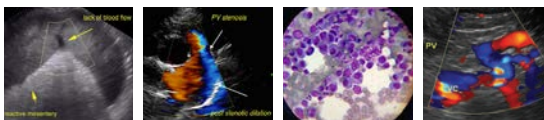




PATIENT	PRESENTING CLINICAL SIGNS
Dandelion Smith	Weight loss, chronic diarrhea. Intermittent vomiting. Inappetence. Current Medications Fortiflora, restarted metronidazole at 10mg/kg BID, started on oral vitamin B, started on oral prednisolone (4mg BID), on Hill's GI Biome diet
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: C. perfringens Alpha Toxin (CPA) Gene Quantity - 20 thous/g; low levels present via diarrhea PCR Trypsin-like Immuno-reactivity (TLI) - 55.20 (normal) 12.00 - 82.00 ug/L Cobalamin (B-12) <150 (low) 276 - 1,425 ng/L Folate- 22.7 (high) 8.9 - 19.9 ug/L Calcium 7.9 (low) 8.2-11.2 Total Protein 5.8 (low) 6.3-8.8 Albumin 2.3 (low) 2.6-3.9 Otherwise euthyroid, no renal/hepatic dyscrasia, hemogram unremarkable other than stress leukogram.
BREED	
DLH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	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 (4.59 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 (4.29 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	
13.5 Pounds	
WEIGHT	
8.3 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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
BetterVet - Eugene	Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
REFERRING VET	
Dr. Rensema	
INVOICE	
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DATE	
3/15/23	



PATIENT

Dandelion Smith

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

SPECIES

Feline

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

DLH

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

SEX

Neutered Male

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

AGE

13.5 Pounds

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

8.3 Pounds

Free Abdomen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

A scant amount of anechoic free fluid is noted.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- **Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, biopsies of the GI tract, being sure to include ileum, if possible, are recommended to definitively diagnose the suspected underlying infiltrative bowel disease that likely contributed to the dysbiosis. If

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PATIENT

Dandelion Smith

empirical management (as is currently reportedly in place) is elected, recommendations include a transition to Provable or Visbiome as the probiotic, and potentially from Metronidazole to a long 8+ week course of Tylosin.

SPECIES

Feline

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

BREED

DLH

SEX

Neutered Male

AGE

13.5 Pounds

WEIGHT

8.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

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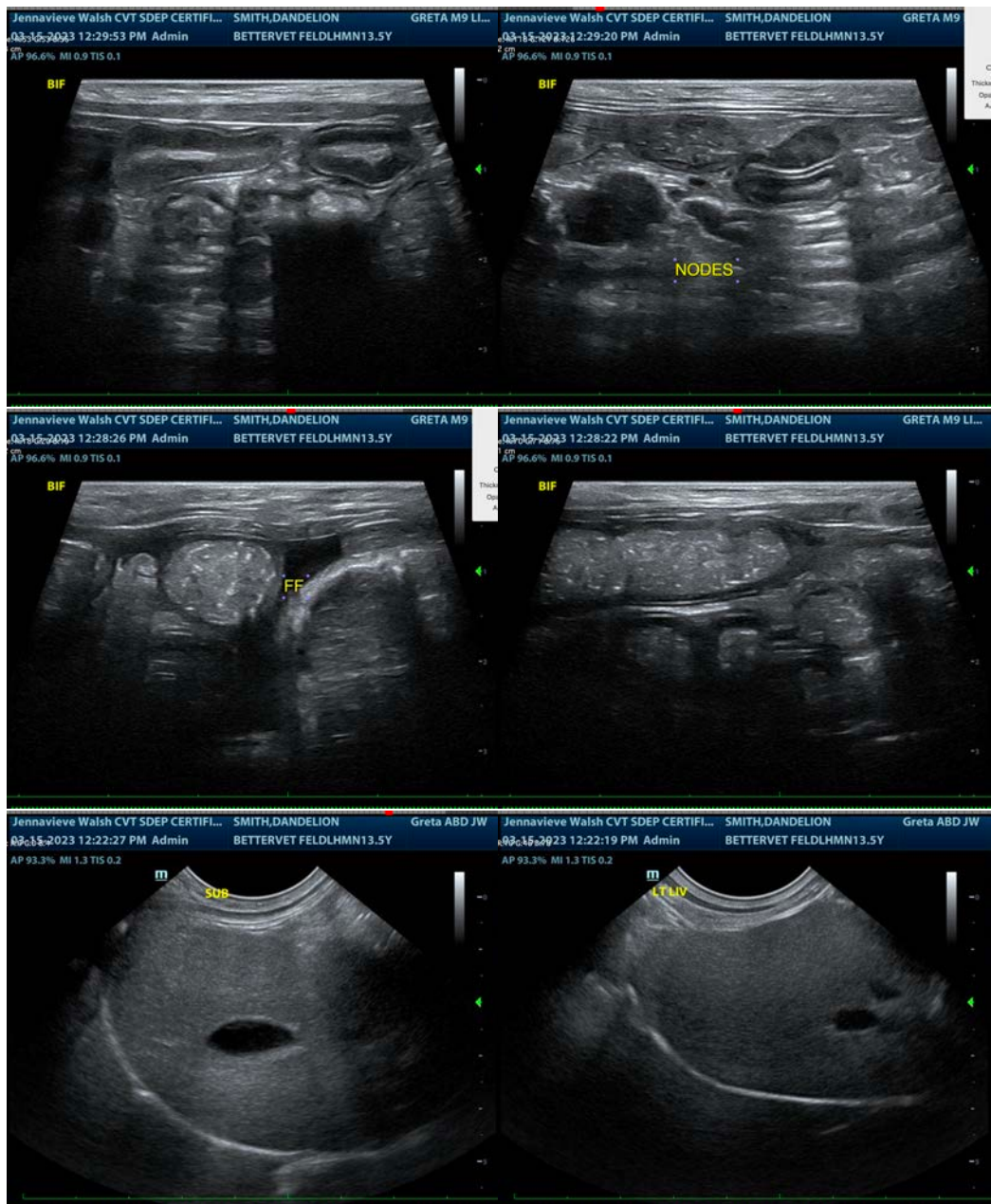
Dr. Rensema

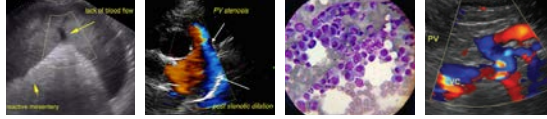
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PATIENT

Dandelion Smith

SPECIES

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SEX

Neutered Male

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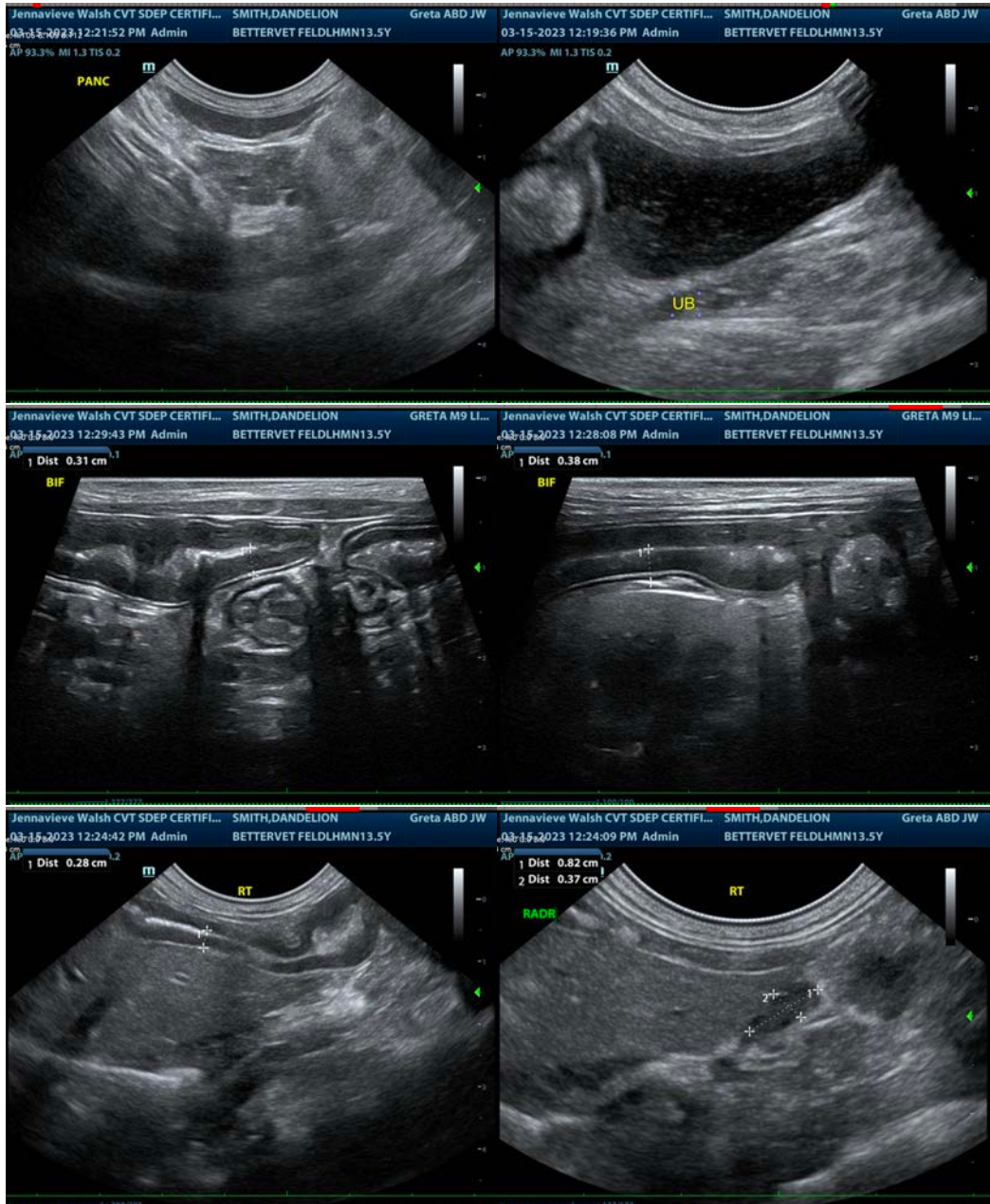
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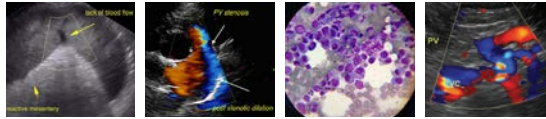
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PATIENT

Dandelion Smith

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

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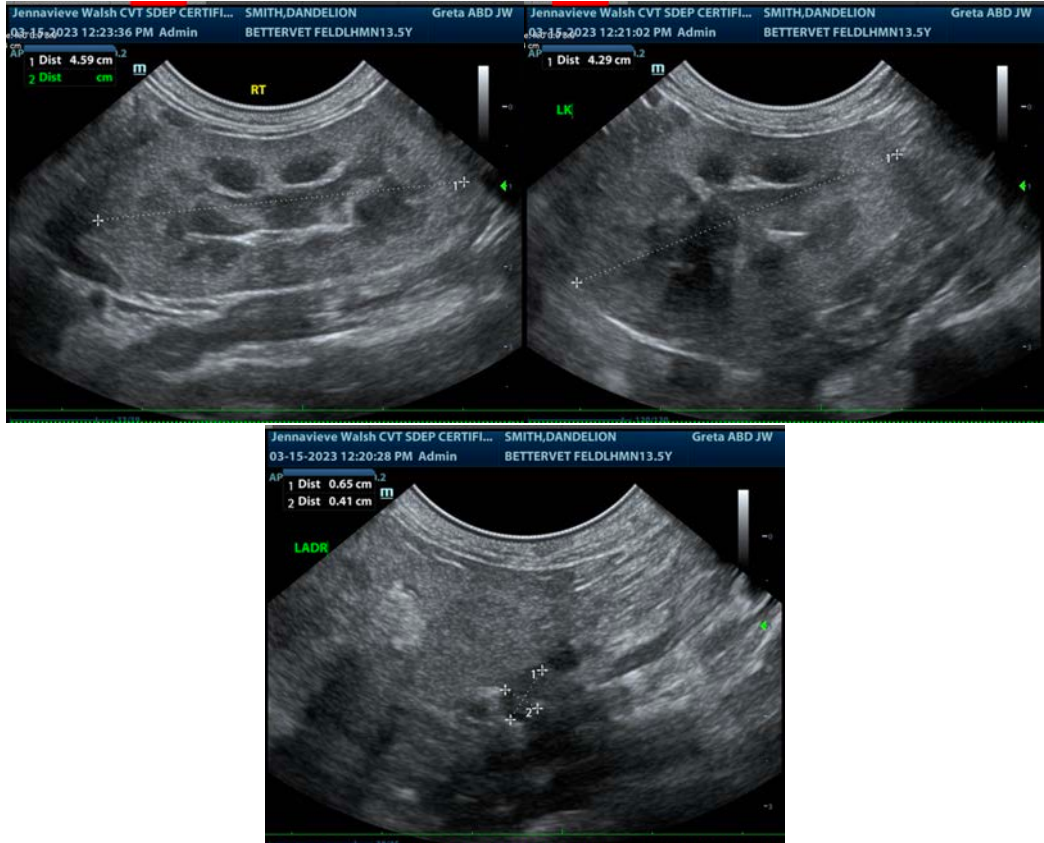
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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