



**PATIENT PRESENTING CLINICAL SIGNS**

QQ Sun Presenting for initial visit on Sat June 11th, Decreasing appetite to anorexia over 2 week period. Does not want to eat at all now. Concerns with bigger issue than diabetes. Suspect BG elevation secondary to other stressors.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Doughy abdomen, Muscle wasting dorsal spine. Mild skin tenting today. Purring. Glucose 250 mg/dL Fructosamine 413umol/L WBC 16,700/uL, Mono 835/uL, Neut14,696/uL, UA Glucose 3+ no ketones, UPC 0.8 Rest BW NSF.

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH *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.

**SEX**

Neutered Male

The right kidney is normal in size (4.57 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**

17 Years

The left kidney is normal in size (4.17 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.

**WEIGHT**

11.1 Pounds

***Adrenal Glands***

Bilaterally uniformly plump egg-shaped adrenals, hypoechoic in echogenicity with bilateral dystrophic mineralization noted. The left adrenal gland measures 0.65 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 0.80 cm at the cranial pole and 0.44 cm at the caudal pole.

**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**

Dr. John Ammeraal

***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**

Sova Animal Hospital

**REFERRING VET**

Dr. John Ammeraal

***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.

**INVOICE**

38701

**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 adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



**PATIENT**

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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**

**SPECIES**

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. \*\*Note: see other.

**BREED**

DSH

**Other**

There is no evidence of peritoneal effusion. Caudal to the spleen, and just medial to the tail of the spleen, there is a 1.0 cm hypoechoic structure surrounded by enhanced hyperechoic fat, consistent with a reactive lymph node. However, association with the pancreas cannot be ruled out.

**SEX**

Neutered Male

**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.
- Round, hypoechoic nodule surrounded by enhanced mesentery – consistent with inflammation around a reactive lymph node versus metastatic lymph node versus pancreatic nodule versus other.

**AGE**

17 Years

**WEIGHT**

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**SECONDARY FINDINGS**

- Age related adrenomegaly - likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

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DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of both the GI tract and the pancreas, given the findings in this ultrasound.

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Recommendations for the suspected enlarged reactive lymph node include a fine needle aspirate of the lymph node if patient's coagulation status is appropriate. In the meantime, supportive medical management of the GI signs, inflammation, discomfort, etc. is recommended with antiemetics, gastroprotectants, appetite stimulants, pain medication as needed, fluid therapy as needed, and broad-spectrum antibiotics, given the concurrent potential diabetes.

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If cytology of the suspected lymph node is not possible, then recommendations include the aforementioned medical management with reassessment of the lesion for improvement/progression.

**REFERRING VET**

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Ultimately, ideally biopsies of the small bowel would be obtained, if a diagnosis is not obtained cytologically from the enlarged lymph node, for a definitive diagnosis of the suspected infiltrative bowel disease. A biopsy of the abnormal structure described could be obtained at the same time.

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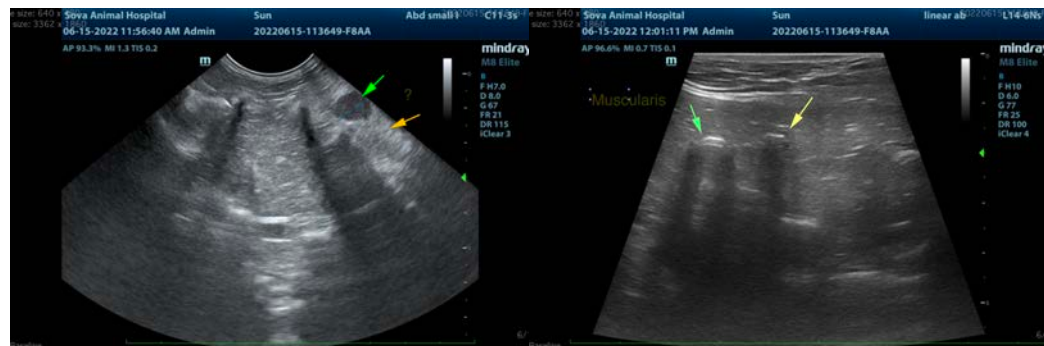
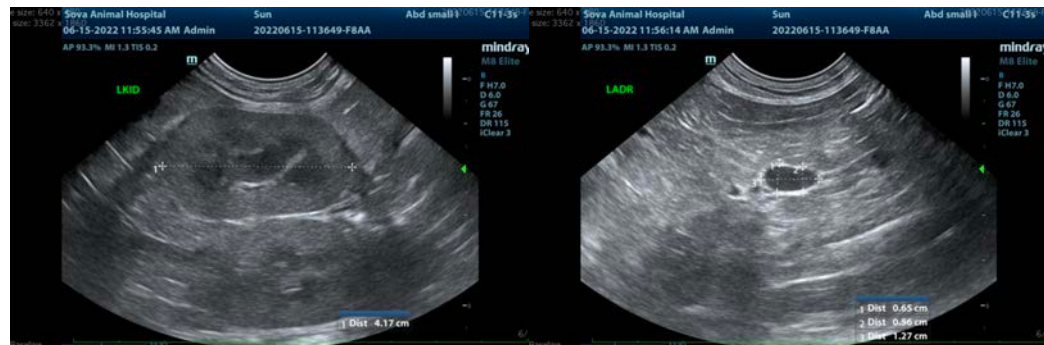
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**PATIENT**

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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

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