



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Reilly-CAH Haff	MN DSH history of tenesmus, liquid stool-owner thought constipated-not supported on AXR. Recent lab work WNL.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	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.
DSH	
<b>SEX</b>	The right kidney is normal in size (4.05 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.
Neutered Male	
<b>AGE</b>	The left kidney is normal in size (4.09 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.
12 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
12 Pounds	The right adrenal gland is unable to be fully visualized. The left adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	The visible 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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Elaina Petrone	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.
<b>HOSPITAL NAME</b>	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.
Long Branch AH	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Elaina Petrone	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.
<b>INVOICE</b>	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). the muscularis layer of the ileum is subjectively thick relative to the other layers. 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.
36030	
<b>DATE</b>	
3/9/22	



**PATIENT**

Reilly-CAH Haff

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

**Pancreas**

**SPECIES**

Feline

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 peritoneal effusion.

**SEX**

Neutered Male

**PRIMARY FINDINGS**

- Disproportionately thick muscularis layer, most prevalent in the ileum – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Most likely reactive lymphadenopathy in the area of the ileocecolic junction – Infiltration neoplasia cannot be ruled out, but is considered less likely.

**AGE**

12 Years

**WEIGHT**

12 Pounds

**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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include:

- 1) Reportedly already pending urinalysis
- 2) Malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory.
- 3) Ideally, biopsies of the bowel, being sure to include ileum if possible for definitive diagnosis of possible infiltrative bowel disease.
- 4) In the meantime, empirical therapy could include a diet transition to either a novel or hydrolyzed protein diet, or, given the reported large bowel signs, a fiber response diet as a first try may be more appropriate.
- 5) If biopsies are not an option, empirical steroids could be considered as well.

**IMAGING PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

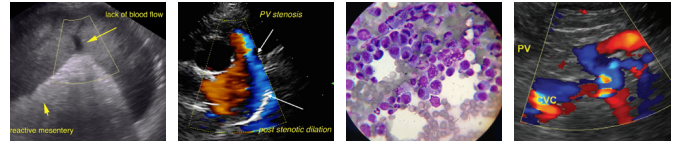
Dr. Elaina Petrone

**INVOICE**

36030

**DATE**

3/9/22



**PATIENT**

Reilly-CAH Haff

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

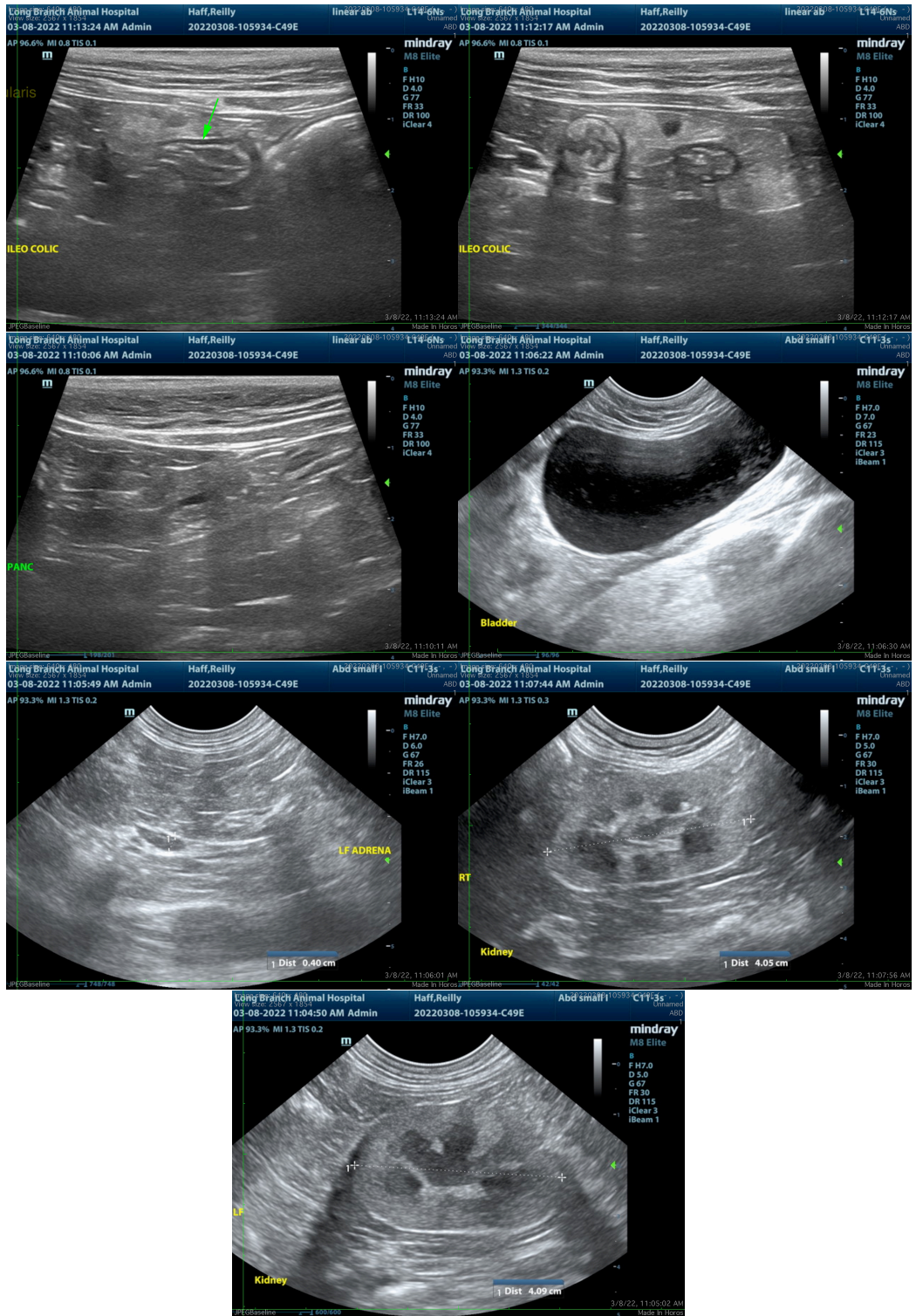
Dr. Elaina Petrone

**INVOICE**

36030

**DATE**

3/9/22





**PATIENT**

Reilly-CAH Haff

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.

**SPECIES**

Feline

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

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

Dr. Elaina Petrone

**INVOICE**

36030

**DATE**

3/9/22