



**PATIENT PRESENTING CLINICAL SIGNS**

Keyanna Stretton 4/4/22 - Vomiting, bloody stool, e/d ok, 5/26/22- Bloody diarrhea, vomiting daily (bile/food), sneezing, drinking normally  
Abnormal PE/Chem/CBC/UA Results: 5/26/22- Reticulocytes - slightly high

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Himi X

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.

**SEX**

Neutered Male

The right kidney is normal in size (3.7 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.

**AGE**

12 Years

The left kidney is normal in size (3.6 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**

**WEIGHT**

4.95 kg

The right adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

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.

**HOSPITAL NAME**

BPH East Hamilton

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.

**REFERRING VET**

Dr. MacDonald

**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.

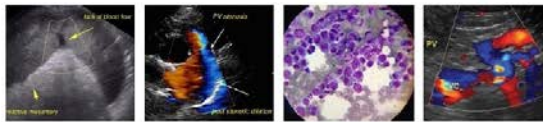
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The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**DATE**

6/14/22



**PATIENT**

Keyanna Stretton The colon is diffusely thick ranging between 0.35 and 0.58 cm thick with some early loss of layering noted.

**SPECIES** *Pancreas*

Feline 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** *Free Abdomen*

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

**SEX** **ULTRASONOGRAPHIC FINDINGS**

- Neutered Male
- Diffusely thick colon with early loss of layering – concerning for infiltrative neoplasia. Severe parasitic infectious/inflammatory, etc. colitis is also possible. Further diagnostics are required to differentiate.
  - 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.

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient include:

1. Gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory, as well as a fecal enteropathogen PCR panel to Texas A&M GI laboratory, given the colon changes and the reported hematochezia.
2. Ideally, biopsies of the small and large bowel would be obtained to definitively diagnosis, and therefore medically manage the infiltrative process suspected.
3. In the meantime, fiber supplementation could be considered, as could a probiotic and an antibiotic such as Metronidazole or Tylosin to help minimize clinical signs.
4. If not recently done, empirical deworming with a 5-day course of Panacur is also advised.

**WEIGHT**

4.95 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH East Hamilton

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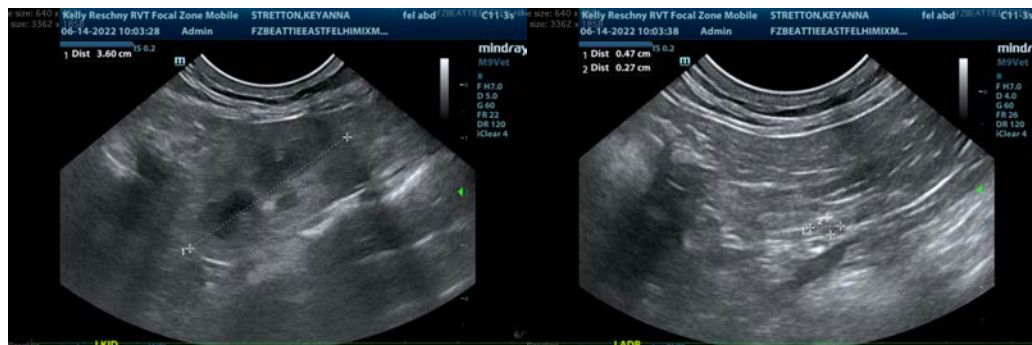
Dr. MacDonald

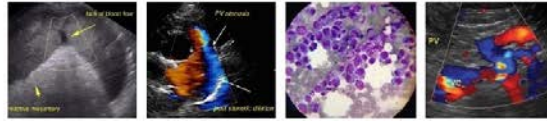
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**DATE**

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**PATIENT**

Keyanna Stretton

**SPECIES**

Feline

**BREED**

Himi X

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

4.95 kg

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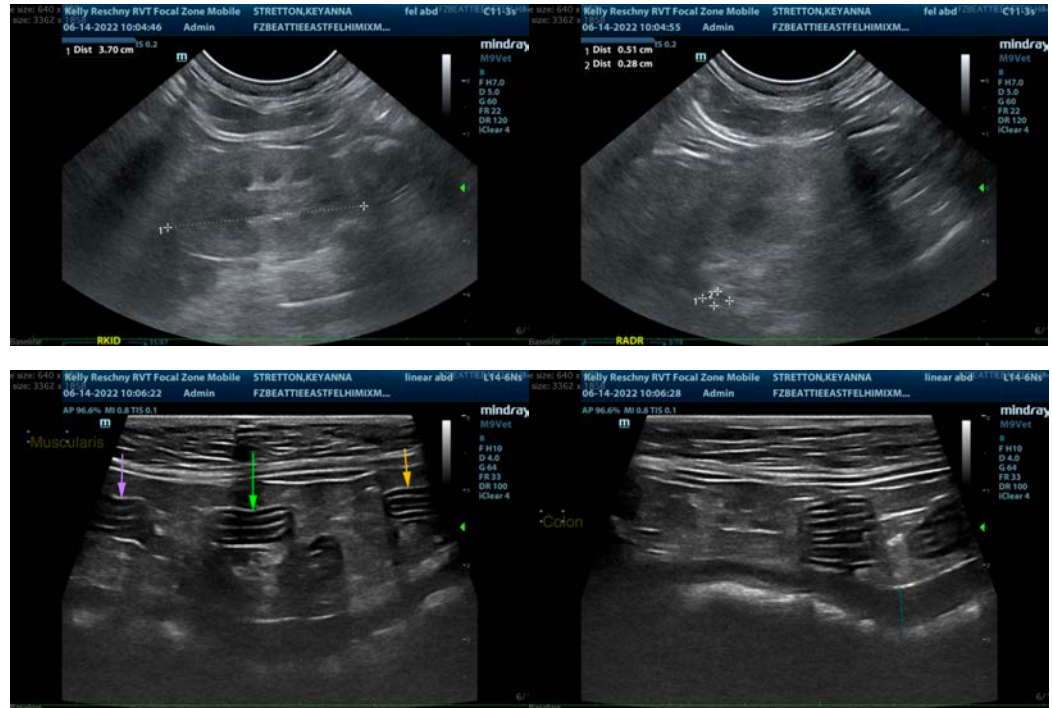
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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