



**PATIENT**

Jack Cutrufello

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12.9 Pounds

**WEIGHT**

8.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

35872

**DATE**

3/3/22

**PRESENTING CLINICAL SIGNS**

Patient has been vomiting several times a week for 1 week, and on exam had lost 2 pounds from his last exam in 6/20. CBC / Chem / T4 / U/A/ fPLI all unremarkable. Patient also has a new murmur had changes on focused cardiac ultrasound suggested of HOCM - proBNP level pending. Patient is FIV +

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney is normal in size (4.18 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 right kidney is normal in size (3.56 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (0.40 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

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.

**Liver**

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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. An incidental tortuous common bile duct is noted.

**Gastrointestinal**

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.



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The visible small intestines are normal in wall thickness. 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.

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

**Pancreas**

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The pancreas is prominent in size and hypoechoic to surrounding tissue. The visible capsule is smooth and normal in contour. There is no visible over dilation of pancreatic duct and no evidence of active peripancreatic inflammation. Parenchyma is diffusely coarse.

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**Free Abdomen**

There is no evidence of peritoneal effusion. Prominent hypoechoic mesenteric lymph nodes are noted.

**PRIMARY FINDINGS**

**AGE**

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- 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.

**WEIGHT**

8.9 Pounds

- Mesenteric lymphadenopathy – most consistent with reactive lymphadenopathy. However, infiltrative neoplasia such as lymphoma cannot be ruled out.
- Prominent, mildly coarse pancreas – rule outs include normal age remodeling. However, chronic smoldering pancreatitis cannot be ruled out.

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**SECONDARY FINDINGS**

- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Hyperechoic kidneys of normal size – most consistent with normal fat deposition.
- Tortuous common bile duct – normal finding in a senior cat, especially in the face of normal lab work.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The top differential for this patient's gastrointestinal signs and weight loss, given the ultrasound changes, is infiltrative bowel disease. Therefore, recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of both the GI tract and the pancreas. Biopsies of the GI tract (being sure to include the ileum if possible) should be considered for definitive diagnosis, and therefore medical management of the infiltrative bowel disease.

**REFERRING VET**

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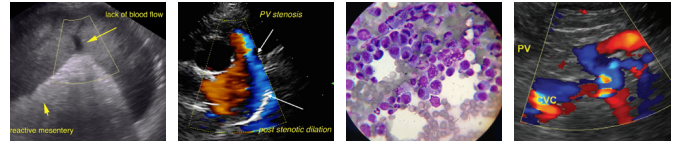
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If biopsies are not pursued, empirical therapy with a diet change to a novel or hydrolyzed protein diet and empirical steroids could be considered. If possible, and if patient's coagulation status is appropriate, a fine needle aspirate of the mesenteric lymph nodes could be considered to try to rule out round cell neoplasia such as lymphoma prior to more invasive biopsies.

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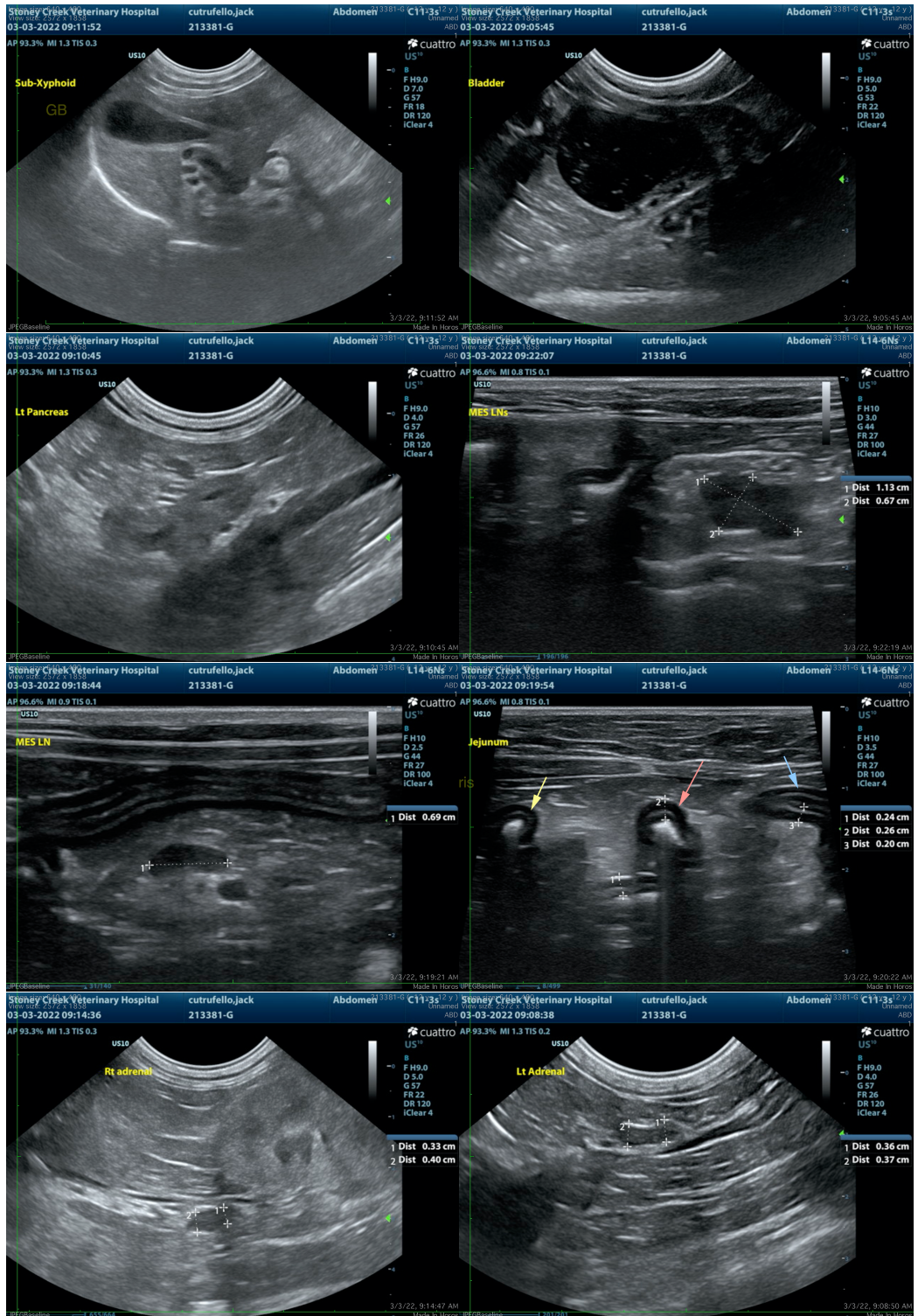
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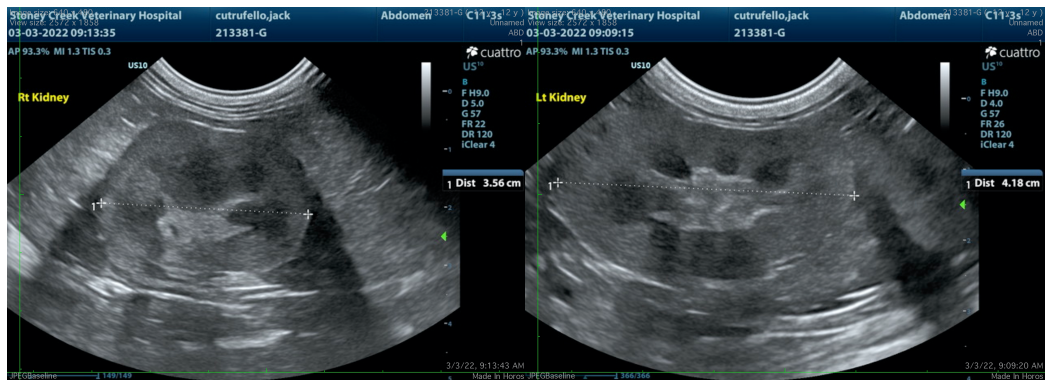
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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