



PATIENT	PRESENTING CLINICAL SIGNS
Dorothy Giaquinto	History: 13 yo (rescued so age is an estimate) FS DSH. PC: Polydipsia, weight loss, vomiting Abnormal PE/Chem/CBC/UA Results: Blood work done: 2/09/22 TBili: 0.5 BUN: 31 Creat: 1.6 SDMA: 16.5 USG: 1.018 1+ blood in urine HCT: 23 HGB: 7.5 Eosinophils 1,177 PCV/TS in house today: 17/7.4, serum icteric Auto agglutination test-no signs of agglutination
SPECIES	
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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
SEX	
Spayed Female	Left kidney is normal is size (3.19 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
AGE	
13 Years	Right kidney is small (2.79 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.
WEIGHT	Adrenal Glands
4.6 Pounds	Left adrenal gland is normal in size (0.33 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	Right adrenal gland is unable to be visualized.
Beth Johnson, DVM DACVIM	Spleen
	Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously 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 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	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.
Long Branch AH	Gastrointestinal
REFERRING VET	
Elaina Petrone	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	
14245	Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
DATE	
3/10/22	



PATIENT	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Dorothy Giaquinto	Pancreas
SPECIES	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.
Feline	Free Abdomen
BREED	Mesenteric and jejunal lymphadenopathy is noted. No free fluid is present in these images.
DSH	ULTRASONOGRAPHIC FINDINGS
SEX	Primary Findings
Spayed Female	<ul style="list-style-type: none"> Thick 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	<ul style="list-style-type: none"> Likely reactive mesenteric/jejunal lymphadenopathy. Infiltrative neoplasia can't be definitively ruled out.
13 Years	<ul style="list-style-type: none"> Coarse splenomegaly 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) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
WEIGHT	
4.6 Pounds	
INTERPRETED BY	Secondary Findings
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> This appearance of the kidneys (more apparent in the right kidney) is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Elaina Petrone	The vomiting and weight loss in this patient are likely due to infiltrative bowel disease given the ultrasound changes, the reported eosinophilia and lymphadenopathy, etc. Therefore, recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin (to Texas A & M GI laboratory). A fine needle aspirate of the spleen and lymph nodes is recommended, if possible and if patient coagulation status is appropriate. The splenomegaly in this patient is likely extramedullary hematopoiesis given the reported anemia, however, fine needle aspirate is recommended with the goal of ruling out lymphoma, if possible. Ideally, if a diagnosis is not obtained on cytology, biopsies of the gastrointestinal tract, being sure to include the ileum, if possible, are recommended to definitively diagnose and therefore treat the infiltrative process. However, given this patient anemia, a workup of the anemia and patient stabilization may be necessary prior to pursuing more aggressive diagnostics. The anemia may or may not be related to the gastrointestinal disease and recommendations include recheck chemistry panel, including total bilirubin, given the reported icterus when the last PCV was assessed, followed potentially by a path review of the CBC, infectious disease testing and/or bone marrow exam.
HOSPITAL NAME	
Long Branch AH	
REFERRING VET	
Elaina Petrone	
INVOICE	
14245	
DATE	In the meantime, empirical therapy with a transition in diet to a hydrolyzed protein diet +/- steroids
3/10/22	



PATIENT

may help alleviate clinical signs.

Dorothy Giaquinto

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

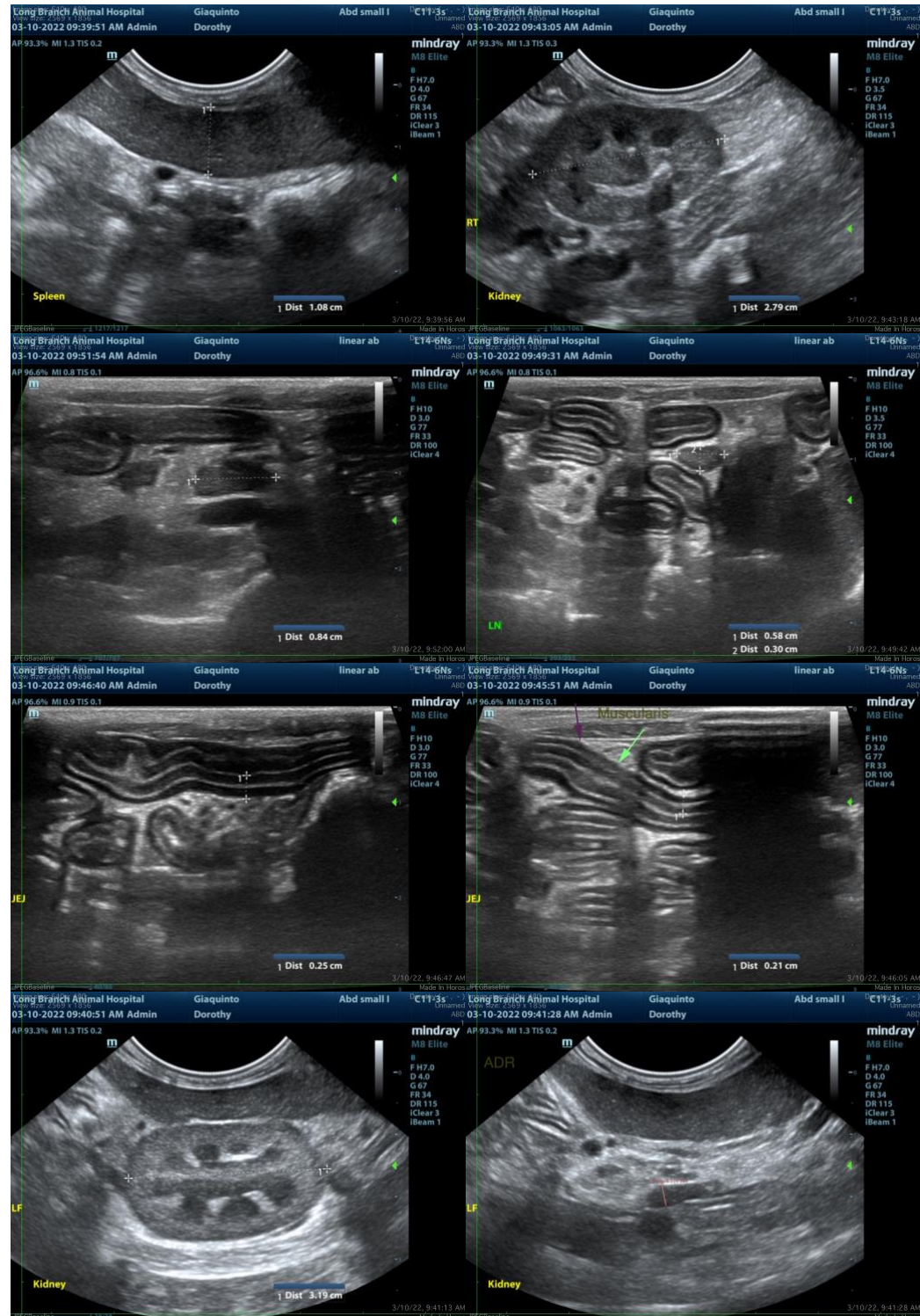
Elaina Petrone

INVOICE

14245

DATE

3/10/22





PATIENT

Dorothy Giaquinto

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

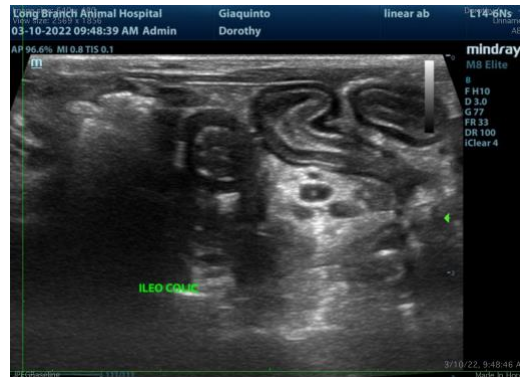
Elaina Petrone

INVOICE

14245

DATE

3/10/22



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 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