



PATIENT

Brownie Goble

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

36029

DATE

3/9/22

PRESENTING CLINICAL SIGNS

increase vomiting, decrease appetite, weight loss; had ultrasound 2021 which may have suggested triad disease, most sig changes were liver related, patient responded to amox/metronidazole/denmarin, now he is deteriorating

Abnormal PE/Chem/CBC/UA Results: wasting

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 kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. The left kidney measured 3.95 cm. The right kidney measured 3.11 cm. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

Adrenal Glands

The right adrenal gland is normal in size (0.48 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm thick), 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

Liver is subjectively enlarged. Margins are smooth but round. 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. A heterogeneous cystic mass is observed in the mid liver, measuring approximately 3.0 cm in diameter. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size with a smooth wall and without visible thickening. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal without evidence of obstruction.

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.

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

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Pancreas

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The pancreas is diffusely prominent with irregular peripheral contour. The parenchyma is hypoechoic relative to surrounding tissue and mildly coarse echotexture. The pancreatic duct is mildly dilated, measuring 0.28 cm. No evidence of peripancreatic effusion or hyperechoic tissue appreciated.

BREED

Free Abdomen

DSH

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

Other

Neutered Male

An approximately 1.0 cm hypoechoic to anechoic lesion is seen in the right cranial quadrant.

PRIMARY FINDINGS

AGE

16 Years

- Diffuse non-specific hepatopathy – Differentials include inflammatory disease, hepatic lipidosis, or less likely infiltrative neoplasia with a cystic mass noted, most consistent with biliary cystadenoma, given the lack of progression since the last ultrasound. However, cystadenocarcinoma cannot be ruled out.

WEIGHT

8.3 Pounds

- Chronic pancreatitis
- 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.
- Hypoechoic to anechoic nodule in right cranial abdomen – This may represent a hepatic or pancreatic cyst without evidence of progression since the previous ultrasound.

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SECONDARY FINDINGS

- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Non-obstructive nephrolithiasis
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient’s history and ultrasound findings, a recurrence of the previously diagnosed “Triaditis” is likely. If liver enzymes are not increased, however, the infiltrative small bowel disease (either inflammatory bowel disease or infiltrative lymphoma) could be the primary reason for the patient’s reported wasting.

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Recommendations include CBC, serum chemistry panel and urinalysis with urine culture, if indicated based on urinalysis results, to assess liver enzymes. A malabsorption panel including TLI, PLI, folate and cobalamin is also recommended to Texas A&M GI laboratory. A fine needle aspirate of the liver is recommended if patient’s coagulation status is appropriate. Ideally, surgical biopsies of the liver and



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gastrointestinal tract, being sure to include the ileum if possible, are recommended. to definitively determine the underlying infiltrative bowel process, and therefore direct therapy. In the meantime, supportive care for cholangiohepatitis/pancreatitis is recommended, especially if evidence of cholangiohepatitis is present on the chemistry panel. Other empirical therapy could include steroids if biopsies of the small bowel are not pursued.

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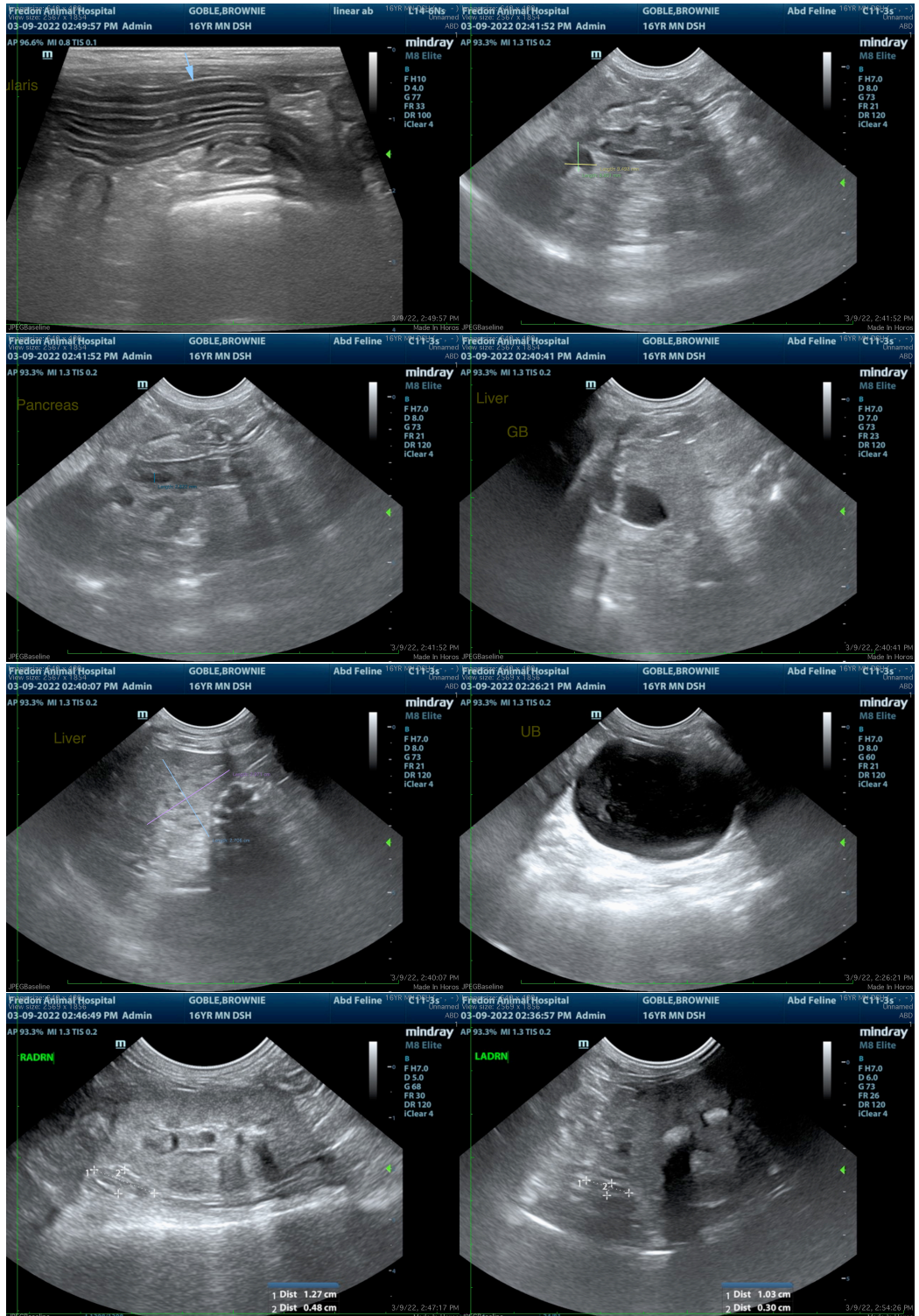
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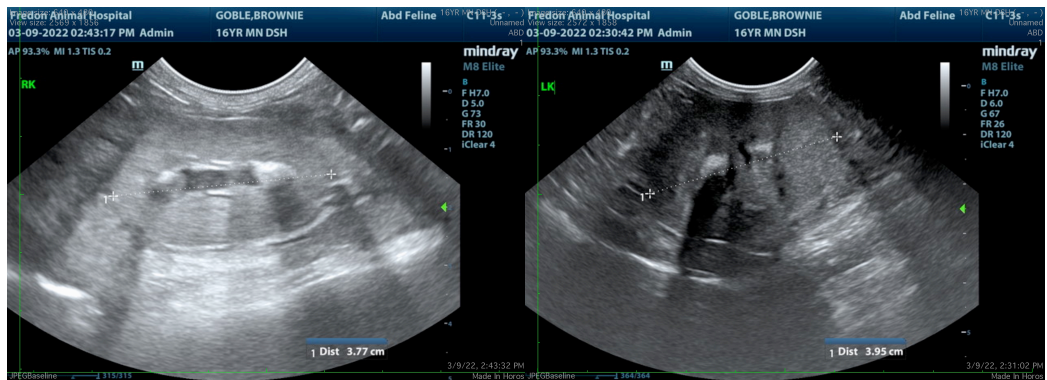
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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