



|                             |   |
|-----------------------------|---|
| <b>PATIENT</b>              | <b>PRESENTING CLINICAL SIGNS</b>  |
| Oscar Nusbaum               | Hx of pancreatitis blood in stool.  |
| <b>SPECIES</b>              | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| Feline                      | <b>Urinary System</b>   |
| <b>BREED</b>                | 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. |
| DLH                         |   |
| <b>SEX</b>                  | Kidneys are bilaterally uniformly enlarged/swollen with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery. The left kidney measures 4.18 cm. The right kidney measures 4.2 cm.   |
| Neutered Male               |   |
| <b>AGE</b>                  | <b>Adrenal Glands</b>   |
| 18                          | The adrenal glands are unable to be well visualized in these images.  |
| <b>WEIGHT</b>               | <b>Spleen</b>   |
| 11.4                        | 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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.  |
| <b>INTERPRETED BY</b>       | <b>Liver</b>  |
| Beth Johnson, DVM<br>DACVIM | 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. Multifocal nodules/masses of mixed echogenicity, primarily hyperechoic in echogenicity but containing multipole cysts of varying size, including the largest cystic lesion measuring 2.2 cm in diameter noted in the left liver. Visible vasculature and biliary tree appear normal without distension or congestion.   |
| <b>IMAGING PERFORMED BY</b> | <b>Gastrointestinal</b>   |
| Jenn                        | 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>HOSPITAL NAME</b>        |   |
| Rockaway AH                 |   |
| <b>REFERRING VET</b>        |   |
| Dr. Maniar                  |   |
| <b>INVOICE</b>              |   |
| 46870                       |   |
| <b>DATE</b>                 |   |
| 4/22/23                     |   |



**PATIENT**

Oscar Nusbaum

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

**SPECIES**

Feline

**Pancreas**

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**

DLH

**Free Abdomen**

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

**SEX**

Neutered Male

There is no apparent lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

**AGE**

18

- **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.

**WEIGHT**

11.4

- **Feline biliary cystadenomas** – In a senior cat, these liver lesions are most consistent with multiple benign biliary cystadenomas. Malignancy cannot be ruled out but is considered less likely given lack of clinical signs and/or laboratory changes.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- **Pyelonephritis** – These changes are most consistent with chronic pyelonephritis. Chronic scarring and fibrosis and/or chronic nephrolith passage can also result in these pelvic dilation changes. Early infiltrative disease cannot be ruled out but is considered less likely.

**IMAGING PERFORMED BY**

Jenn

**SECONDARY FINDINGS**

- Urinary bladder debris
- **Hyperechoic splenic nodules** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

**HOSPITAL NAME**

Rockaway AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Maniar

A general metabolic health screen is recommended in the form of a CBC/Chem panel and electrolytes.

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Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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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. In addition, given this patient's reported hematochezia, A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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



**PATIENT**

Oscar Nusbaum

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.

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

18

**WEIGHT**

11.4

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

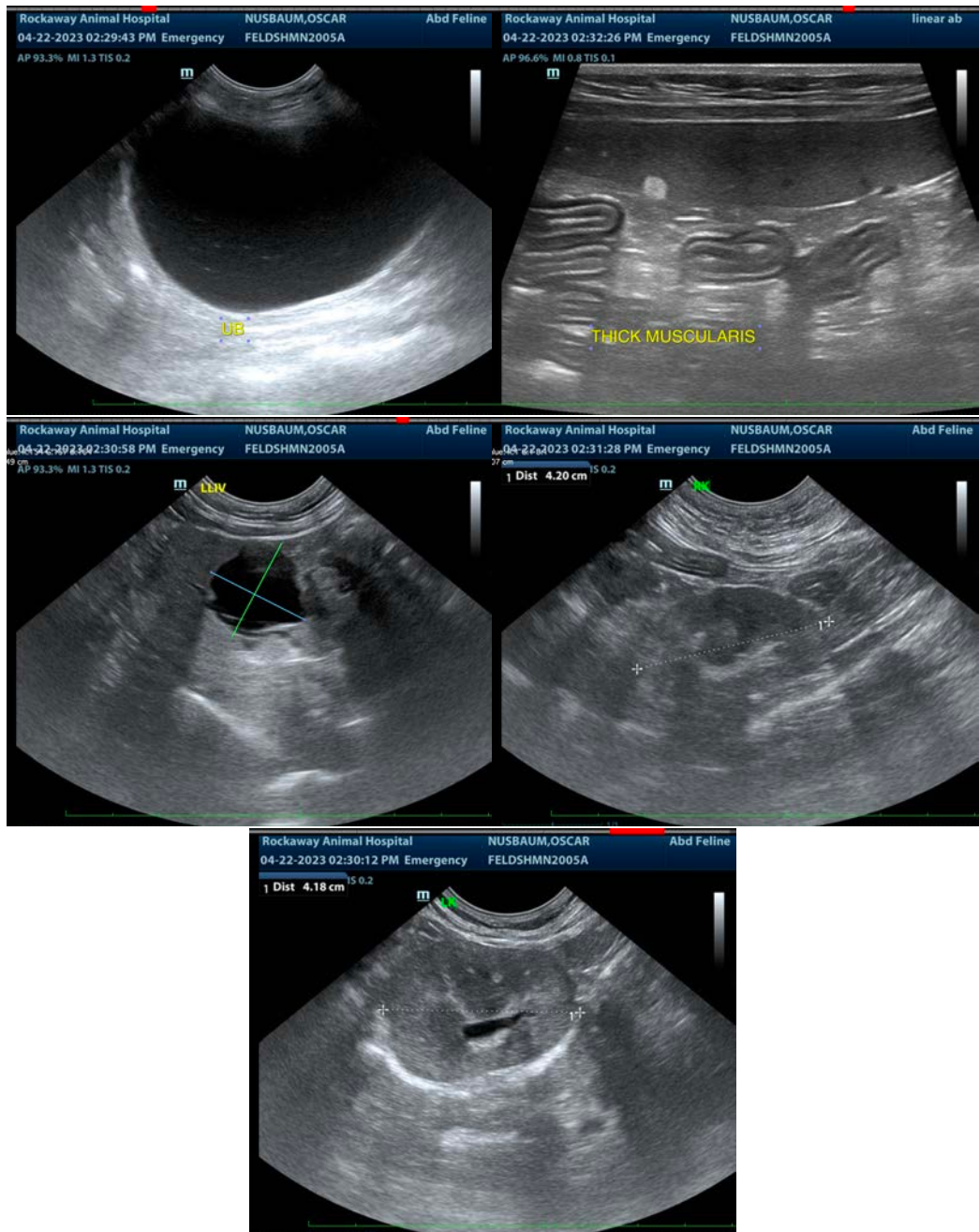
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**PATIENT**

Oscar Nusbaum

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.

**BREED**

DLH

**Beth Johnson, DVM, DACVIM**

Beth.Johnson@sonopath.com

**SEX**

Neutered Male

**AGE**

18

**WEIGHT**

11.4

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

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