



**PATIENT PRESENTING CLINICAL SIGNS**

Missy Cox Clinical Exam Findings: vomiting weight loss Current Medications Gabapentin 50mg Primary Question/Differential to Be Answered in This Exam Lymphoma v IBD

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Potassium 3.1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DMH

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.

**SEX**

Spayed Female

**AGE**

11 Years

The right kidney is normal in size (3.45 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.

**WEIGHT**

11.8 Pounds

The left kidney is normal in size (3.34 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The right adrenal gland is normal in size (0.26 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

The left adrenal gland is normal in size (0.36 cm), 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.

**HOSPITAL NAME**

H&H Veterinary Care

**Liver**

**REFERRING VET**

Dr. Henery

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.

**INVOICE**

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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.

**DATE**

4/11/23



**PATIENT** *Gastrointestinal*

Missy Cox 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.

**SPECIES**

Feline The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated.

**BREED**

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

**SEX**

*Pancreas*

Spayed Female 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.

**AGE**

11 Years *Free Abdomen*

**WEIGHT**

11.8 Pounds There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**SECONDARY FINDINGS**

- Urinary bladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

H&H Veterinary Care

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.

**REFERRING VET**

Dr. Henery

Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

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If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Other supportive therapeutic considerations could include fiber supplementation, especially with large bowel diarrhea and/or a probiotic.

**DATE**

4/11/23



**PATIENT**

Missy Cox

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

11.8 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

H&H Veterinary Care

**REFERRING VET**

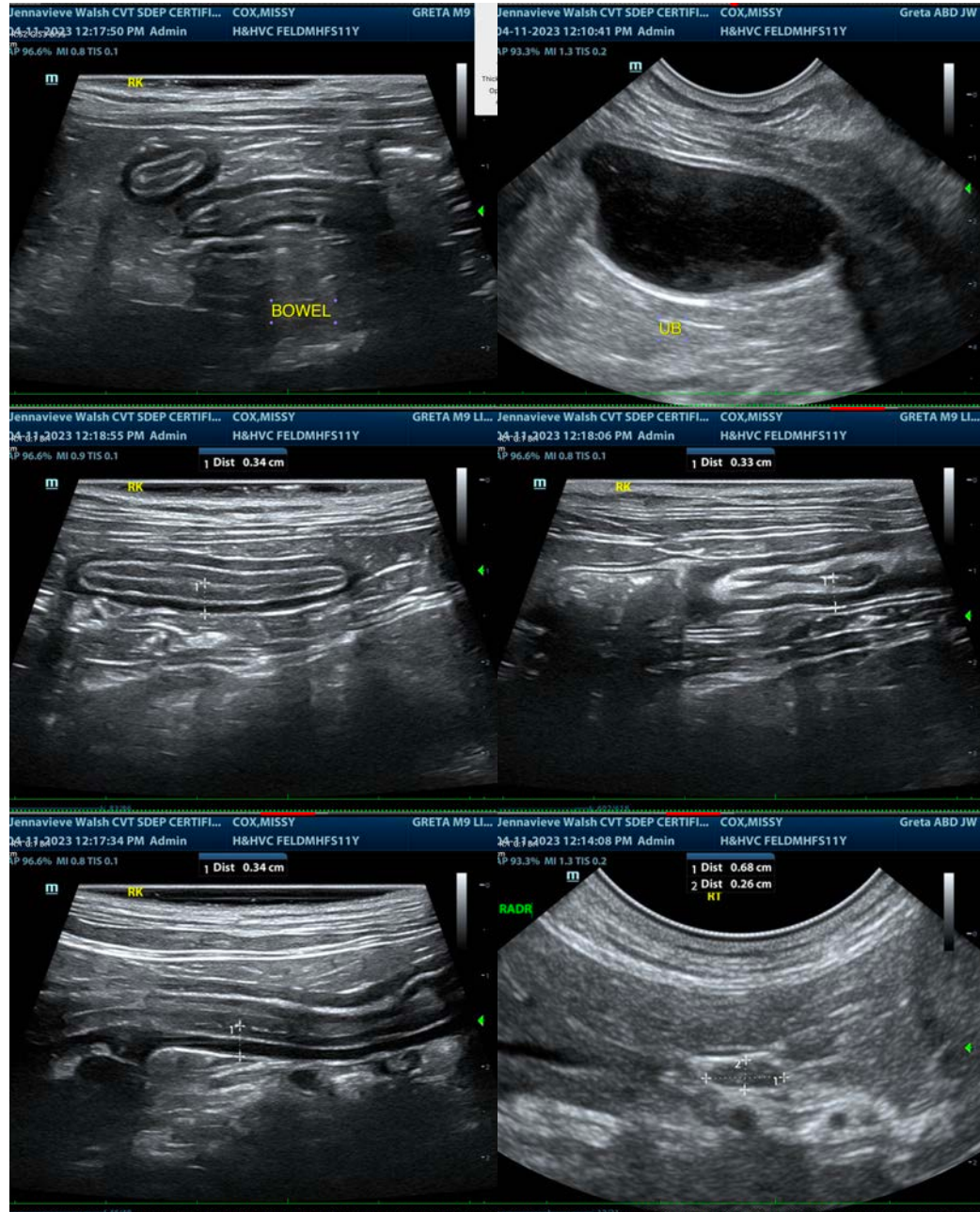
Dr. Henery

**INVOICE**

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**DATE**

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**PATIENT**

Missy Cox

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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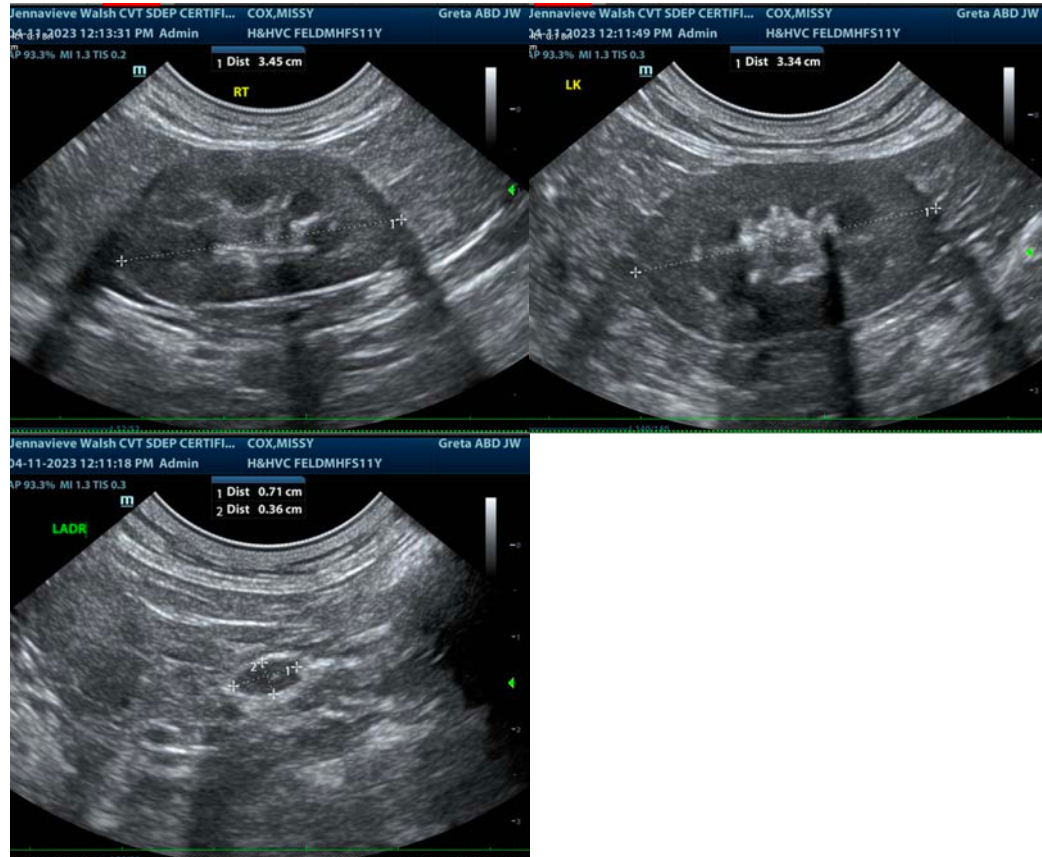
Dr. Henery

**INVOICE**

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**DATE**

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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