



**PATIENT PRESENTING CLINICAL SIGNS**

Moonshine Barry Chronic intermittent vomiting (twice monthly and diarrhea (once monthly) since a presumptive GI infection 6 mo ago.  
Abnormal PE/Chem/CBC/UA Results: Hig FAS level - labs were drawn under sedation today.

**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**

Bengal

Right kidney is normal in size (4.0 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 (4.0 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**

5.5 Years

**Adrenal Glands**

Right adrenal gland is normal in size (0.16 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

9.5 Pounds

Left adrenal gland is normal in size (0.2 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 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.

**HOSPITAL NAME**

Back Bay VC

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. Sorbo

**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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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Normal layering is maintained in the small intestine except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per

**DATE**

12/15/21



**PATIENT** Moonshine Barry  
 min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.  
 The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**SPECIES** 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** Bengal  
**Free Abdomen**  
 There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Spayed Female  
 • 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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** 5.5 Years  
 Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. Given the reported history of a gastrointestinal infection that preceded these clinical signs, recommendations also include the fecal PCR panel also to Texas A&M GI laboratory. Given the thick muscularis, infiltrative disease is probable, so recommendations include either surgical full thickness biopsies or endoscopic biopsies, being sure to include the ileum if possible.

**WEIGHT** 9.5 Pounds  
 In the meantime, empirical therapies could be tried with broad-spectrum deworming, at least a 5-day course of Panacur, empirical cobalamin after the GI panel has been drawn, a diet change to either a hydrolyzed or novel protein diet +/- ultimately steroids.

**INTERPRETED BY**

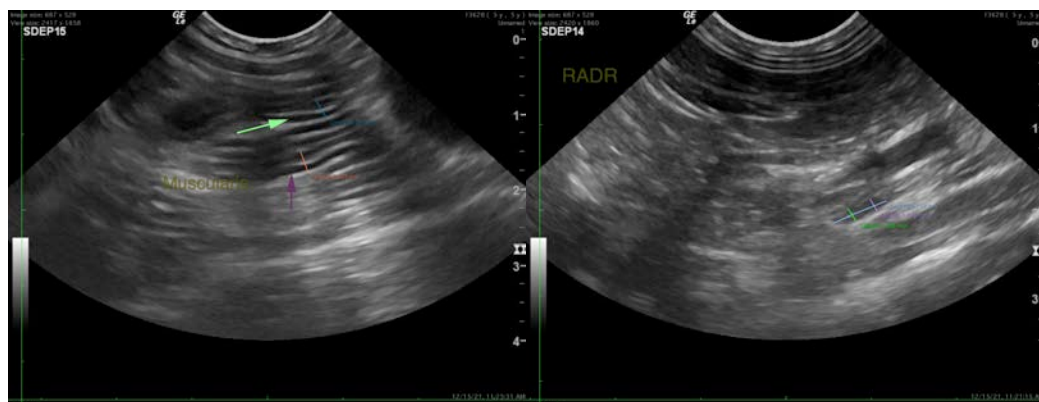
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 DACVIM

**HOSPITAL NAME**

Back Bay VC

**REFERRING VET**

Dr. Sorbo



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**PATIENT**

Moonshine Barry

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

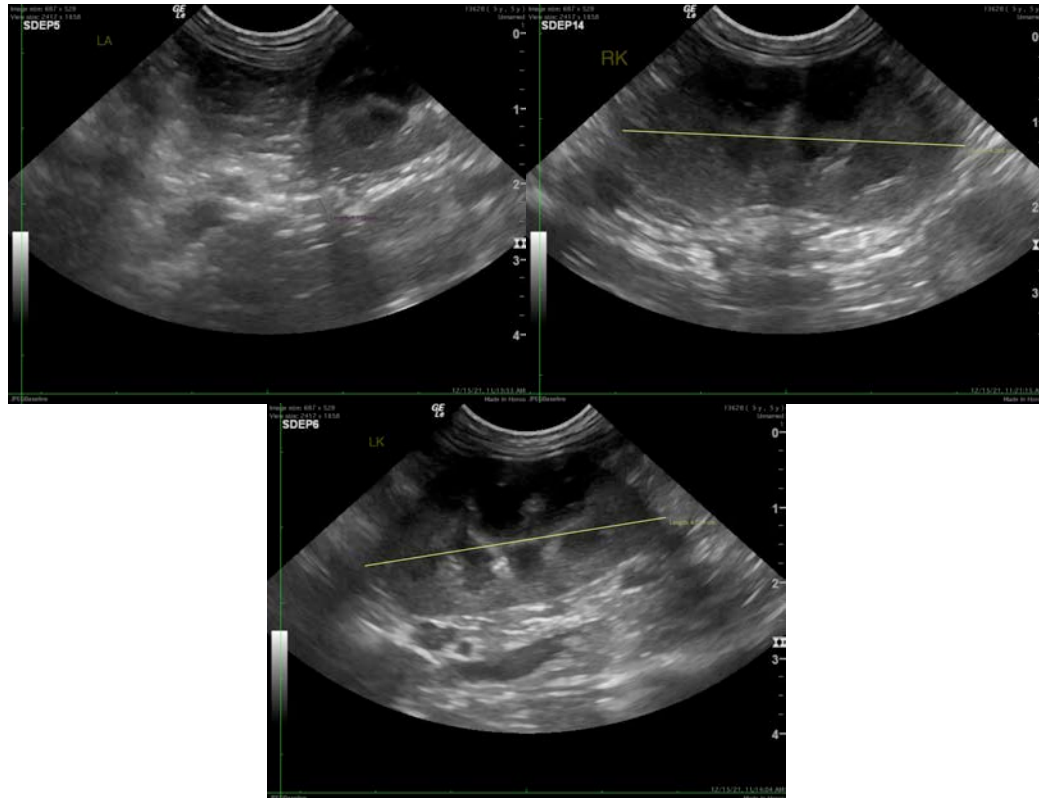
Spayed Female

**AGE**

5.5 Years

**WEIGHT**

9.5 Pounds



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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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.

**HOSPITAL NAME**

Back Bay VC

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com

**REFERRING VET**

Dr. Sorbo

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