



PATIENT

Poof Davis

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

7.2

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Erin Rothrock

INVOICE

44688

DATE

2/2/23

PRESENTING CLINICAL SIGNS

Presented 1/30 for decreased appetite and no BM. P appeared constipated at that time and routine bloodwork revealed elevated liver enzymes. P was admitted to the hospital for enemas and eventually had to be de-obstipated. He was discharged and owner called 2/1 that he was dull and very lethargic. Returned to hospital and appeared to be icteric and very dull. He was also hypothermic at that time. He was admitted to hospital for supportive care,,, Current meds: Cerenia, denamarin, metronidazole, Reglan, ampicillin, lactulose.

Abnormal PE/Chem/CBC/UA Results: 1/30 ALKP 397 (H), ALT 610 (H), Ca 11.4 (H), Chol 274 (H), Na 172 (H), Tbil 2.5 (H), TP 9.7(H), Glob 6.3 (H)... Rads: severely fluid distended stomach, right kidney appears plump. No other obvious abnormalities.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.17 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.

The 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.

Adrenal Glands

The right adrenal gland is normal in size (1.0 cm long x 0.29 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.96 cm long x 0.40 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.

Liver

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.

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.

Gastrointestinal



PATIENT

Poof Davis

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is markedly overdistended with fluid and a small amount of echogenic debris/chyme, with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Feline

The visible small intestine demonstrates areas of mildly to moderately 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.

BREED

DLH

The visible colon is diffusely mildly thick, measuring approximately 0.30 cm thick with normal intact layering and visibly formed stool.

SEX

Neutered Male

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted, and a scant amount of anechoic free fluid.

AGE

12 Years 9 Months

Free Abdomen

A scant amount of anechoic free fluid is noted in the cranial abdomen, as well as markedly enhanced hyperechoic fat surrounding the area of the pancreas.

WEIGHT

7.2

There is no apparent lymphadenopathy noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

PRIMARY FINDINGS

- Acute pancreatitis
- **Mild to moderate 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.
- **Mildly thick colon** – Potentially a secondary inflammatory response to the reported recent de-obstipation and chronic constipation, but infiltrative inflammatory or even neoplastic disease can't be ruled out.
- **Markedly overdistended stomach** – Likely gastric stasis/ileus secondary to pancreatitis. A non-visible at least partial gastric outflow obstruction can't be ruled out, but there is no evidence of one in these images.

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Erin Rothrock

SECONDARY FINDINGS

- Urinary bladder debris

INVOICE

44688

DATE

2/2/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Placement of a nasogastric tube may be beneficial for both gastric suctioning to offer patient relief as well as providing a means for nutritional support.

Given this patient's reported hyperglobulinemia, the increased liver enzymes, and the mild bowel changes described above, infiltrative neoplasia including lymphoma could still be a contributing factor



PATIENT

Poof Davis

as well. Therefore, pending patient response to management for pancreatitis, as well as globulin and liver enzyme levels after treatment, etc., additional diagnostic considerations could include a fine needle aspirate of the liver if patient's coagulation status is appropriate, as well as upper and lower GI biopsies.

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

7.2

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

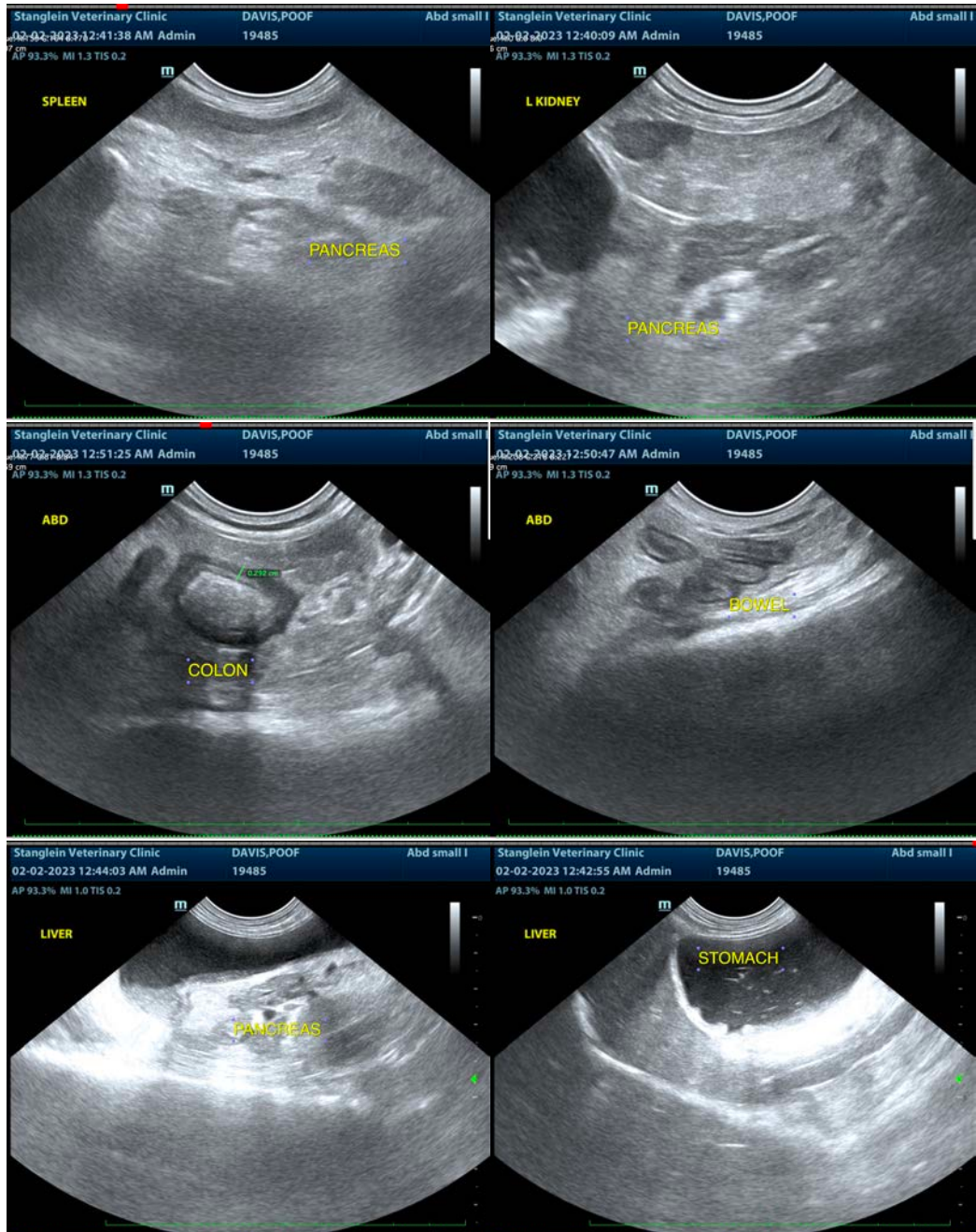
Dr. Erin Rothrock

INVOICE

44688

DATE

2/2/23





PATIENT

Poof Davis

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

7.2

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

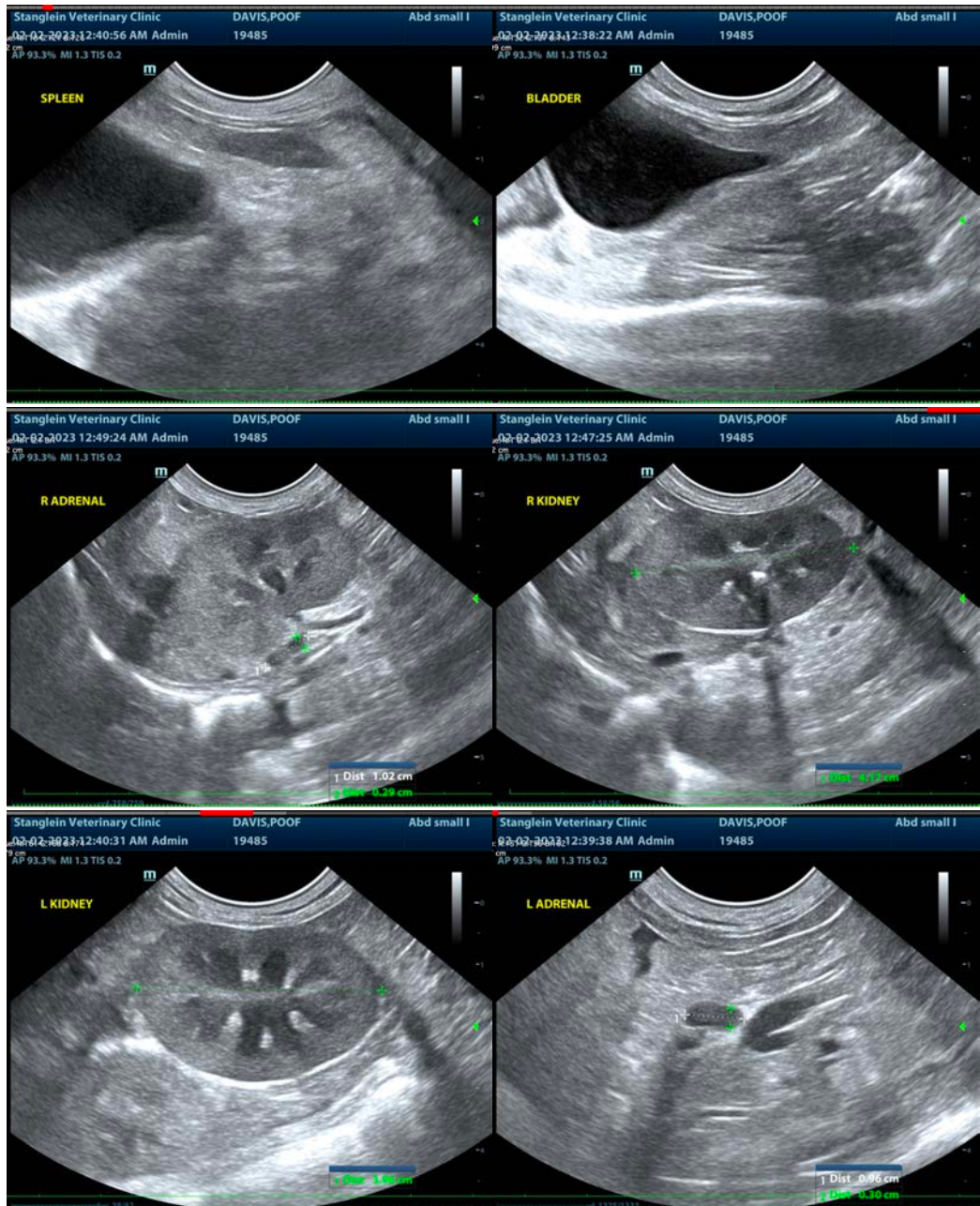
Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Erin Rothrock



INVOICE

44688

DATE

2/2/23

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