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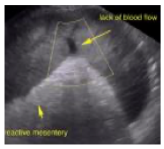
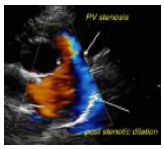
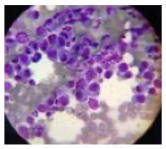
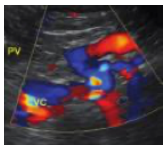

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1-800-838-4268 info@sonopath.com

PATIENT

Mable Schivley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 years

WEIGHT

10 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki

INVOICE

12977

DATE

5.8.23

PRESENTING CLINICAL SIGNS

History: Recent new heart murmur noted, weight loss, and history of hypertension. Current med: methimazole. Radiograph conclusions: "Mild bronchial pulmonary changes - Mild hepatomegaly - There is no evidence of significant cardiac enlargement - apparent increase in intestinal wall thickness in some areas could be an artifact due to lack of distention and/or fluid layering. It is also possible that this represents a true increase in thickness of the intestinal wall due to inflammatory bowel disease or small intestinal lymphoma.

Abnormal PE/Chem/CBC/UA Results: CBC: MCH 12.4, retics. HGB 14.3. Chem: BUN 44, Anion Gap 26. U/A: WBCs 20-30, bacteria - marked cocci > 40/HPF. T4 2.0, Free T4 by ED (ng/dL) 1.6, Free T4 by ED (pmol/L) 20.6.

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 (3.45 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.

The left 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.

Adrenal Glands

The left adrenal gland is normal in size (0.40), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident adrenal gland pathology.

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 subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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. The cystic and common bile duct are diffusely tortuous in appearance without pathologic dilation noted.

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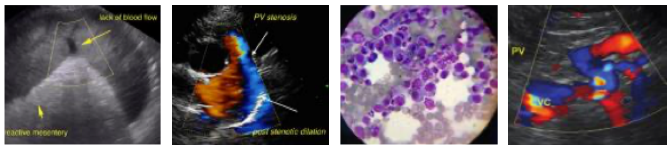

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Gastrointestinal
Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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. The lumen of the small intestine is empty with no evidence of obstruction or foreign material. Occasional bowel loops appear to contain echogenic luminal contents most consistent with normal ingesta, without distention leading up to the contents to suggest foreign material or pathology.

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.

Free Abdomen
There is no evidence of free peritoneal effusion noted in these images.
There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- 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. There may be some mild ileus or stasis of the bowel, but no evident obstructive pattern or foreign material are definitively visible.

- Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.

- Hypoechoic hepatomegaly - This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the appearance of this patient's liver, combined with the tortuous biliary system, chronic or potentially resolved cholangiohepatitis are suspected. However, an acute active disease cannot be definitively ruled out and should be suspected with supporting laboratory changes and/or clinical signs.

- 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.

- 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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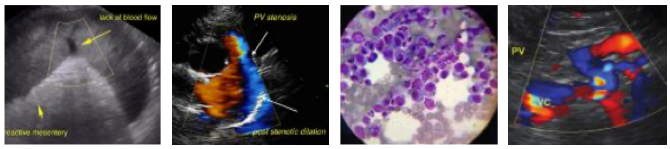

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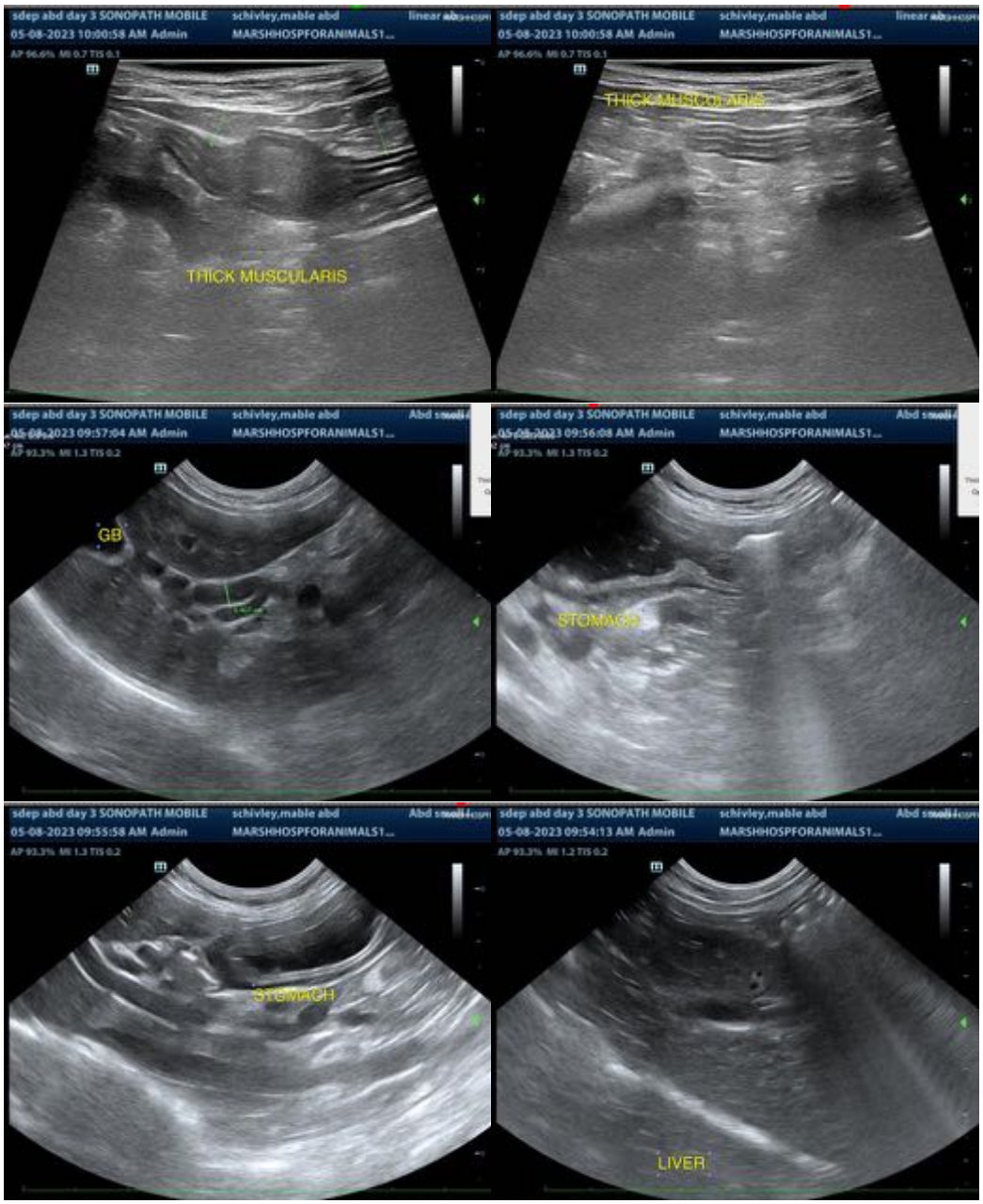
- Additionally, given this patient's reported bacteria, urea and pyuria, etc., a urine culture is recommended to help further dictate treatment if urinary clinical signs are present.
- As is reportedly already pending, an echocardiogram and blood pressure monitoring are recommended, given the report of the new heart murmur and history of hypertension.



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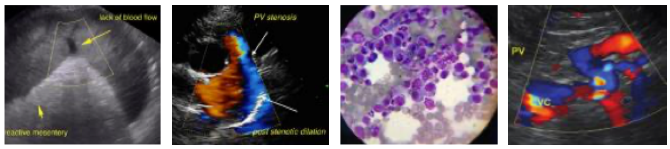

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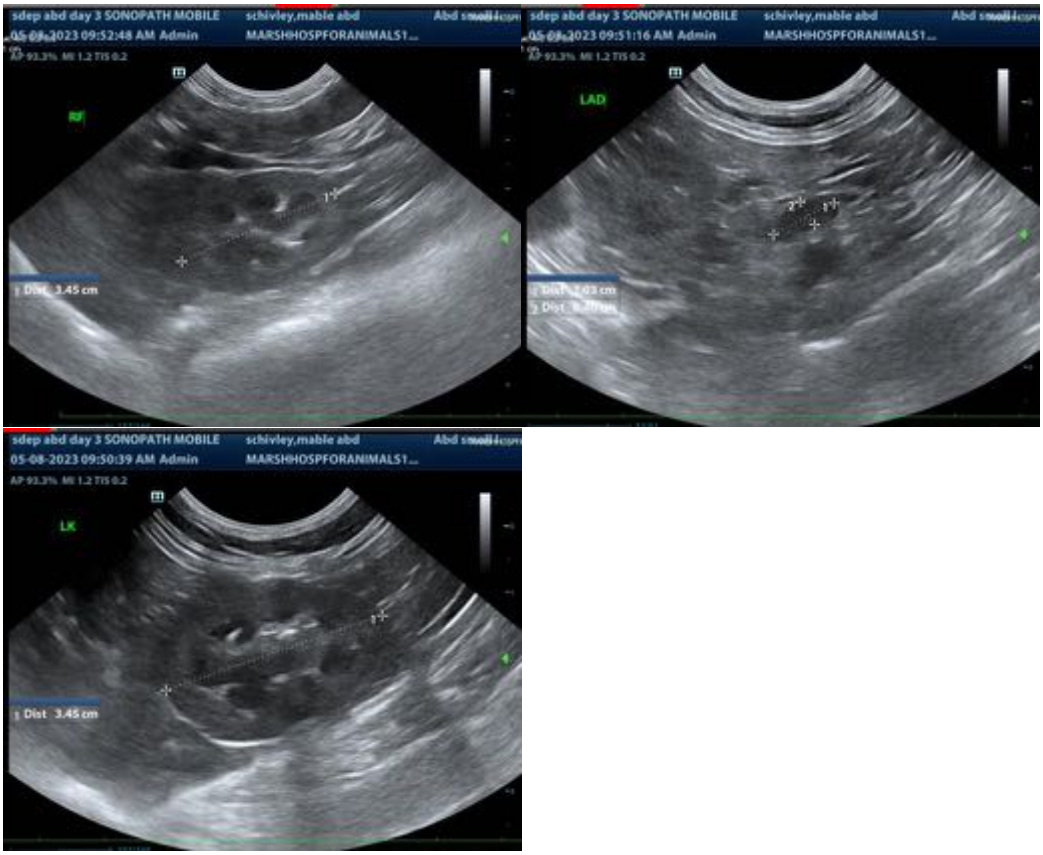

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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