



PATIENT

Mia Settino

PRESENTING CLINICAL SIGNS

intermittent inappetence, intermittent hematuria, weight loss
Abnormal PE/Chem/CBC/UA Results: blood work in May showed elevated SDMA (21) , bun (52) , creat normal at 2.0 alb low at 1.9 glob elevated at 6.7 t4 normal u/a: usg 1016, moderate rbc

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Ragdoll

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 kidneys are bilaterally mildly small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 3.0 cm. The right kidney measures 2.9 cm.

Adrenal Glands

AGE

19.5 Years

The area of the right adrenal gland is visualized without evident pathology.

The left adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

5 Pounds

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Dr. Meghan Myers

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.

HOSPITAL NAME

Hershire AH

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. The pylorus into the duodenum is thick and exhibits some loss of mural detail.

REFERRING VET

Dr. Meghan Myers

The visible small intestine demonstrates diffusely thick muscularis relative to mucosa. In some places the small intestinal submucosa is broken and missing, resulting in loss of normal layering. The lumen of the intestine is empty without evidence of obstruction or foreign material.

INVOICE

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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.

DATE

6/30/22



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Pancreas

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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.

SPECIES

Feline

Free Abdomen

There is no evidence of peritoneal effusion.

BREED

Ragdoll

Mesenteric lymphadenopathy is noted as is pancreaticoduodenal lymphadenopathy.

SEX

Spayed Female

- Diffusely thick muscularis layer relative to mucosa – this finding can be seen with both benign infiltrative bowel disease such as IBD as well as infiltrative neoplasia such as lymphoma. The intermittently lost, broken submucosal layer is more suggestive of emerging neoplasia such as lymphoma.

AGE

19.5 Years

- Mesenteric and pancreaticoduodenal lymphadenopathy – Both infiltrative neoplasia such as lymphoma and reactive lymphadenopathy are differentials.

WEIGHT

5 Pounds

- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

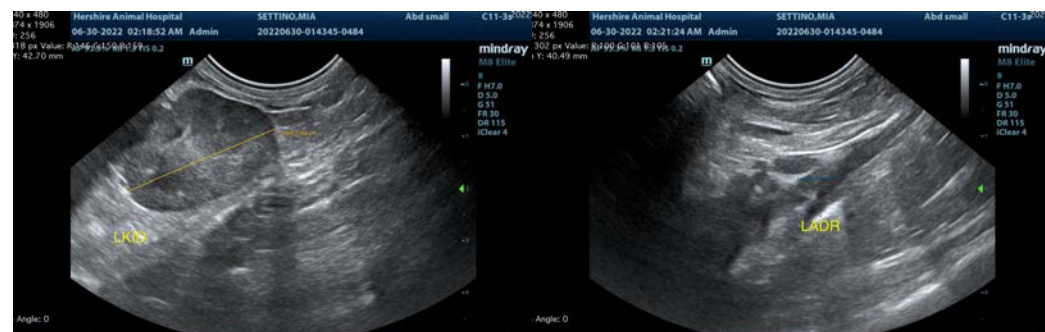
IMAGING PERFORMED BY

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If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Other supportive therapeutic considerations could include fiber supplementation, especially with large bowel diarrhea and/or a probiotic.

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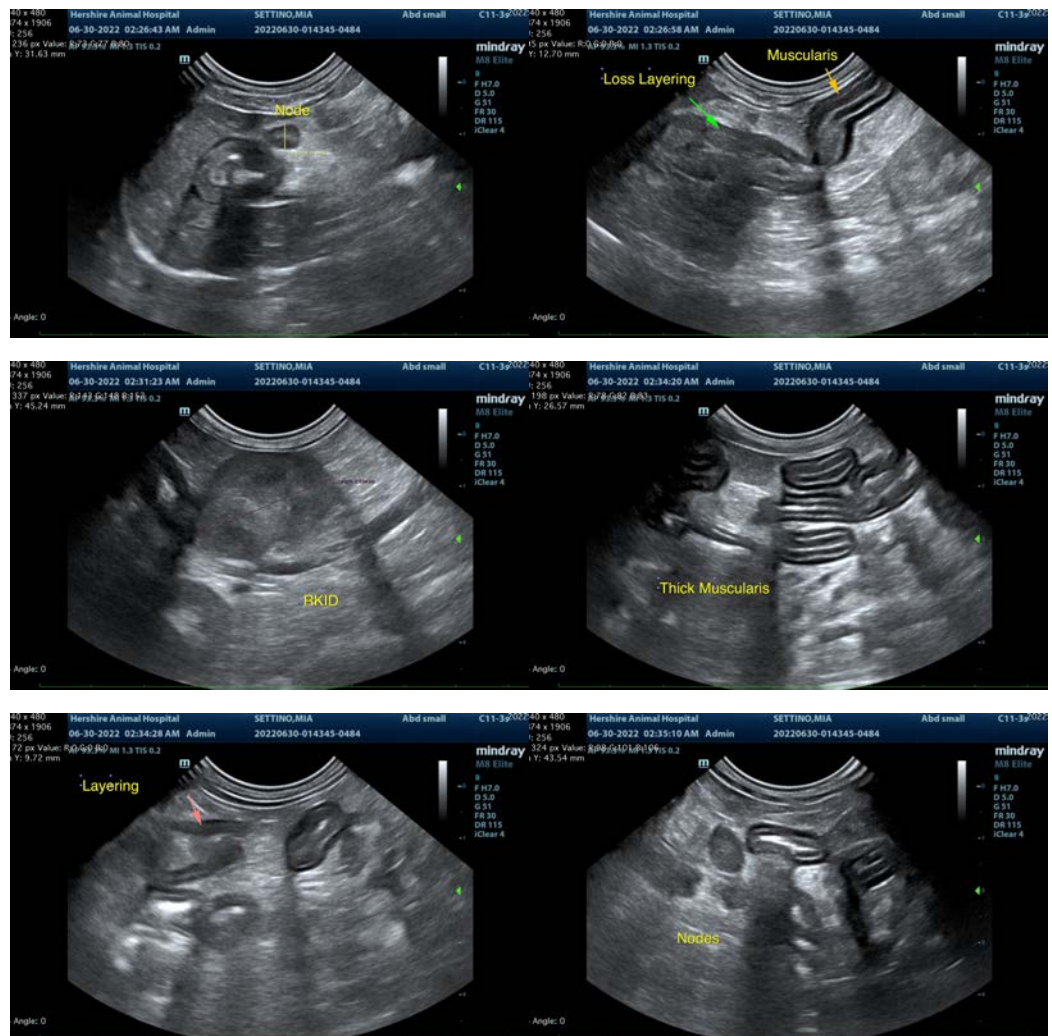
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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