



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Levon Sweeney	Vomiting mainly after eating while on Royal Canin GI prescription diet. Previously on Hills Z/D - resolved vomiting, but caused diarrhea. Abnormal PE/Chem/CBC/UA Results: Mild SDMA elevation
<b>SPECIES</b>	
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<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 (4.3 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 (4.0 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.
2 Years 9 Months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
10.5 Pounds	The right adrenal gland is normal in size (0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.40 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Samantha Hudgins	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Petvacx AH	
<b>REFERRING VET</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.
Dr. Anna Jacob	<b>Gastrointestinal</b>
<b>INVOICE</b>	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately to markedly distended with what appears to be normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
36790	
<b>DATE</b>	The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic
4/6/22	



**PATIENT**

Levon Sweeney

non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

**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**

DSH

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**SEX**

Neutered Male

**PRIMARY FINDINGS**

- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. This appears to be a post-prandial study. If the patient has not recently eaten, gastric contents could be foreign material, yet this is considered much less likely.

**AGE**

2 Years 9 Months

**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.

**WEIGHT**

10.5 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. Ultimately, biopsies of the small bowel (being sure to include the ileum if possible) may be necessary to definitively diagnose and therefore manage this patient's underlying infiltrative bowel disease.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

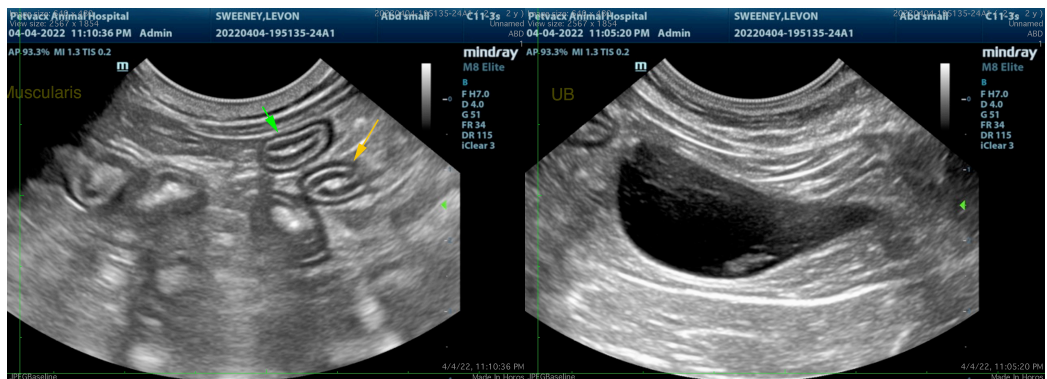
In the meantime, a trial with a different hydrolyzed diet is recommended, as it is not uncommon for patients to develop diarrhea on one, but tolerate another. In this case, a Purina hydrolyzed diet or Royal Canin Ultamino diet may be good options.

**IMAGING PERFORMED BY**

Samantha Hudgins

**HOSPITAL NAME**

Petvacx AH



**REFERRING VET**

Dr. Anna Jacob

**INVOICE**

36790

**DATE**

4/6/22



**PATIENT**

Levon Sweeney

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years 9 Months

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

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DACVIM

**IMAGING PERFORMED BY**

Samantha Hudgins

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**REFERRING VET**

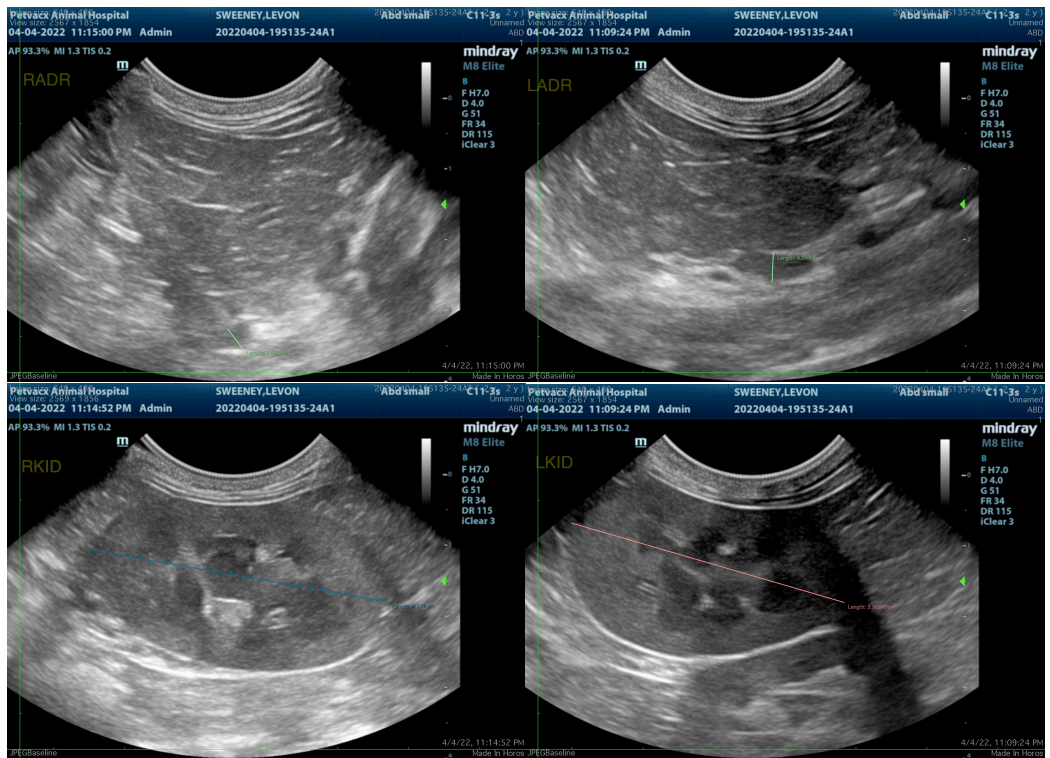
Dr. Anna Jacob

**INVOICE**

36790

**DATE**

4/6/22



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**  
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