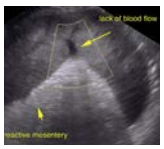
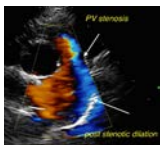
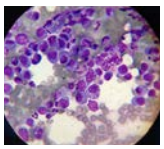
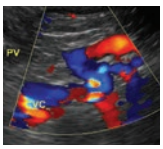
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jackson Cournaya

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
19

WEIGHT
6

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Neuhaus

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Neuhausa

INVOICE
46405

DATE
4/5/23

PRESENTING CLINICAL SIGNS

Last night after having BM P came out of litterbox cried and V+ white foam. P seemed normal throughout the night but V+ a few more times this morning and refused food and water and did a lot of vocalizing. No c/s/d. No excessive eating r drinking recently. BM have been normal recently. O mentioned that over the last year P seems to have lost weight, now prefers wet food and can no longer jump up. Mostly lays around the house. Hx of UTI 6-7 years ago. No prior or recent vet care other than today.

Abnormal PE/Chem/CBC/UA Results: CBC: rbc 43.2, lym 0.62, eos 0.01 Chem17: glu 160, crea 0.4, alt 300 EPOC: hct 38, ca 1.1, glu 168, 3.0, pco2 30.8, po2 59.4, be -8.4, so2 89.6 Liver heterogenous, stomach appears empty, kidneys appear wnl, some loops of SI appear to have lost wall layering, possible enlarged lymph nodes, bladder intact and wnl, spleen wnl, no obvious masses

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 3.46 cm. The left kidney measures 3.27 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

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

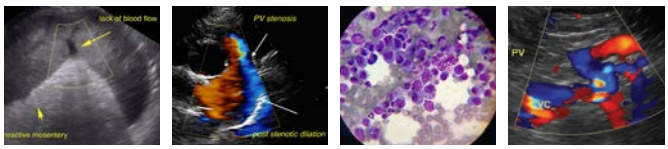
Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. 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.

The visible small intestine demonstrates areas of very mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio), most prominent at the level of the ileum. Small



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intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Very subtle/mild 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.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Otherwise, the changes described above are relatively incidental age related changes of the pancreas, hepatobiliary system, and kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

T4 and free T4 are recommended if not recently evaluated.

In the meantime, supportive/symptomatic medical management in the form of antiemetics, gastroprotectants +/- and appetite stimulant, etc. should be considered.

Additionally, since this episode reportedly began immediately following a bowel movement, potentially some constipation is contributing, and if this finding is supported on physical exam or clinically, then management of possible constipation could be instituted as well in the form of hydration support, stool softeners, even an enema if clinically indicated.

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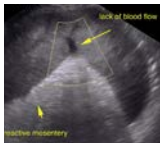
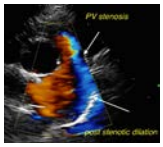
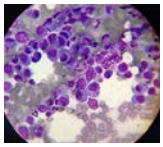
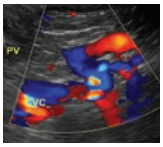

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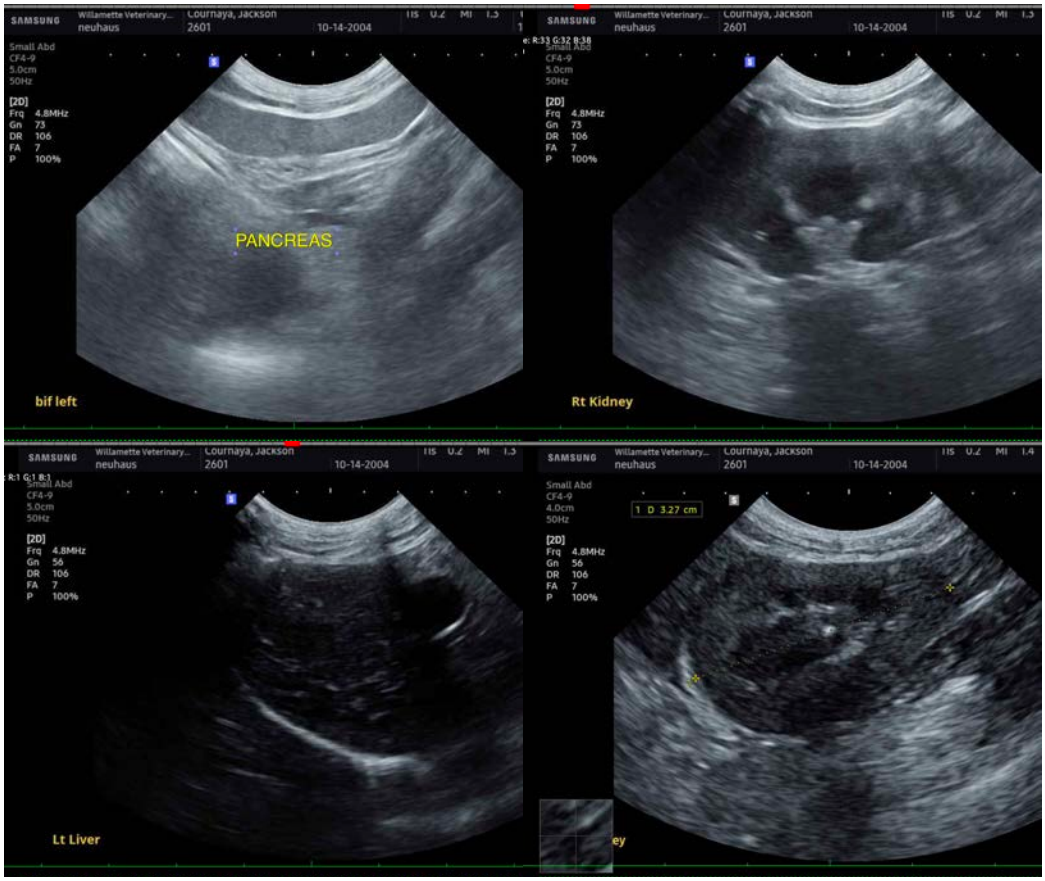

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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