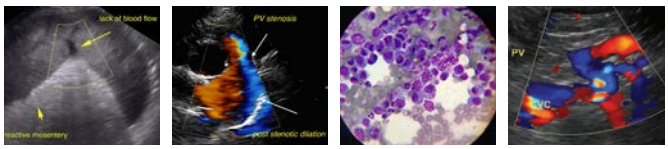
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lily Guard

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
16

WEIGHT
3 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
South Pointe VC

REFERRING VET
Dr. Calan

INVOICE
43319

DATE
6/20/23

PRESENTING CLINICAL SIGNS

History of IBD lethargic poor appetite and weight loss. On steroids for IBD

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of liver enzymes UA sAG 1046 2+ protein Renal enzymes normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or mineral observed. The left kidney measured 3.25 cm. The right kidney measured 3.37 cm. Small chronic infarcts are present in both kidneys.

Adrenal Glands

The right adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

Liver

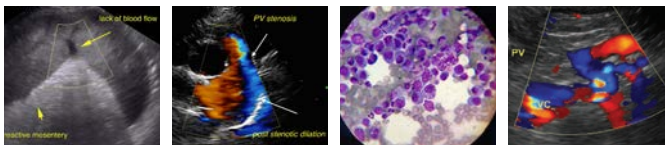
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is almost empty/non-distended in size, giving the wall a subjectively mildly thick, irregular, hyperechoic appearance. Luminal contents are primarily anechoic. The cystic and common bile duct are mildly tortuous and at the upper end of normal limits for distention, measuring just over 0.40 cm.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Lily Guard

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
16

WEIGHT
3 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
South Pointe VC

REFERRING VET
Dr. Calan

INVOICE
43319

DATE
6/20/23

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

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 and enlarged in size, primarily hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling and occasional ill-defined hypoechoic nodules. Mild pancreatic duct dilation is noted. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- **Pancreatic nodular hyperplasia –** Infiltrative neoplasia cannot be ruled out but is considered less likely. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Age related kidney changes
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

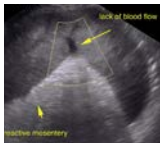
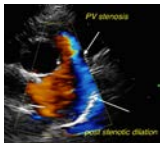
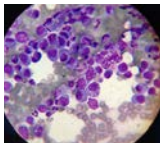
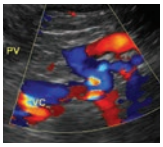
Recommendations regarding this patient's reported liver enzyme changes are partially dependent on exactly which liver enzymes are increased and to what degree. Having said that, if this patient has been inappetent potentially secondary to the reported inflammatory bowel disease, the liver enzyme changes could be secondary to hepatic lipidosis. Sampling of the liver in the form of a fine needle aspirate could be considered if patient's coagulation status is appropriate.

Additionally, to help further treat the previously diagnosed inflammatory bowel disease, and if not recently evaluated, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Alternatively, if inflammatory bowel disease was not diagnosed based on biopsies, other differentials including potentially lymphoma could have been causing bowel changes as well as the lymphadenopathy seen now, and biopsies could be considered at this time.

Regardless of diagnostics elected, intervention of this patient's decreased appetite in the form of appetite stimulants or potentially even a feeding tube is recommended to help manage and/or (if not already present) prevent hepatic lipidosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lily Guard

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16

WEIGHT

3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe VC

REFERRING VET

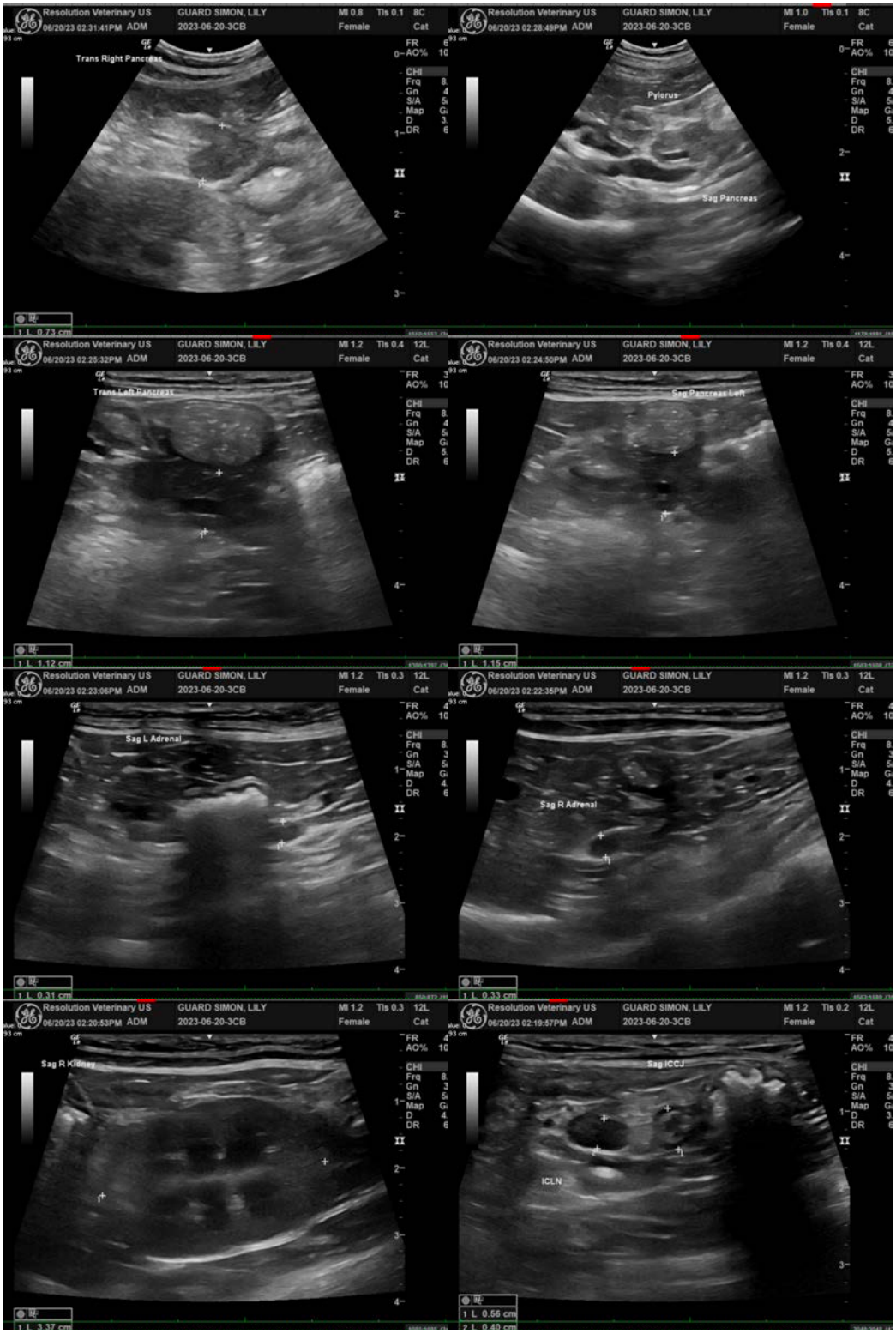
Dr. Calan

INVOICE

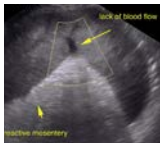
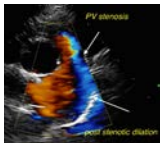
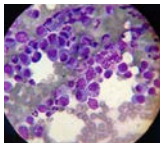
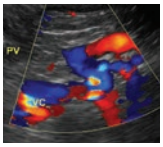
43319

DATE

6/20/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lily Guard

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16

WEIGHT

3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe VC

REFERRING VET

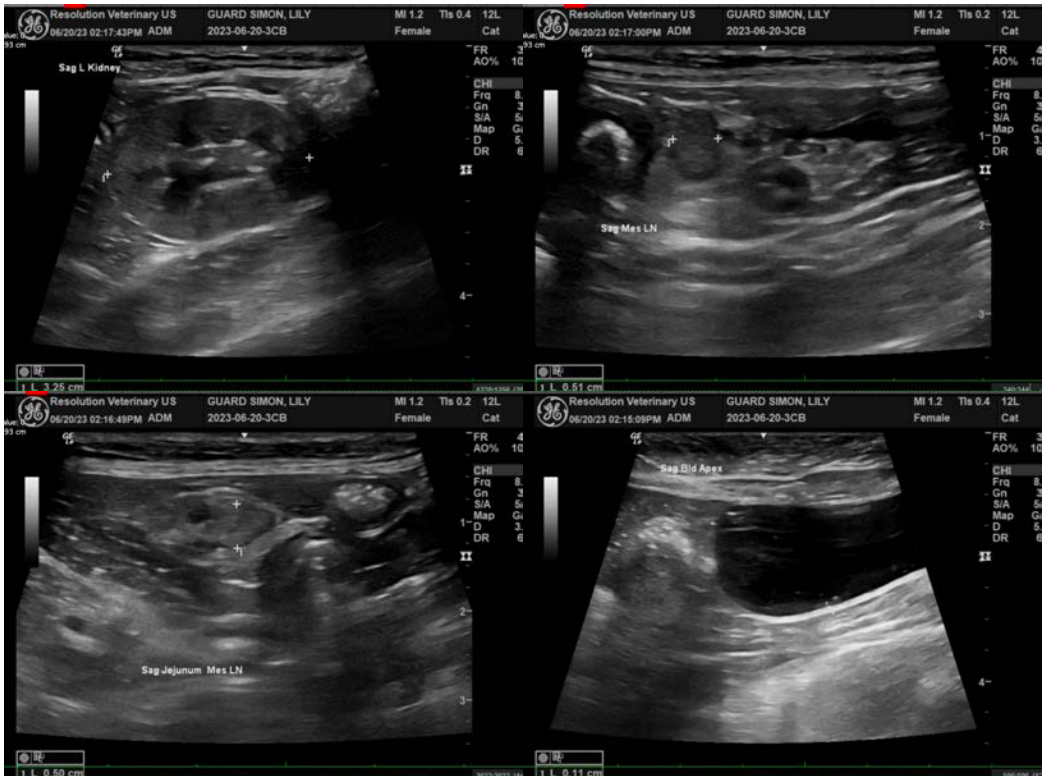
Dr. Calan

INVOICE

43319

DATE

6/20/23



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com