



**PATIENT**

Mooshu Georg

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

7.7 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Chrissy Krell

**HOSPITAL NAME**

Paws & Prairie AC

**REFERRING VET**

Dr. Chrissy Krell

**INVOICE**

45940

**DATE**

3/14/23

**PRESENTING CLINICAL SIGNS**

Patient still vomiting when not on cerenia, belly feels more "distended" and he is eating okay. Lethargic some. Not much improvement on prednisolone trial. Currently on 0.1ml (2mg) Prednisolone every other day. Maybe did better on higher dose (daily 1mg/kg PO).

Abnormal PE/Chem/CBC/UA Results: PE: unkempt, QAR (on gabapentin), MM tacky pink, abdomen slightly more comfortable than previous. Increased 0.4lb from last recheck. Recheck scan for persistent vomiting - noted fluid filled stomach, suspect thickened mucosa and some scant free fluid.

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

Unfortunately, full evaluation of this gastrointestinal tract is still limited by the marked gastric distention as well as diffuse bowel distention with what appears to be normal ingesta/chyme. Having said that, a few wall abnormalities were appreciated that were not noted last time, and those include a mildly thick muscularis layer relative to the mucosa as well as some hyperechoic mucosal fogging or speckling.

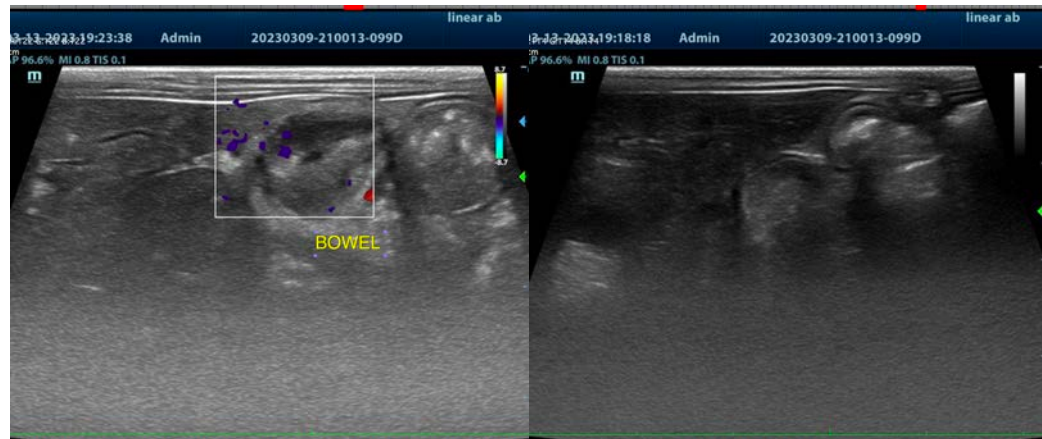
A scant amount of anechoic free fluid was appreciated while examining the gastrointestinal tract.

**ULTRASONOGRAPHIC FINDINGS**

- Thick muscularis and mucosal speckling have both been associated with inflammatory bowel disease, both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Scant amount of anechoic free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The recommendations for today's ultrasound are not significantly different from the previous ultrasound in terms of non-invasive diagnostics. Therefore, previous recommendations stand. Pending results of those and pending what was and was not able to be evaluated, given the patient's persistent vomiting and persistent diffuse gastric and bowel distention combined with the bowel wall changes able to be newly appreciated today, an exploratory laparotomy for further evaluation of the GI tract, further investigation into possible causes for pyloric outflow obstruction that aren't visible via ultrasound, and full thickness biopsies should be considered.





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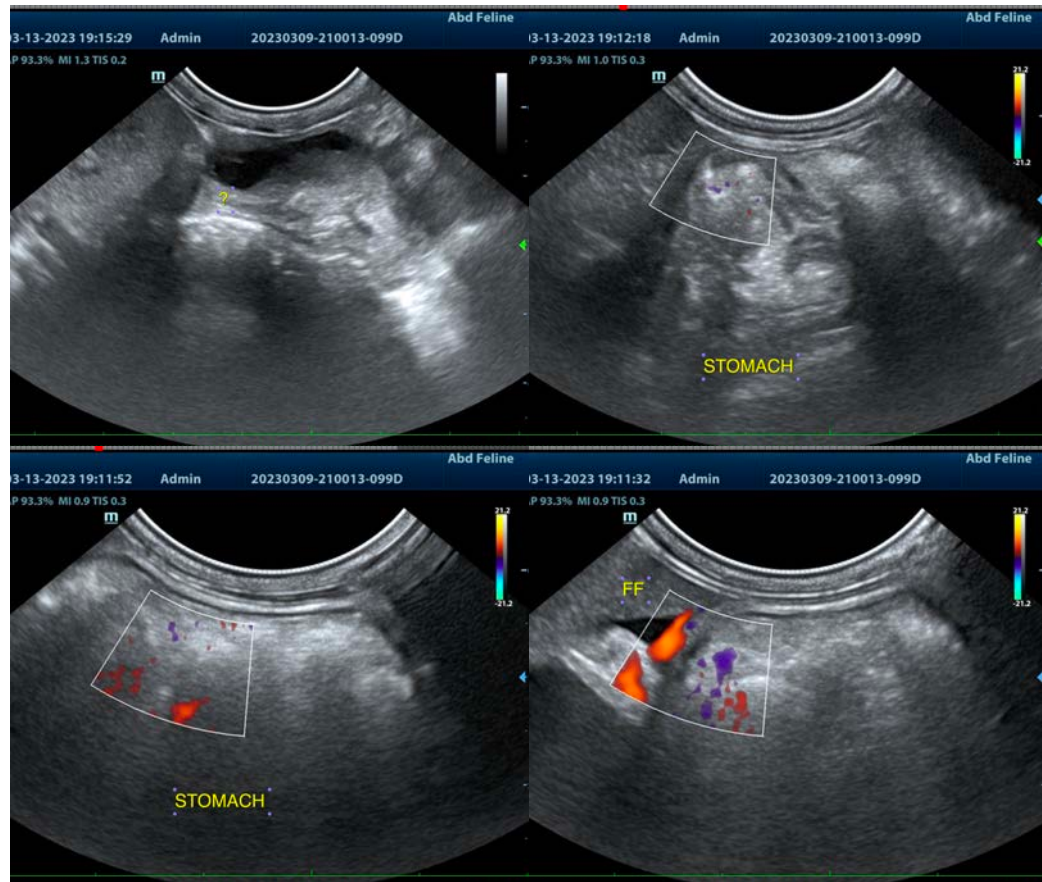
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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