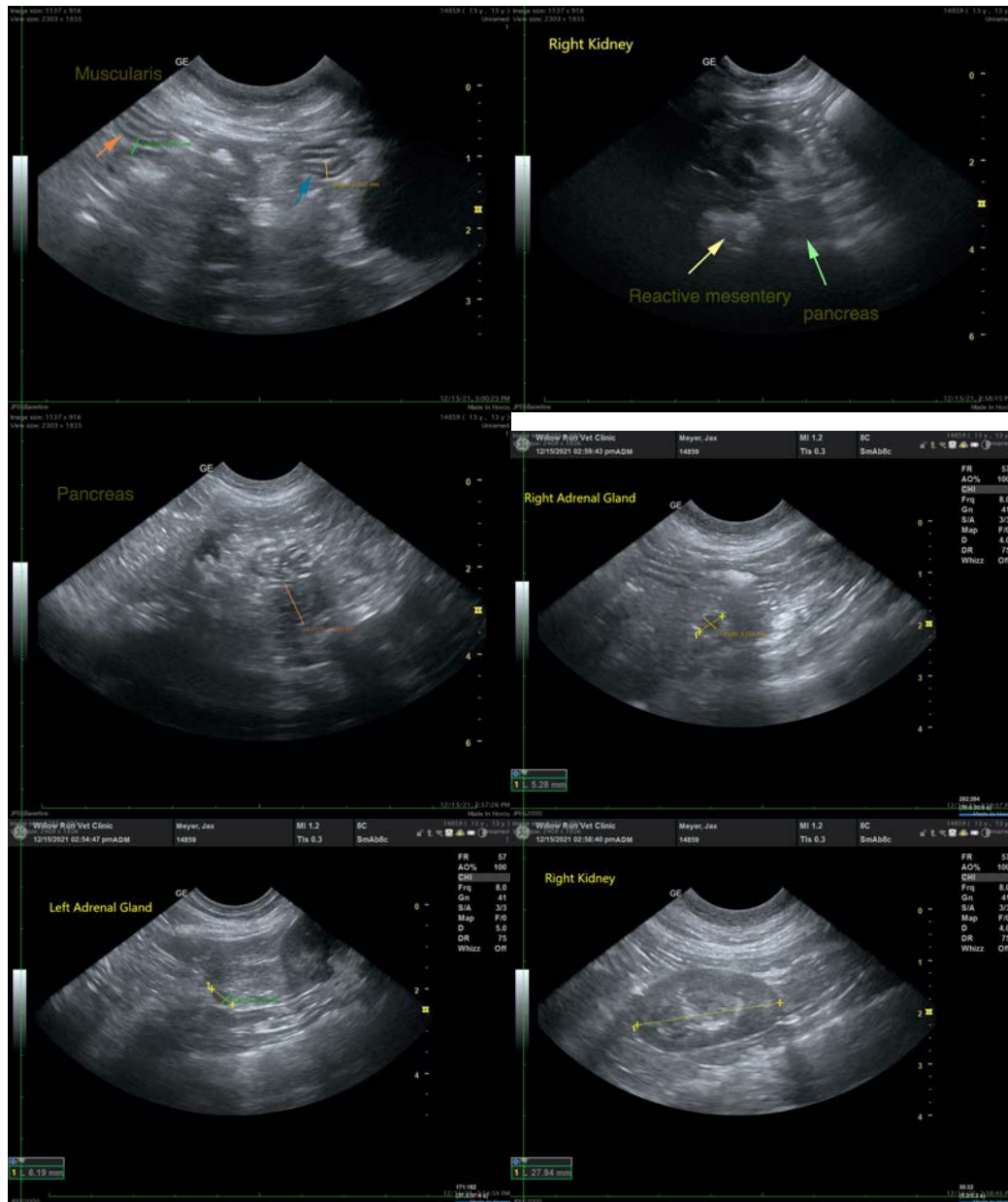
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**PATIENT**

Jax Meyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

8.2 Pounds

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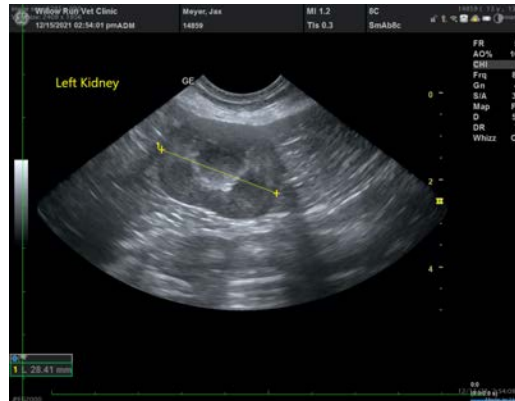
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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