



PATIENT PRESENTING CLINICAL SIGNS

Lolly Walton Weight loss of 2 lbs (since previous visit in 2019). Severe liquid diarrhea for past 2 weeks, unresponsive to Purina EN, metronidazole, and Provable. Blood work (CBC/Chem/T4) unremarkable. Intestines appear grossly thickened. Concern for IBD vs lymphoma

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

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.

BREED

DSH

Right kidney is normal in size (3.72 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.

SEX

Spayed Female

Left kidney is normal in size (3.96 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.

AGE

13 Years

Adrenal Glands

The right adrenal gland is unable to be fully visualized in these images. There is no overt pathology in the area of the right adrenal gland.

WEIGHT

5.3 Pounds

Left adrenal gland is normal in size (1.0 cm long x 0.39 cm thick), shape and contour. Corticomedullary structure is unremarkable. 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Shiloh Vet Hospital

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.

REFERRING VET

Dr. Tiffany Brady

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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PATIENT Lolly Walton
The overall thickness of the small intestine is normal. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Feline
Pancreas
Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED
DSH
Free Abdomen
There is no evidence of peritoneal effusion.

SEX
Spayed Female
Mesenteric lymphadenopathy is noted, characterized by round, enlarged, heterogeneous mesenteric lymph nodes surrounded by hyperreactive mesentery. A very scant amount of anechoic free fluid is present.

ULTRASONOGRAPHIC FINDINGS

AGE
13 Years
• Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

WEIGHT
5.3 Pounds
• 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.

• Mesenteric lymphadenopathy – can be present with both infiltrative bowel disease due to lymph node reaction as well as infiltrative neoplasia such as lymphoma.

INTERPRETED BY
Beth Johnson, DVM
DACVIM
• Very scant amount of anechoic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME Shiloh Vet Hospital
Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as a fine needle aspirate of the liver and the enlarged mesenteric lymph nodes if the patient’s coagulation status is appropriate. If lymphoma is not diagnosed via cytology, then either full thickness laparoscopic biopsies or endoscopic biopsies (being sure to include the ileum if possible) would be necessary to determine inflammatory bowel disease versus lymphoma. If biopsies are not an option, empirical therapies could include deworming with a 5-day course of Panacur, a diet change to either a novel or hydrolyzed protein diet, cobalamin supplementation, as well as empirical steroid therapy.

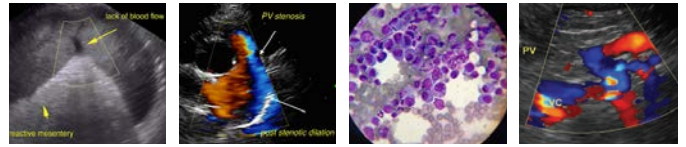
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PATIENT

Lolly Walton

SPECIES

Feline

BREED

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AGE

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WEIGHT

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HOSPITAL NAME

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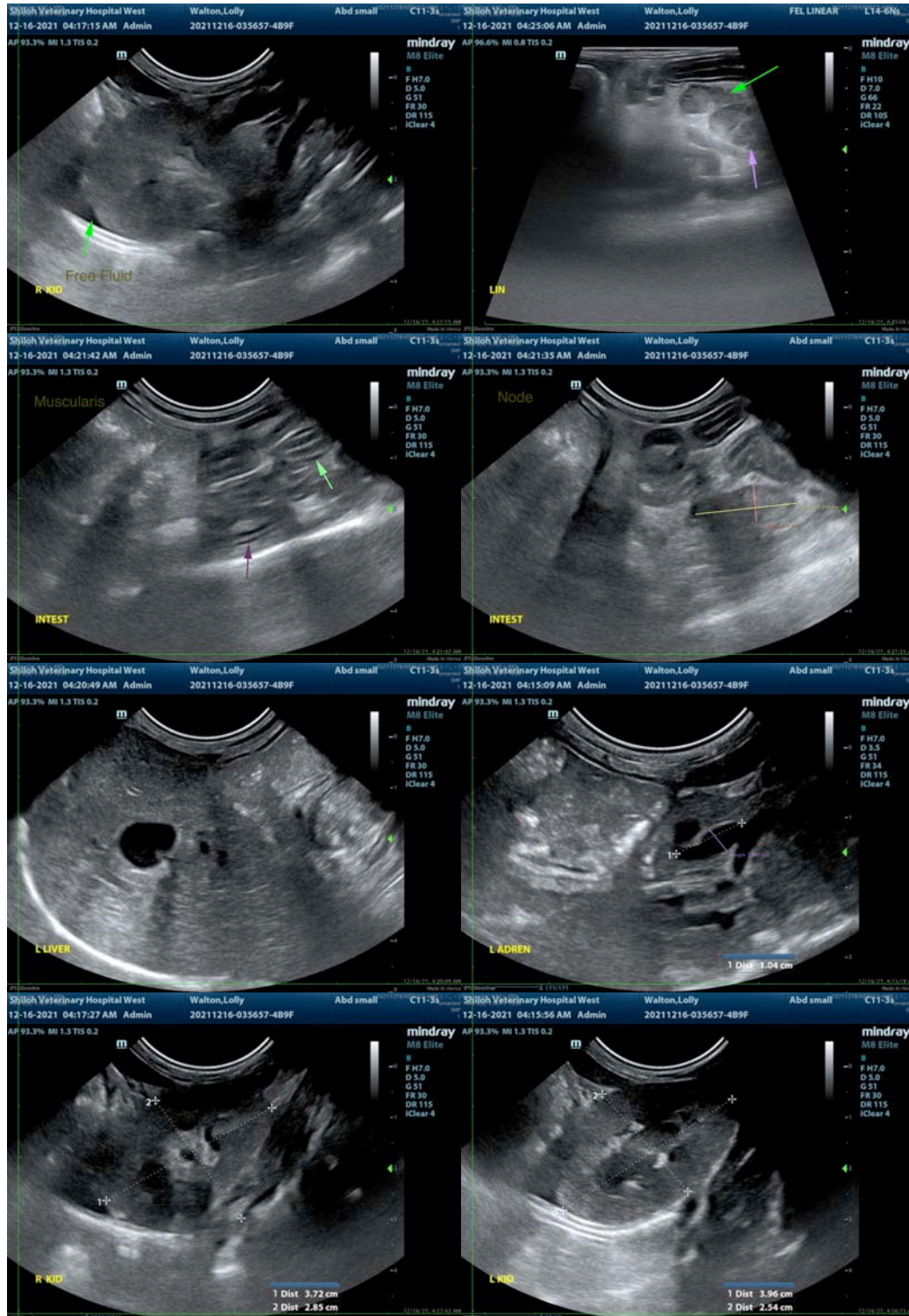
Dr. Tiffany Brady

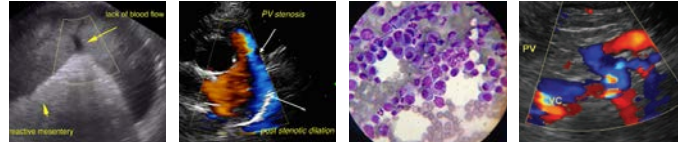
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PATIENT

Lolly Walton

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.

SPECIES

Feline

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

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

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