



PATIENT	PRESENTING CLINICAL SIGNS
Aries Zebbrowski	IRIS Stage2. Presented for lethargy, decreased appetite, and not urinating in 24 hours. On exam patient had urinated large amount in his carrier. Fractious required sedation with buprenorphine, midazolam, and gabapentin. 2 sets of images-the first "study" was done Monday pre-enema because the colon was obscuring other organs.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Elevated ALT-470 Elevated BUN and creatinine 55, 2.3, unchanged Ca: 13.8 Amylase: 1265 T4/FT4-wnl UA-RBCs and dilute usg at: 1.018 (cysto)
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Domestic Shorthair	Urinary System
SEX	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Neutered male	Kidneys are bilaterally normal (left kidney 3.8 cm, right kidney 4.14 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.
AGE	
13 years	
WEIGHT	Adrenal Glands
10 lbs	The adrenal glands are not well visualized. However, the area of the adrenal glands was evaluated without evidence of evident pathology.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	Spleen is subjectively enlarged in size. The capsule is mildly undulating or scalloped. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.
IMAGING PERFORMED BY	Liver
Elaina Petrone	Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. 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.
HOSPITAL NAME	
Long Branch AH	
REFERRING VET	Gastrointestinal
Dr. Petrone	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
INVOICE	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
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PATIENT	Colon is normal, but it is markedly distended with formed stool. This is consistent with the reported megacolon.
Aries Zebbrowski	
SPECIES	Pancreas
Feline	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
BREED	Free Abdomen
Domestic Shorthair	Hypochoic, round, jejunal lymph nodes are appreciated with a represented one measuring 0.32 cm thick.
SEX	
Neutered male	
AGE	ULTRASONOGRAPHIC FINDINGS
13 years	Primary Findings
WEIGHT	Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
10 lbs	Coarse splenomegaly with mildly scalloped shape – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine), splenitis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	Non-obstructive nephrolithiasis.
IMAGING PERFORMED BY	Reactive jejunal/mesenteric lymphadenopathy. Infiltrative neoplasia cannot be ruled out, but is considered less likely.
Elaina Petrone	Distended colon consistent with the reported megacolon.
HOSPITAL NAME	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 ALP and/or increased total bilirubin.
Long Branch AH	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Petrone	Recommendations for this patient given the reported hypercalcemia and constipation include work-up of the hypercalcemia beginning with malignancy panel to Michigan State University that includes a PTH, PTHrP and ionized calcium. FNA of the spleen as well as liver, given the reported increased ALT, are recommended if the patient’s coagulation status is appropriate. A urinalysis is recommended if not recently evaluated with a urine culture if indicated based on urinalysis results a urine protein to creatinine ratio if there is protein in the urine with otherwise quiet sediment. A gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory can also be considered to further assess possible concurrent maldigestion or malabsorptive disease despite a grossly normal small bowel on ultrasound. Ultimately medical management recommendations are to manage the constipation/mega colon and the chronic kidney disease as is reportedly in place. Given the
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gallbladder debris and increased ALT a course of broad spectrum antibiotics with monitoring of the ALT for improvement can also be considered.

PATIENT

Aries Zebrowski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

10 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

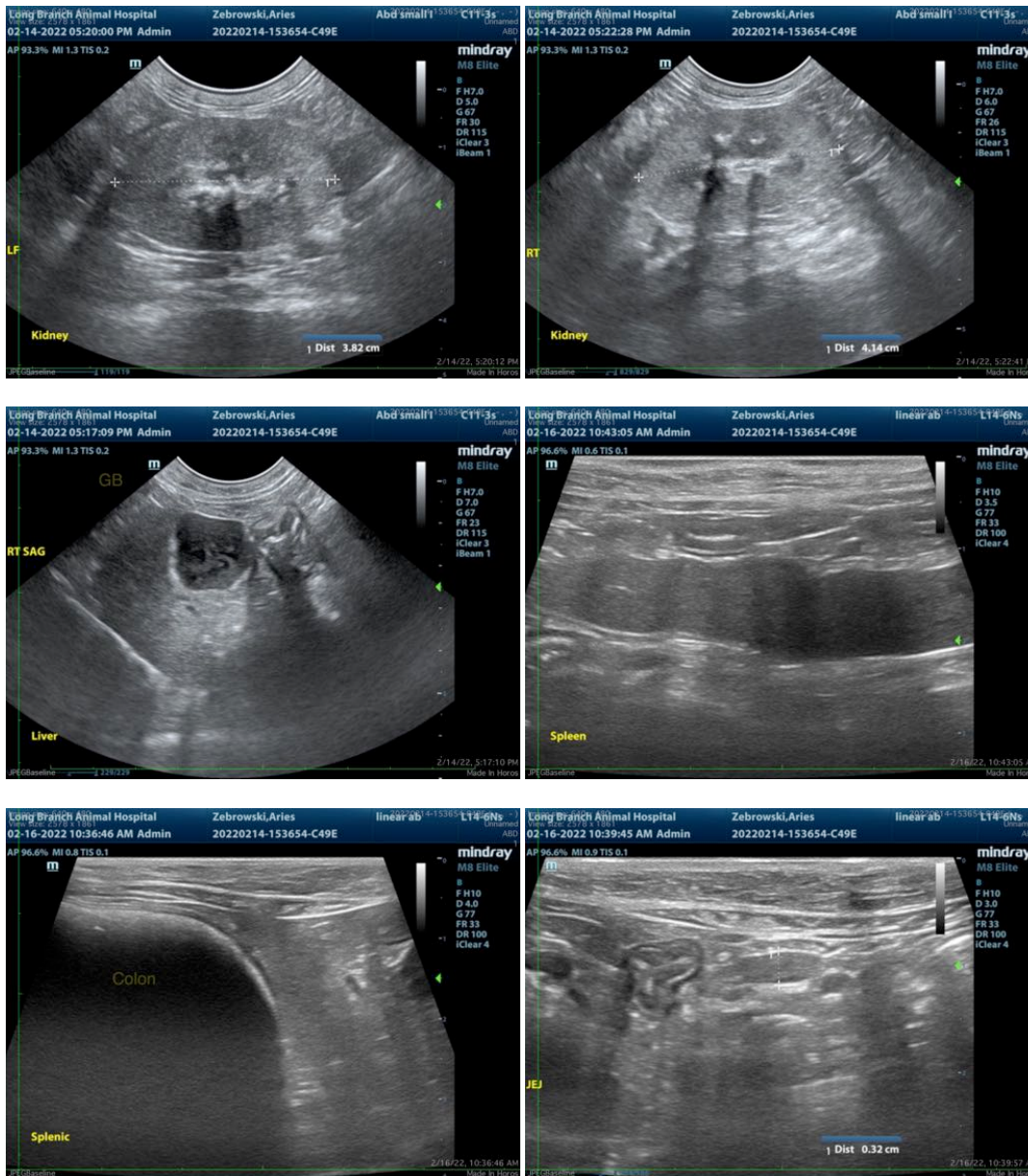
Dr. Petrone

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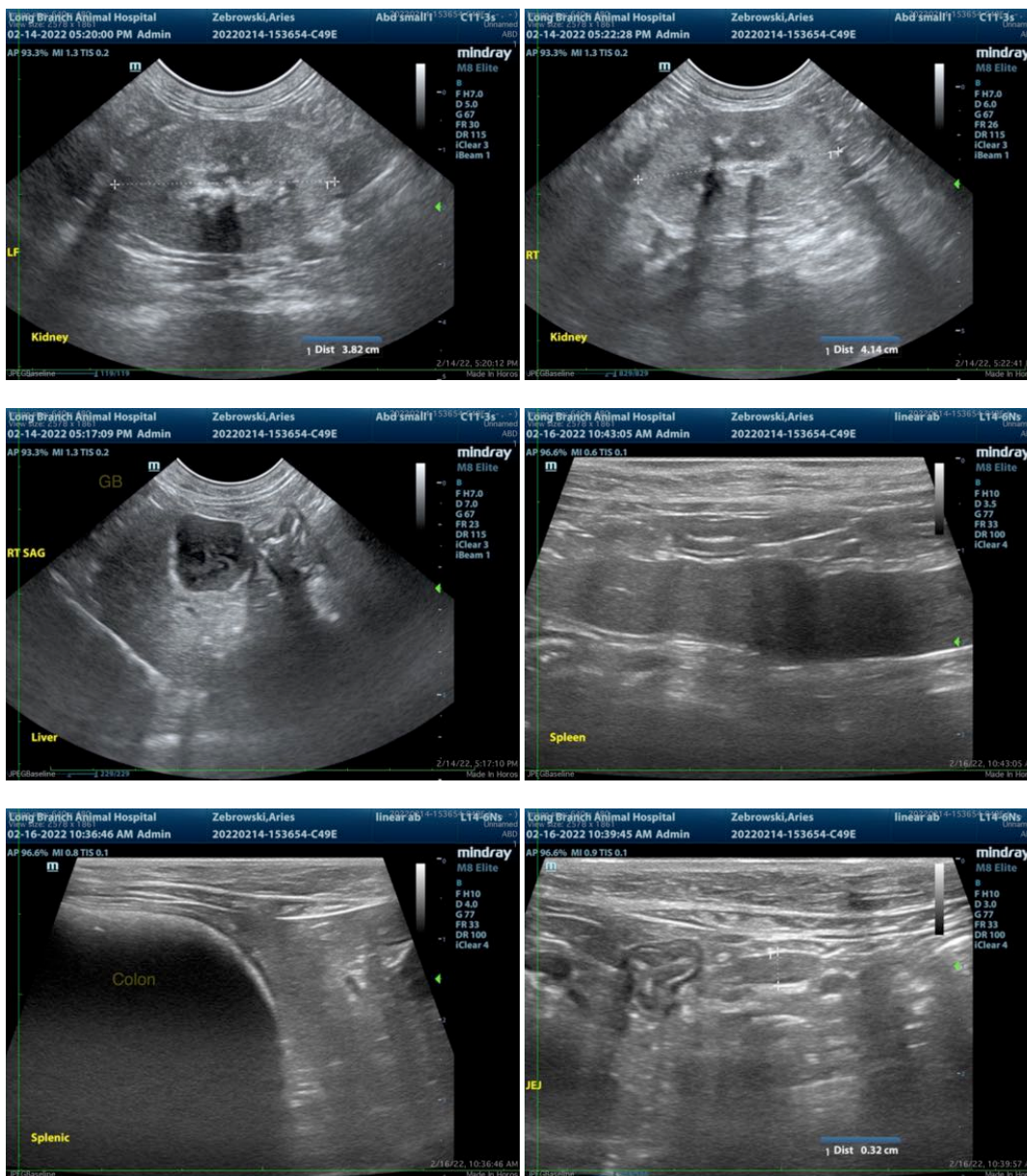
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com



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Domestic Shorthair

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Neutered male

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