



PATIENT PRESENTING CLINICAL SIGNS

Allie Brown Vomiting with triaditis/anorexia/ lethargy.
Abnormal PE/Chem/CBC/UA Results: Painful cranial abdomen. Hyperthyroid T4 5.8. GHP okay. fPL abnormal. FeLV/FIV neg. CBC WNL.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DLH

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

Spayed Female

The right kidney is normal in size (3.6 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

16 Years

The left kidney is normal in size (3.7 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. An incidental small cortical cyst is noted.

WEIGHT

9.14 Pounds

Adrenal Glands

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.23 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Dr. Harold Mike Beard

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

HOSPITAL NAME

Animal Care Vet
Center

Liver is subjectively enlarged. Margins are smooth but round. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Sharon Stone

The gallbladder is not overly distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic, except for multiple small cholecystoliths with shadow. The cystic and common bile duct are tortuous and mildly dilated. Multifocal small cholecystoliths are also present throughout the intrahepatic biliary system.

INVOICE

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Gastrointestinal

DATE

6/15/22

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.



PATIENT

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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). It is diffusely mildly fluid distended, consistent with ileus.

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

BREED

DLH

The pancreas is prominent in size, mildly heterogeneous, and hypoechoic in appearance with enhanced hyperechoic peripancreatic fat appreciated.

Free Abdomen

SEX

Spayed Female

There is no evidence of peritoneal effusion. An enlarged, hypoechoic pancreaticoduodenal lymph node is noted, measuring 0.60 cm thick.

ULTRASONOGRAPHIC FINDINGS

AGE

16 Years

- Acute pancreatitis
- Cholecystic debris with mineral, which could be indicative of chronic cholangitis or potentially an acute on chronic cholangitis, given this patient's history.
- Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- 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.
- Diffusely fluid distended small bowel – consistent with ileus. No foreign material or obstructive pattern noted.

WEIGHT

9.14 Pounds

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Harold Mike Beard

Recommendations include medical management of Triaditis to address the pancreas, the cholangitis, and the gastroenteritis/ileus with fluid therapy, antiemetics, gastroprotectants, appetite stimulants if necessary, liver protectants such as Denamarin and Ursodiol, pain management if indicated, and broad-spectrum antibiotics. In the meantime, further diagnostic recommendations include a malabsorption panel with a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory.

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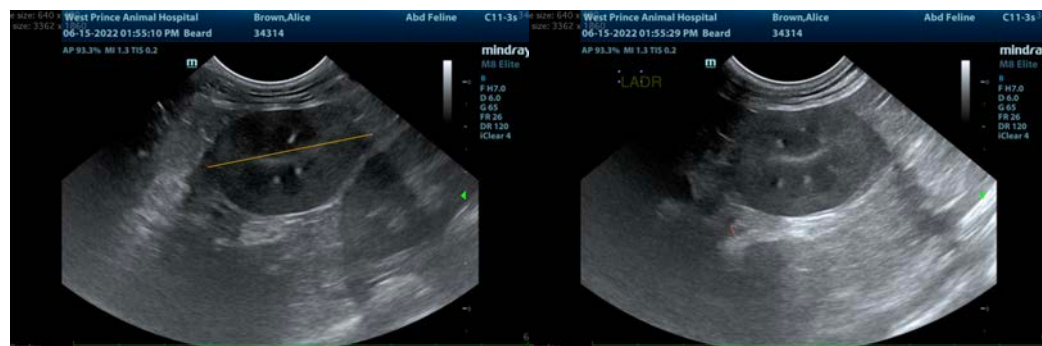
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SPECIES

Feline

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DLH

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Spayed Female

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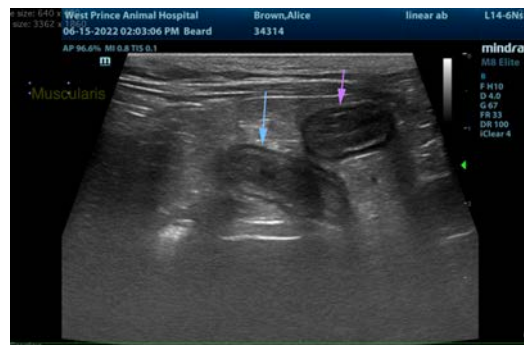
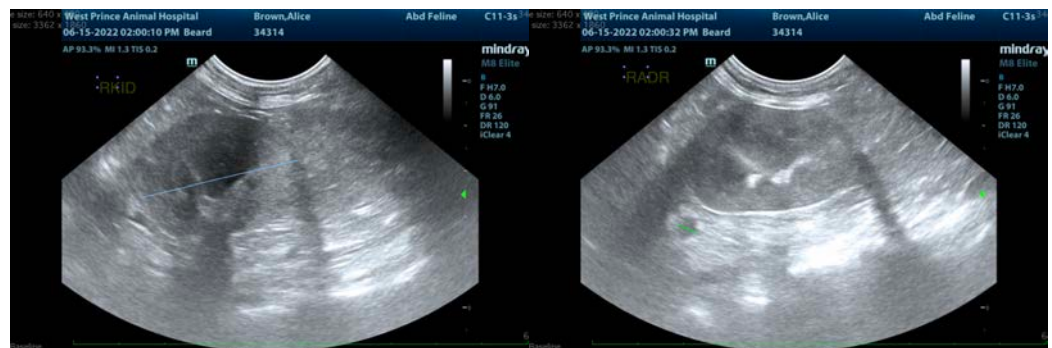
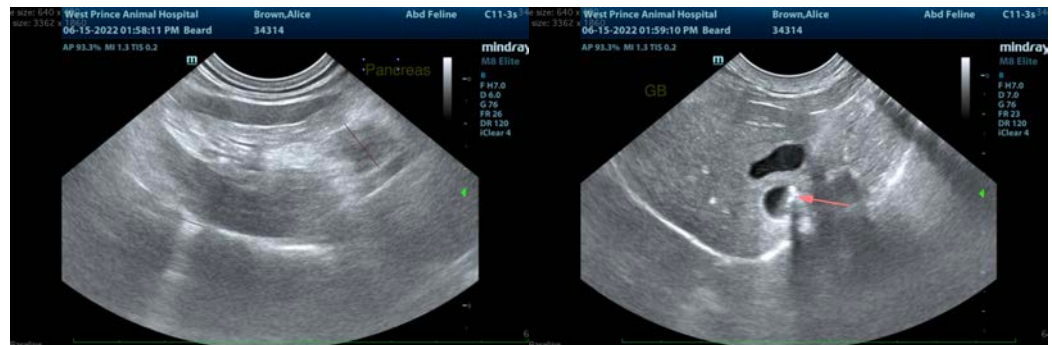
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PATIENT

Allie Brown

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.

SPECIES

Feline

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

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