



PATIENT	PRESENTING CLINICAL SIGNS
Mama Valentine Murray	Owner is concerned about weight loss. Did not want to wait, but just get information. Abnormal PE/Chem/CBC/UA Results: Moderate tartar and dental disease. Muscle atrophy. HCT 39, Creat 1.7. USG 1.028, low for a cat.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The 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.
DSH	
SEX	Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 3.8 cm. The left kidney measures 3.71 cm.
Spayed Female	
AGE	Adrenal Glands
13 Years	The right adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
7.44 Pounds	
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	The 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.
IMAGING PERFORMED BY	Liver
Sorbo	The 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	The 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.
Mill Brook AC	
REFERRING VET	Gastrointestinal
Dr. Jeffers	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.
INVOICE	The visible small intestine demonstrates areas of mildly 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 is empty with no evidence of obstruction or foreign material.
43567	
DATE	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
12/20/22	



PATIENT

Pancreas

Mama Valentine
Murray

The 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.

SPECIES

Feline

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

BREED

DSH

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.

PRIMARY FINDINGS

SEX

Spayed Female

- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

AGE

13 Years

- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

WEIGHT

7.44 Pounds

SECONDARY FINDINGS

- Age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

If this patient's reported weight loss is clinically attributed to a decreased appetite, then the reported early kidney disease may be significant, and addressing subclinical nausea with antiemetics, gastroprotectants, and adding an appetite stimulant may be helpful. However, if the weight loss is in the face of a normal or even increased appetite, then given the appearance of the bowel, malabsorptive gastrointestinal disease may be the primary factor, in which cases recommendations include:

IMAGING PERFORMED BY

Sorbo

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.

HOSPITAL NAME

Mill Brook AC

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.

REFERRING VET

Dr. Jeffers

If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

INVOICE

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DATE

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PATIENT

Mama Valentine
Murray

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.44 Pounds

INTERPRETED BY

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DACVIM

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

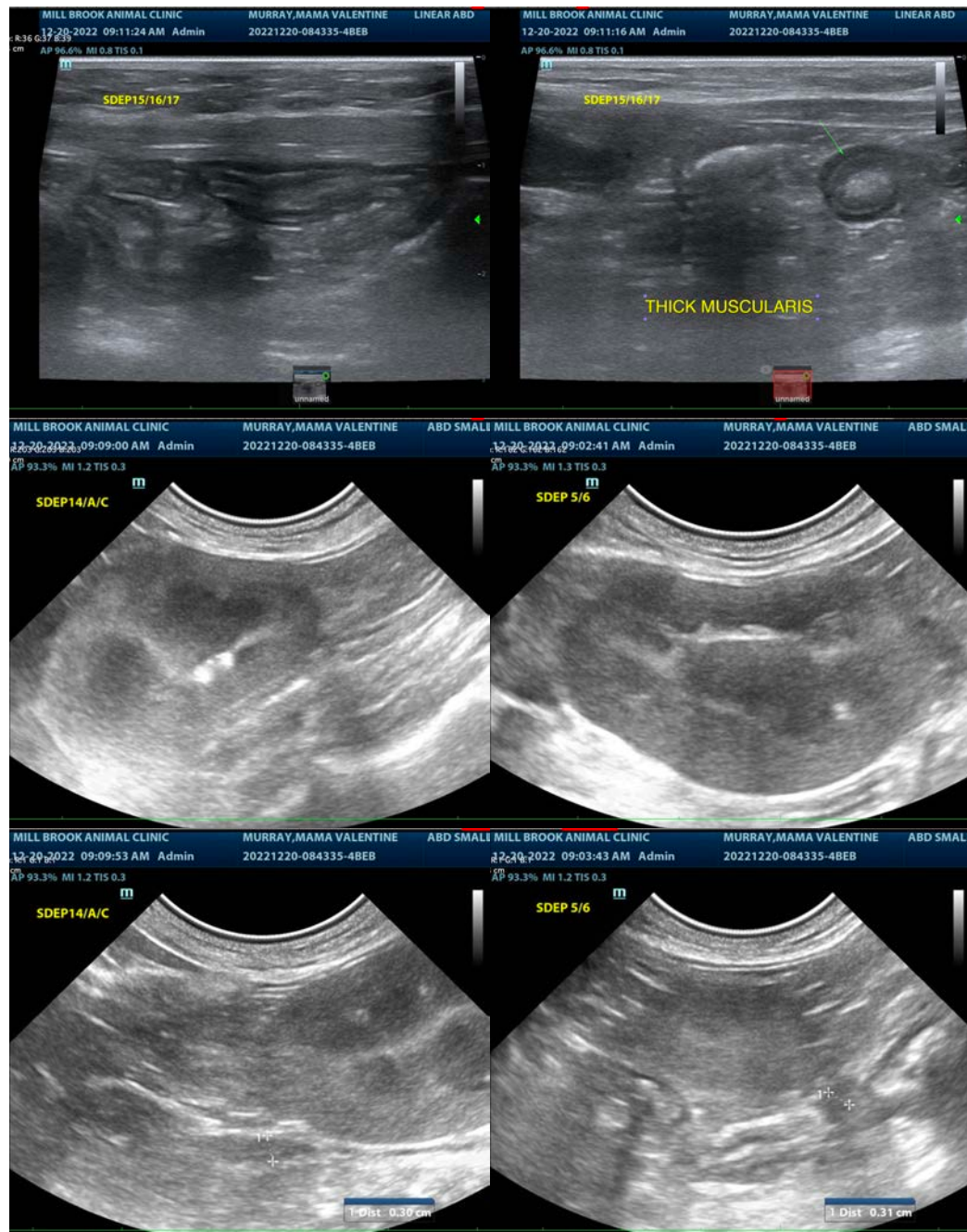
Dr. Jeffers

INVOICE

43567

DATE

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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
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