



PATIENT	PRESENTING CLINICAL SIGNS
Georgie Pinkham	History of periodic blood noted in stool starting in October 2022. Owner reports that blood typically noted at beginning of bowel movements intermittently. Owner also reports slight change in behavior - temperament seems to have changed slightly and P less tolerant.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Recent bloodwork unremarkable Fecal negative Texas A&M Gastrointestinal Panel pending
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Spayed Female	The 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.
AGE	Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.47 cm. The right kidney measures 3.86 cm.
WEIGHT	Adrenal Glands
11.8 Pounds	The right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.52 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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.
Jack Reese	Liver
HOSPITAL NAME	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.
Willow Run VC	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.
REFERRING VET	Gastrointestinal
Dr. Anna Leppien	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	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.
46108	
DATE	
3/22/23	



PATIENT

Georgie Pinkham

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

SPECIES

Feline

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 free peritoneal effusion noted in these images.

SEX

Spayed Female

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.

AGE

11 Years

PRIMARY FINDINGS

- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

WEIGHT

11.8 Pounds

SECONDARY FINDINGS

- Age related kidney changes

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

IMAGING PERFORMED BY

Jack Reese

In the meantime, while awaiting results, supportive/symptomatic medical management of clinical signs including antiemetics and gastroprotectants (if there are concurrent upper gastrointestinal signs) as well as a probiotic such as Visbiome or Provable, empirical deworming with a 5-day course of Panacur, and, if tolerated, a short-term course of potentially a bland easy to digest or possibly fiber responsive diet.

HOSPITAL NAME

Willow Run VC

Additionally, owner questioning about any clinical signs of possible constipation is recommended, and is suspected, a stool softener such as lactulose could be considered.

REFERRING VET

Dr. Anna Leppien

Ultimately, pending results, if clinical signs persist and a diagnosis is not reached, further evaluation of the GI tract via colonoscopy for visualization and biopsies of the colon (given the reported hematochezia) may be warranted.

INVOICE

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Additionally, 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 ratio is recommended.

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PATIENT

Georgie Pinkham

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

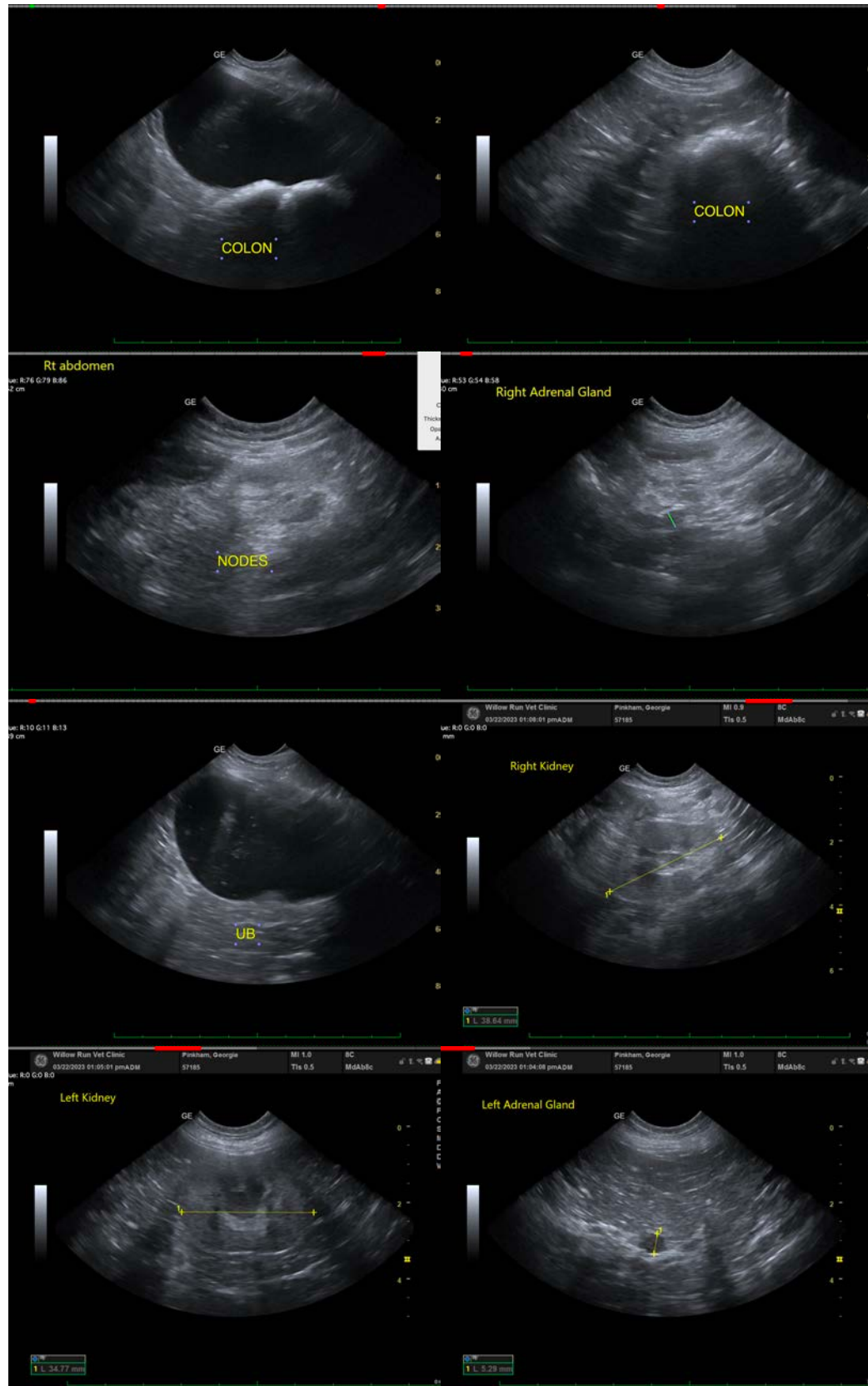
Dr. Anna Leppien

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Georgie Pinkham

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

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**IMAGING
PERFORMED BY**

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Anna Leppien

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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