



PATIENT	PRESENTING CLINICAL SIGNS
Raskle Brandy	Current Diagnoses & Medications: 1) Hyperthyroidism -> tx w/ Methimazole (2.5 mg PO BID) 2) Steroid responsive anemia -> oral Prednisolone (2.5 mg POD EOD) 3) Heart murmur (3/6), HCM & Third Degree AV Block -> Benazepril (2.5 mg PO SID), Furosemide (5 mg PO SID), Theophylline (25 mg PO BID) 4) Severe dental disease -> pulse Convenia as he's not a good anesthetic candidate Chronic weight loss and recent acute weakness and debilitation despite efforts to manage his condition. Concern for neoplasia.
SPECIES	
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder was completely empty and difficult to assess in the first images, but by the end of the study it was more distended. 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.
Neutered Male	
AGE	The right kidney is normal in size (3.9 cm) 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.
11 Years	
WEIGHT	The left kidney is normal in size (3.8 cm) 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.
7.4 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The region of the adrenal glands was evaluated without evident pathology, but neither one was discretely visualized.
IMAGING PERFORMED BY	Spleen
Dr. Tiffany Brady	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.
HOSPITAL NAME	Liver
Shiloh Vet Hospital	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.
REFERRING VET	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.
Dr. Hannah Onstott	
INVOICE	Gastrointestinal
35453	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.
DATE	The visible small intestines are normal in wall thickness. Normal layering is maintained except for a marked muscularis thickening. Small intestinal motility appears adequate (1-3 contractions per min).
2/4/22	



PATIENT

Raskle Brandy

The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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.

BREED

DSH

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Markedly thickened 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.
- 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.

WEIGHT

7.4 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to further assess gastrointestinal function given the marked muscularis thickening. Infiltrative neoplasia such as lymphoma is a concern. Biopsies are required to definitively diagnose inflammatory bowel disease versus infiltrative neoplasia such as lymphoma.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

However, given this patient's reported anesthetic risk, empirical therapy may be elected over biopsies, in which case, further immunosuppression to address inflammatory bowel disease versus small cell lymphoma could be considered. A transition to a novel or hydrolyzed protein diet, if possible, may also assist in helping to control clinical signs.

IMAGING PERFORMED BY

Dr. Tiffany Brady

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

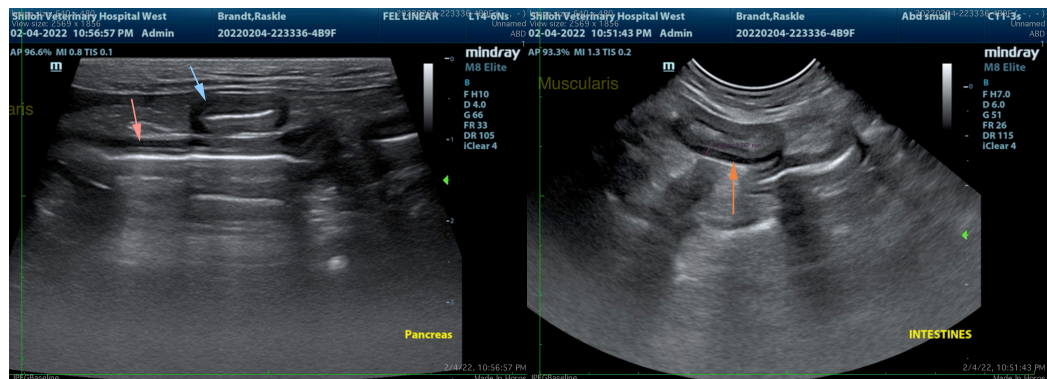
Dr. Hannah Onstott

INVOICE

35453

DATE

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PATIENT

Raskle Brandy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.4 Pounds

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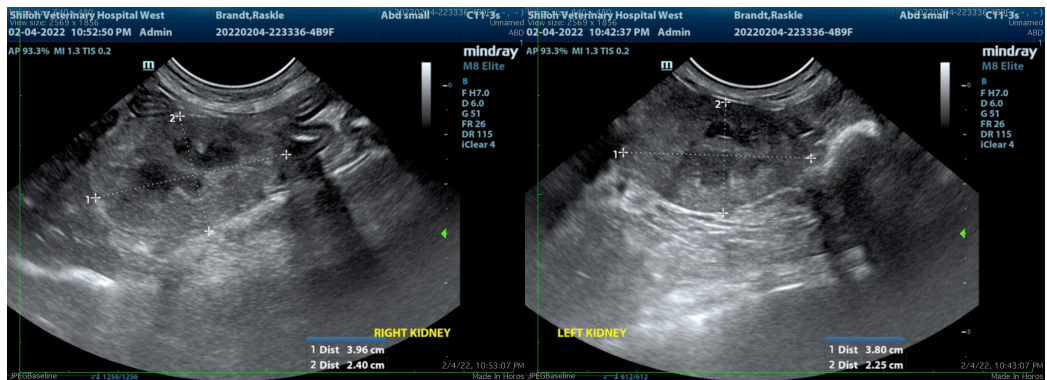
Dr. Hannah Onstott

INVOICE

35453

DATE

2/4/22



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