



PATIENT

Chase Morgan

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Hidden Spring VC

INVOICE

16085

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: 8-3-21: Exam and intermitting vomiting. Inside and outside cat. Sneezing and treated for upper respiratory. Elevated ALT (222) Started Denamarin and ALT was normal with 2 months. 6-13-22 Exam for chronic vomiting. Weight loss despite normal appetite. Vomits almost everyday, bile. Abnormal PE/Chem/CBC/UA Results: Blood work from August 2021 attached as well as abdominal rads from today. Current blood work pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Left kidney is normal is size (3.72 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

Right kidney is normal is size (3.8 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

Left adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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 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.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The common bile duct is mildly tortuous in appearance. It's not pathologically dilated but it is mildly distended at 0.37 cm.

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. 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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

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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

There is a very scant amount of anechoic free fluid noted near the urinary bladder. Enlarged hypoechoic heterogeneous mesenteric lymph nodes are noted.

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ULTRASONOGRAPHIC FINDINGS

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.
- Mesenteric lymphadenopathy, differentials for which include both infiltrative neoplasia, as well as reactive nodes.
- Tortuous common bile duct. Rule out normal age-variant versus evidence of chronic cholangitis, especially given this patients intermittently high ALT.

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Secondary Findings

- A very scan amount of anechoic free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include:

- A gastrointestinal malabsorption panel, including PLI, TLI, cobalamin and folate (to Texas A & M GI laboratory) to further evaluate gastrointestinal function
- A fine needle aspirate of the enlarged mesenteric lymph nodes, if the patients coagulation status is appropriate.
- If round cell neoplasia is not diagnosed cytologically, then, ideally, biopsies of the bowel, being sure to include ileum, if possible, would be obtained for a definitive diagnosis of the infiltrative bowel disease.
- Given the increased ALT in this patient, combined with the mildly tortuous common bile duct, a course of empirical antibiotics, while offering liver support in the form of Denamarin +/- ursodiol, etc. is warranted with monitoring for improvement. If ALT does not improve, a fine needle aspirate of the liver is also recommended, if patients coagulation status is appropriate.

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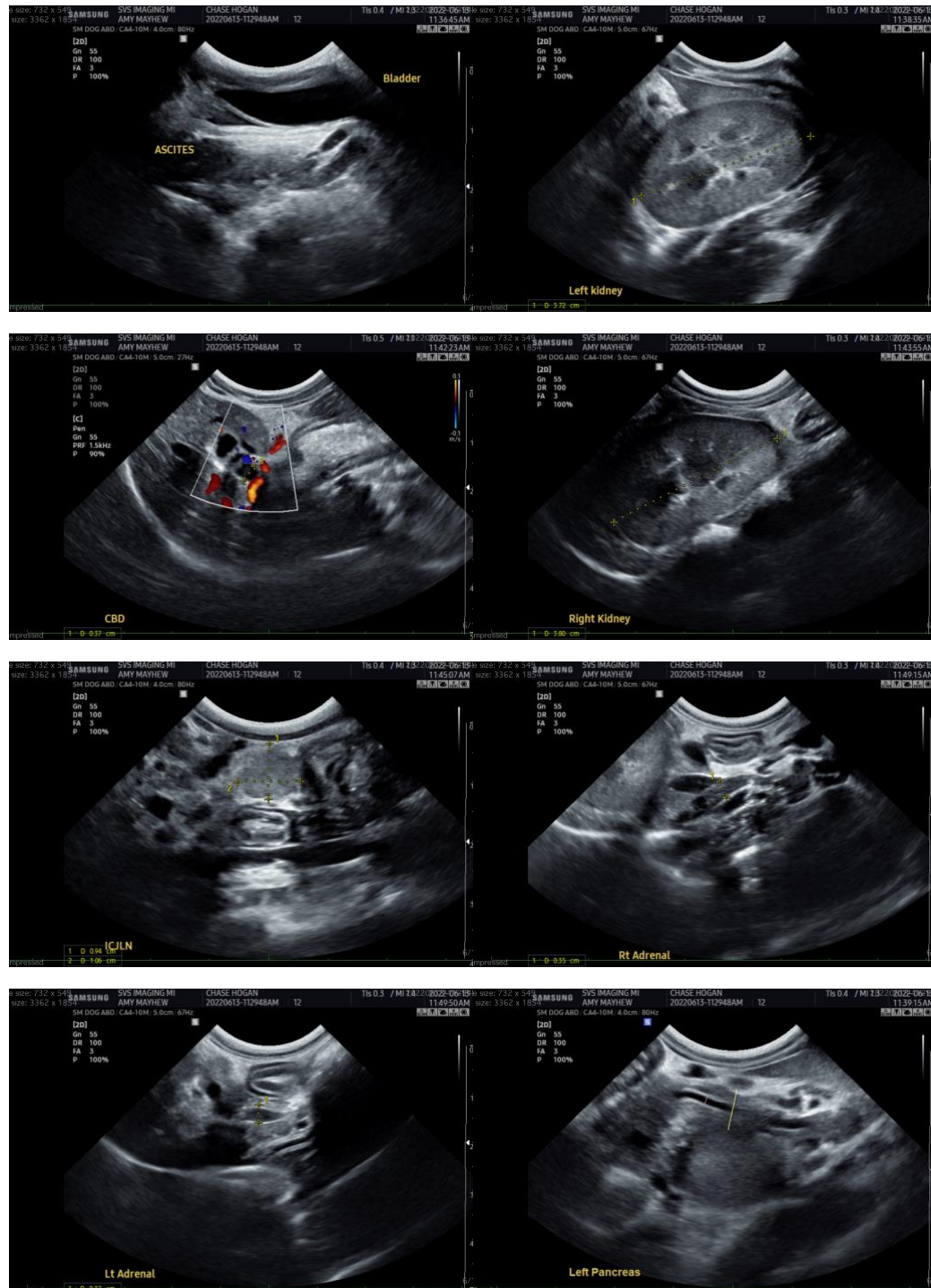
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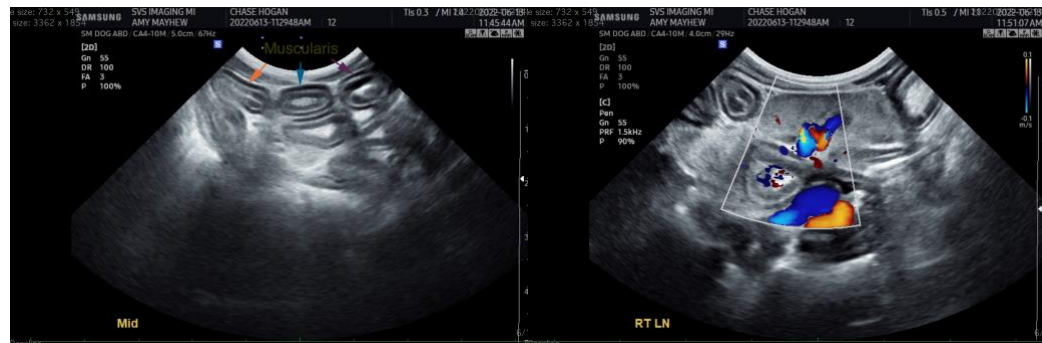
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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