



PATIENT	PRESENTING CLINICAL SIGNS
Sherwood Black	Sherwood first presented for GI upset (acute V+ and D+) in late Dec. 2022 and again in Jan. 2023. He responded well to supportive, empirical care initially but continued to have occasional vomiting, soft stool, and urinary accidents from Feb-May. In January, screening BW was normal including T4. Also in January, Feliway was added to P's environment and his RC S/O diet was changed to S/O + Hypo HP. fPLI was not run. In early May, he was started on weekly B12 injections x 6 wks, then monthly dosing. He was started on sulcrate in mid-May when the O reported an increase in vomiting and a blood tinge to it. Sulcrate helped subjectively to decrease frequency and severity of vomiting but has not cured the problem. Full abdominal US has been performed to r/o gastric/intestinal mass vs severe gastric ulceration vs LSA vs pancreatitis/pancreatic neoplasia vs other. fPLI is now pending.
SPECIES	
Feline	
BREED	
DSH	
SEX	Abnormal PE/Chem/CBC/UA Results: Diag: January 2023 - CBC, Chem 17, TT4 all WNL fPLI – pending.
Neutered Male	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
11 Years	Urinary System
WEIGHT	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.
5.1 kg	The right kidney is normal in size (3.94 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 mineral or infarcts observed. Pyelectasia is noted measuring 0.32 cm in the transverse view.
INTERPRETED BY	The left kidney is normal in size (4.1 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.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Adrenal Glands
Evan Bell	The right adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
HOSPITAL NAME	The area of the left adrenal gland is examined without evident adrenal gland pathology.
Cedarview AH	Spleen
REFERRING VET	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.
Dr. David Sparks	
INVOICE	Liver
43380	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.
DATE	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.
6/22/23	Gastrointestinal



PATIENT	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.
Sherwood Black	
SPECIES	Diffusely, 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). However, the proximal duodenum, demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Feline	
BREED	
DSH	
SEX	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Soft to liquid stool is noted within the lumen.
Neutered Male	Pancreas
AGE	Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
11 Years	
WEIGHT	Free Abdomen
5.1 kg	There is no evidence of free peritoneal effusion noted in these images.
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Emerging/subtle inflammatory bowel disease (IBD) pattern affecting primarily the duodenum – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling. Pancreatic nodular hyperplasia – Infiltrative neoplasia cannot be ruled out but is considered less likely. Additionally, low-grade smoldering 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. Right kidney pyelectasia – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
Evan Bell	
HOSPITAL NAME	
Cedarview AH	
REFERRING VET	
Dr. David Sparks	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
43380	Given this patient's urinary history combined with the mild pyelectasia, and if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.
DATE	
6/22/23	Further evaluation of possible pancreatic and/or gastrointestinal disease is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.



PATIENT

A fecal exam is recommended if not recently evaluated.

Sherwood Black

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

SPECIES

Feline

A fine needle aspirate of the pancreas could be considered if patient's coagulation status is appropriate.

Ultimately, pending results, biopsies of the duodenum may be helpful.

BREED

DSH

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Provable, and if tolerated with the concurrent urinary history, a transition in diet could be considered based on trial and error response, beginning with a hydrolyzed protein diet. Some patients respond better to one brand or version of hydrolyzed protein diet, so sometimes several trials of the same type but different brand are required.

SEX

Neutered Male

AGE

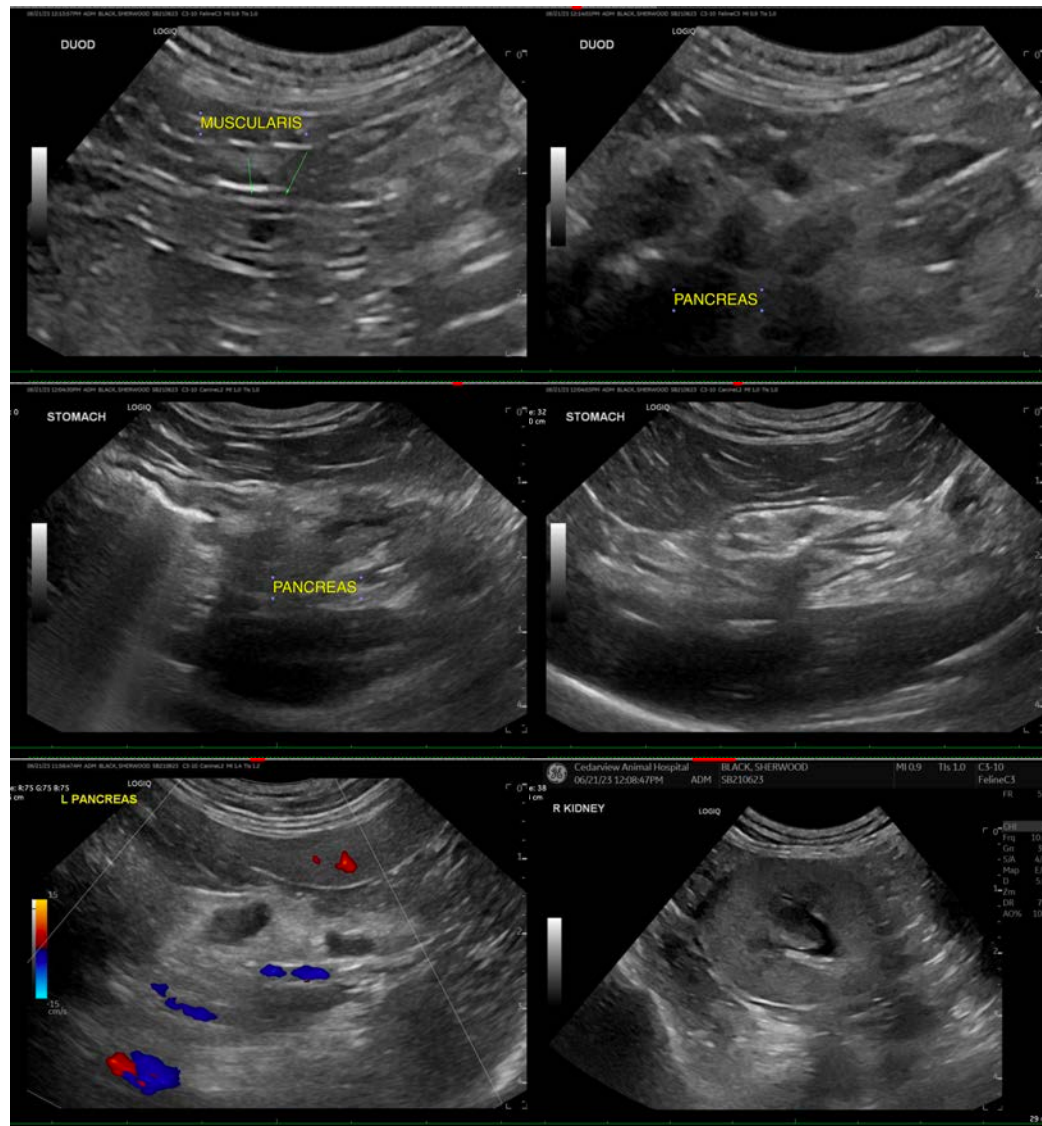
11 Years

WEIGHT

5.1 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM



IMAGING PERFORMED BY

Evan Bell

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. David Sparks

INVOICE

43380

DATE

6/22/23



PATIENT

Sherwood Black

SPECIES

Feline

BREED

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SEX

Neutered Male

AGE

11 Years

WEIGHT

5.1 kg

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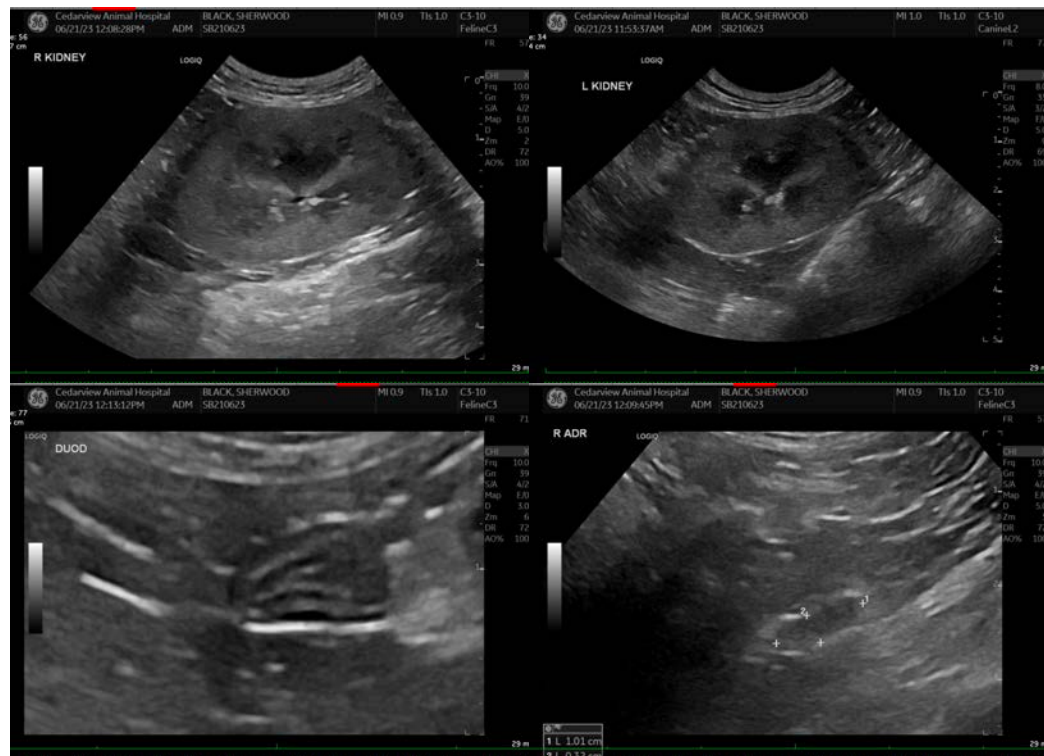
Dr. David Sparks

INVOICE

43380

DATE

6/22/23



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.

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