



PATIENT PRESENTING CLINICAL SIGNS

Ellie Maltby
This cat has a history of intermittent gastrointestinal issues. Various foods are available in the home as there are multiple cats. Sometimes gets diarrhea and often vomits hairballs(weekly). This has been going on for several years. Started Hill's Biome food in January of this year. This seems to minimize diarrhea flare ups. Cat presented Feb 2023 for diarrhea and possible foreign body ingestion (eraser off the end of a pencil). Diarrhea likely due to straying from her own intestinal diet to one of the other cat's foods. Has been on Gabapentin 25mg 1-2 times per week for anxiety issues at home.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Ingersoll Vet Services

REFERRING VET

Dr. Prystayko

INVOICE

46616

DATE

4/12/23

Abnormal PE/Chem/CBC/UA Results: Please see attached rads and bloodwork. Bloodwork NSF. Rads showed ovoid soft tissue opacity on left cranial abdomen on the VD view. Unknown significance.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (3.48 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.

The left kidney is normal in size (3.46 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.

Adrenal Glands

The right adrenal gland is normal in size (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

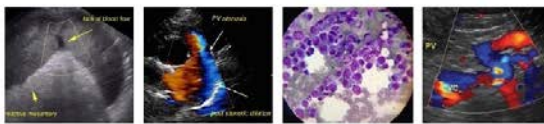
Liver

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. There is no evidence of cystic or common bile duct dilation.

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 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.

SPECIES

Feline

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

BREED

Pancreas

DSH

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.

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Free Abdomen

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

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In the left cranial abdomen adjacent to the left kidney, in the area of the left limb of the pancreas, there is a 1.0 cm x 1.6 cm hypoechoic, irregularly shaped structure surrounded by mildly enhanced hyperechoic mesenteric fat, presumed to be a lymph node. However, pancreatic nodules cannot be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- **Hypersplenism** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Hypoechoic soft tissue structure in the left cranial abdomen** – Appears to be lymph nodes. However, pancreatic nodules cannot be definitively ruled out.

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Ingersoll Vet Services

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. Prystayko

If possible, to safely reach, and if patient's coagulation status is approach, fine needle aspirates of the soft tissue structure/lymph node in the left cranial abdomen as well as the spleen should be considered.

Additionally, given diarrhea as a clinical sign, a fecal exam is recommended if not recently evaluated, as is a fecal enteropathogen PCR panel to Texas A&M GI Laboratory.

INVOICE

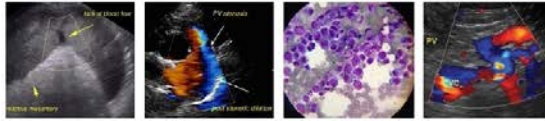
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In the meantime, and/or if cytology cannot be obtained of the structure described above, transition in diet (if possible and if tolerated) to a hydrolyzed protein diet could be considered. Some patients respond better to one brand or version of hydrolyzed protein diet better than another, so several trials are sometimes necessary.

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Additionally, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Proviabio.



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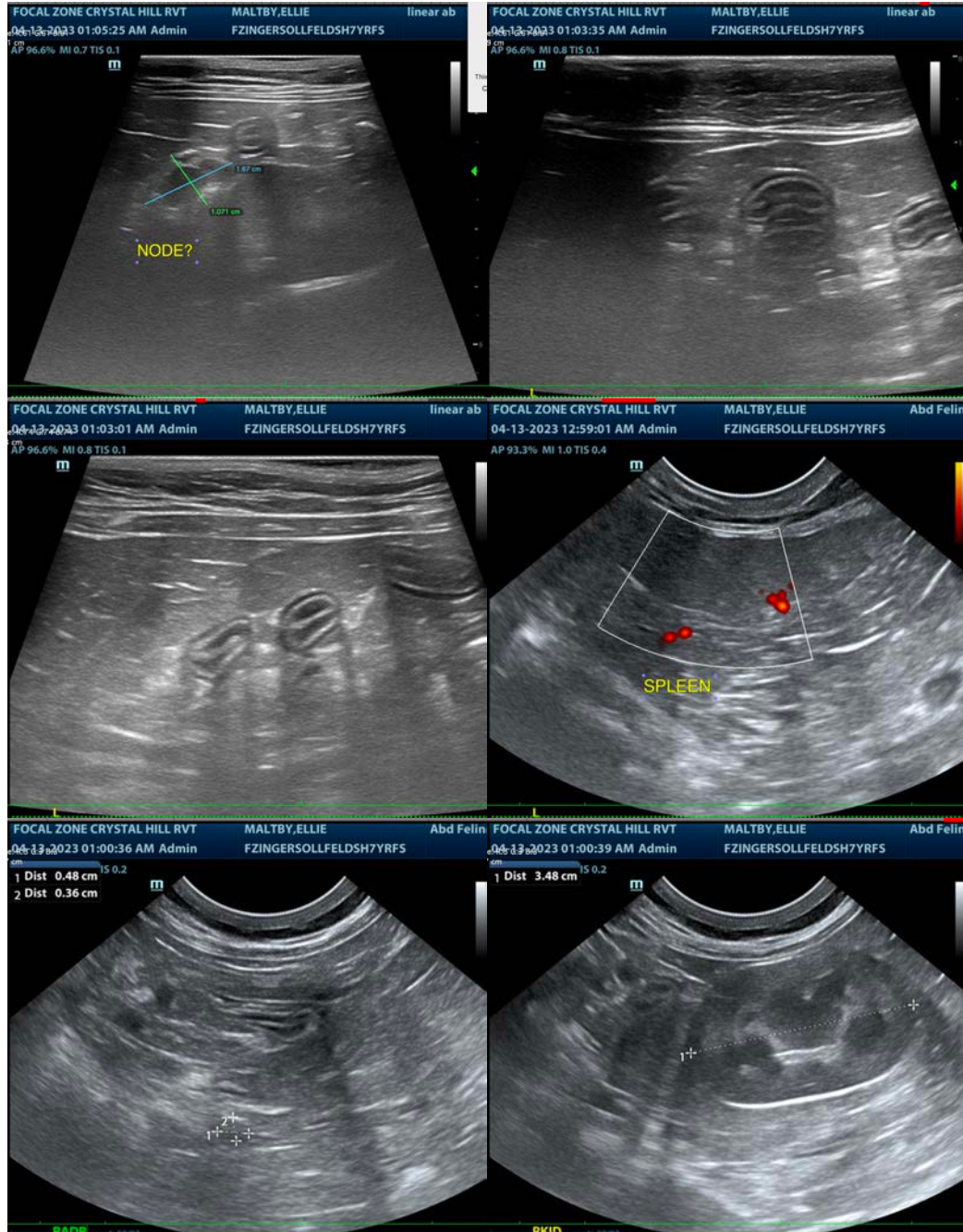
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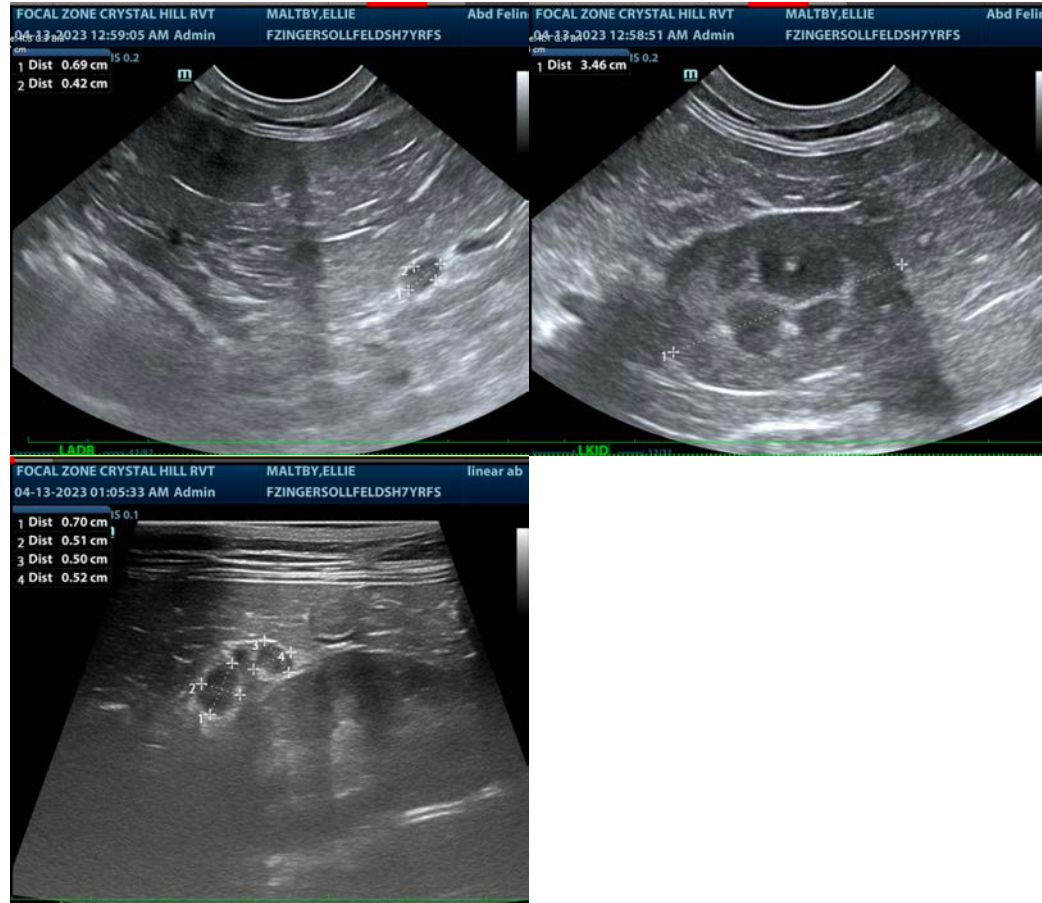
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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