



PATIENT PRESENTING CLINICAL SIGNS

Milo Lester Vomited multiple times x 2 days. Anorexic, lethargic. Thickened SI on abd. rads. No current meds. Abnormal PE/Chem/CBC/UA Results: Lym 0.65 (0.73 L);

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder is adequately distended with anechoic contents and some echogenic suspended and dependent debris/sand as well as several shadowing cystoliths ranging in size from 0.3-0.5 cm in diameter. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

DSH

SEX The left kidney is normal in size (4.09 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

Neutered Male

AGE The right kidney is normal in size (4.44 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

7 Years

WEIGHT **Adrenal Glands**

16.6 Pounds The right adrenal gland is normal in size (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY The left adrenal gland is normal in size (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM
DACVIM

Spleen

IMAGING PERFORMED BY 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.

Shari Reffi, CVT

Liver

HOSPITAL NAME 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.

Newton Vet Hospital

REFERRING VET

Dr. Chabora

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.

Gastrointestinal

INVOICE

38699

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.

DATE

6/15/22

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



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adequate (1-3 contractions per min). The lumen of the small intestine is empty with 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 pancreas is prominent in size and hypoechoic in echogenicity with a slightly coarse echotexture. No fluid or duct dilation is noted. However, there is marked enhanced/hyperechoic peripancreatic fat and mesentery around the left limb.

BREED

DSH

Free Abdomen

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

SEX

Neutered Male

PRIMARY FINDINGS

- Acute pancreatitis
- 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.
- Urinary bladder cystoliths

AGE

7 Years

SECONDARY FINDINGS

- Hyperechoic but normal size kidneys – most consistent with normal fat deposition.
- Non-obstructive nephrolithiasis in the left kidney

WEIGHT

16.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the GI tract and pancreas, given the thick muscularis and the evidence of inflammation around the pancreas.

IMAGING PERFORMED BY

Shari Reffi, CVT

Ultimately, ideally biopsies of the small bowel would be obtained to definitively diagnose any infiltrative process affecting the muscularis. However, the acute clinical signs are most likely attributable to the acute pancreatitis, and medical management of acute pancreatitis with antiemetics, gastroprotectants, appetite stimulants (if needed), fluid therapy, pain management as needed, broad-spectrum antibiotics is recommended.

HOSPITAL NAME

Newton Vet Hospital

A urinalysis is recommended if not recently evaluated, with a urine culture if indicated based on urinalysis results.

REFERRING VET

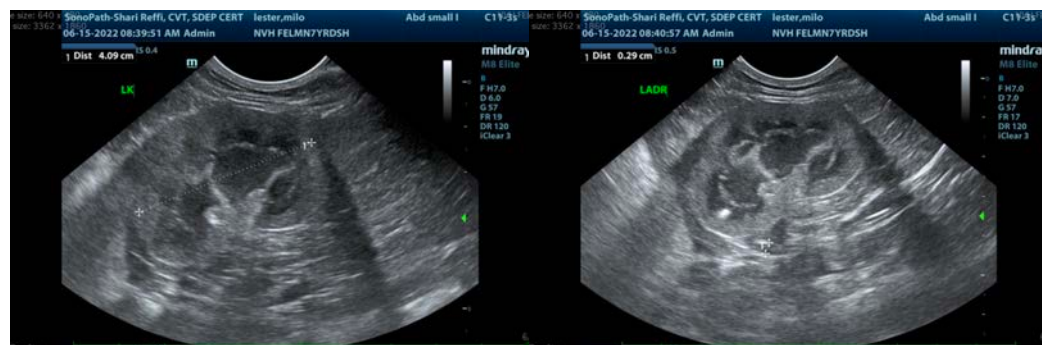
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SPECIES

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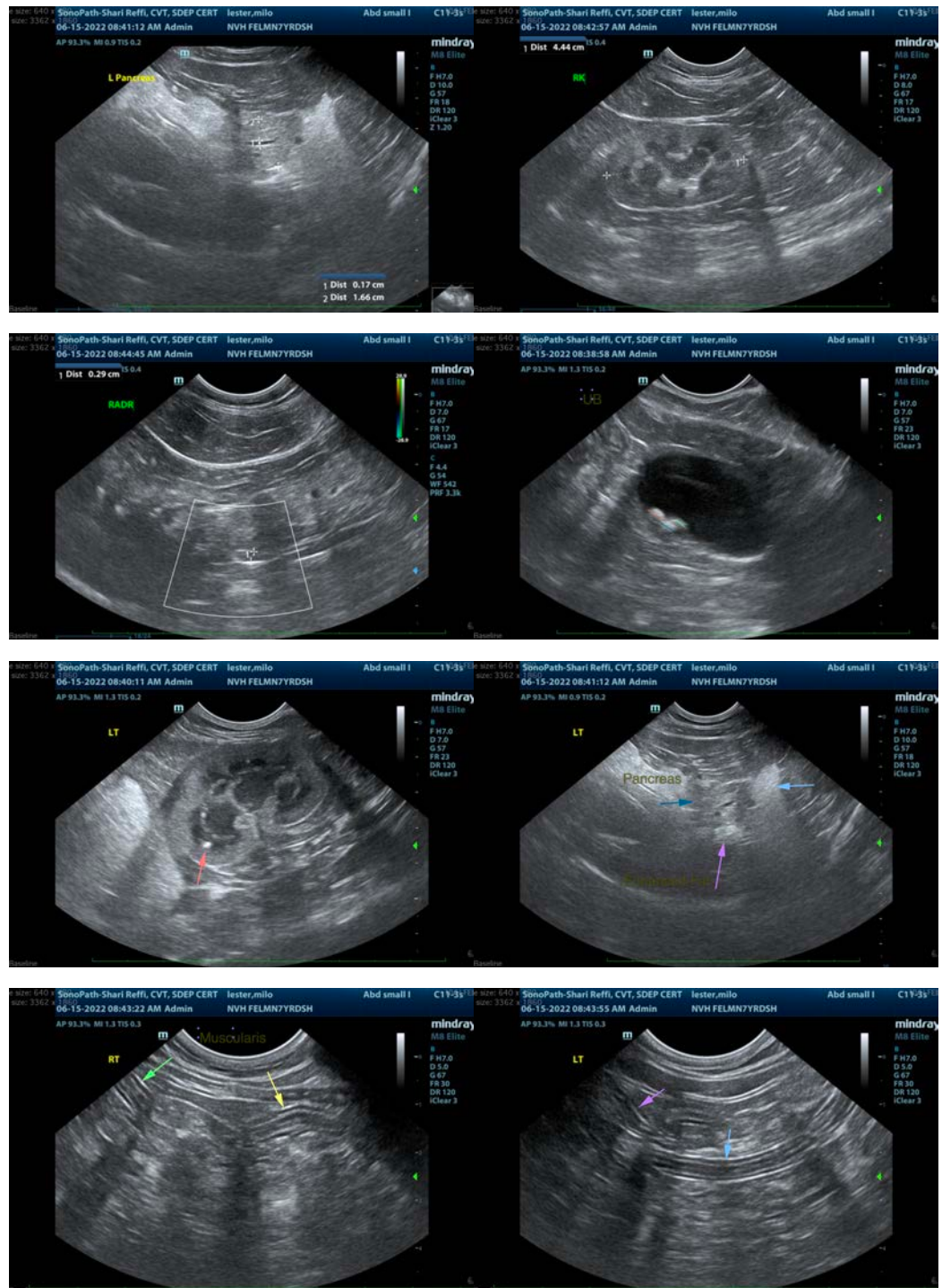
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

BREED

DSH

SEX

Neutered Male

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