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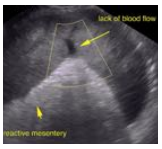
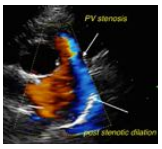
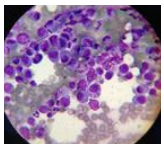
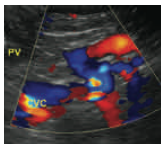

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1-800-838-4268 info@sonopath.com

PATIENT
Scooty Hockenhull

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 Years

WEIGHT
6.94 Lbs.

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Wixom Family PP

INVOICE
13875

DATE
2/11/22

PRESENTING CLINICAL SIGNS

History: History of weight loss although cat has voracious appetite. Chronic intermittent vomiting. Muscle wasting.

Abnormal PE/Chem/CBC/UA Results: AUS performed July 2021 showed renal changes, mild to moderate thickening of small intestines (3.1mm-4.5mm) ileum (4.7mm). Scant amount ascites noted mid abdomen. Recent blood work is attached for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The left kidney is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 3.38 cm.

The right kidney is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measured 3.79 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.35 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.45 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 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. Gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation. There is no evidence of effusion or inflammation.

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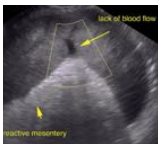
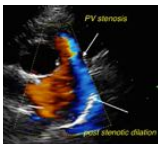
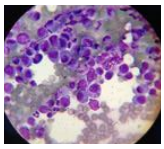
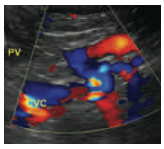

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are diffusely thick with duodenum and jejunum ranging from 0.3-0.45 cm thick and the ileum measured 0.4 cm thick. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. There are no luminal contents noted within small intestines.

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

Pancreas

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

Free Abdomen

The mesenteric lymph nodes are noted and are hypoechoic. They maintain normal ovoid shape. There is a scant amount of anechoic free fluid.

ULTRASONOGRAPHIC FINDINGS

- Mesentery Lymphadenopathy – normal shape suggests reactive nodes; however, infiltrative neoplasia cannot be ruled out
- 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.
- 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.
- Diffusely thick small bowel. This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Cholecystic debris of unknown clinical significance. This can be seen with biliary stasis from fasting or illness. However, it is often associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALKP and/or increased total bilirubin.
- Scant amount of anechoic free fluid.

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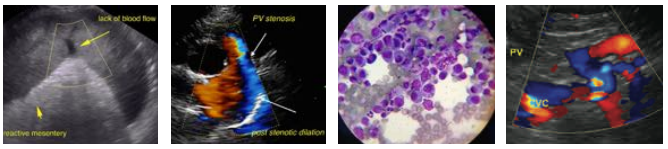

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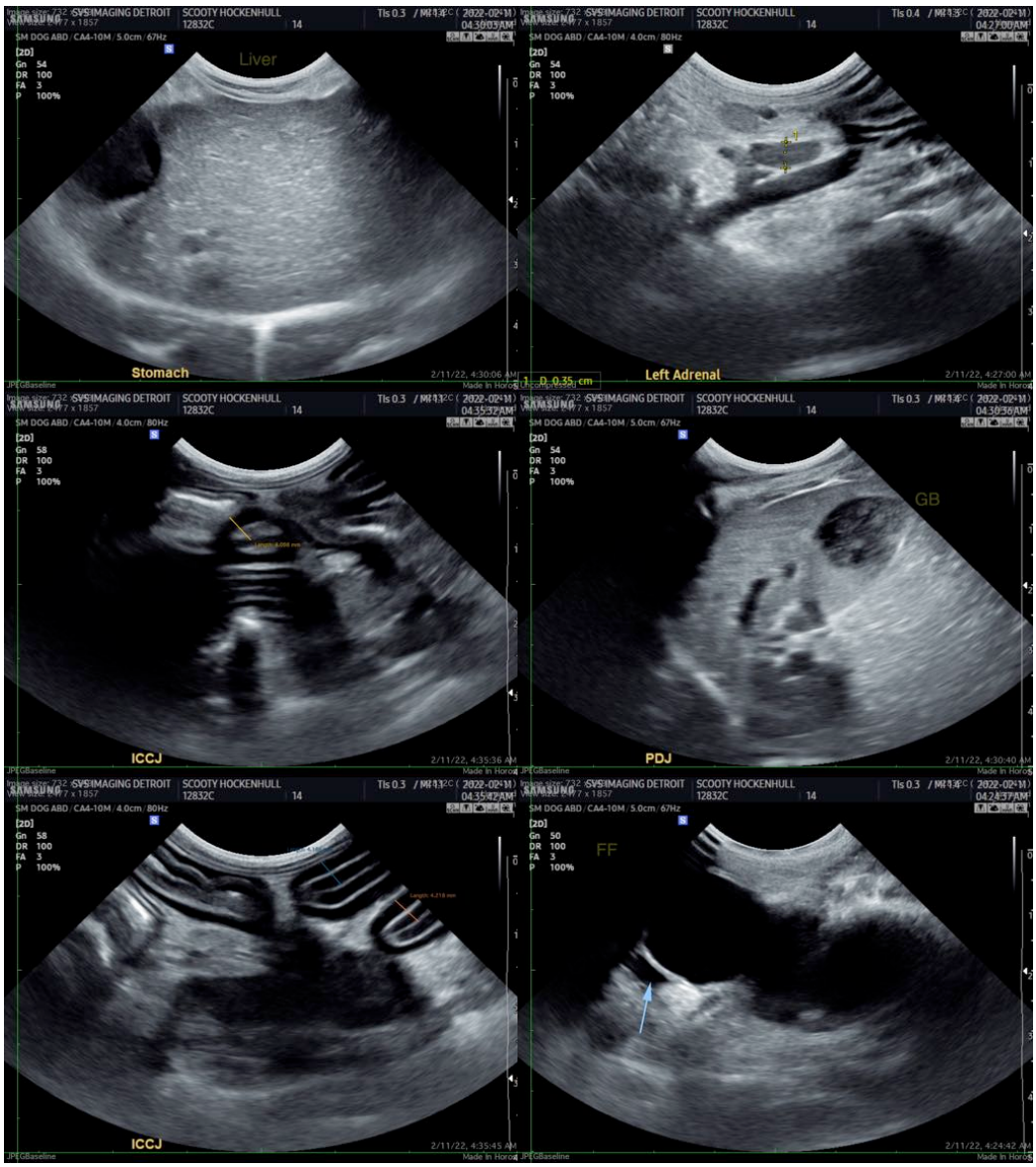
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

These ultrasound findings are very similar to the reported previous ultrasound findings with diffusely thick small bowel and scant free fluid. Recommendations include:

Gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory followed by biopsies of the bowel being sure to include the ileum if possible to help definitively rule out inflammatory bowel disease versus lymphoma. If biopsies are not an option empirical therapy with a novel or hydrolyzed protein diet, cobalamin supplementation and steroids can be considered.



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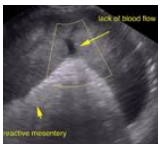
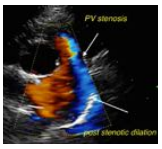
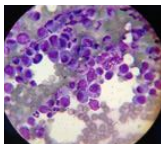
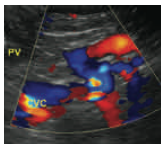

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the

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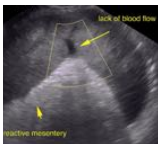

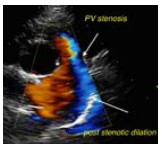

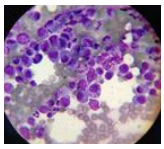
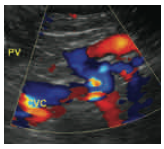

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image/video clips provided.

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

Beth.Johnson@SonoPath.com