



PATIENT PRESENTING CLINICAL SIGNS

Sophie Spitfire Sorbo History: Vomited thrice in the last 12 hours - she usually never vomits. Historical ALT elevation.

SPECIES Abnormal PE/Chem/CBC/UA Results: Discomfort cranial abdomen on scan. Weight loss of <5% in the last two years. Attached labs: ALT around 500IU/L. Possible UTI. Pending: GI panel 2 at Idexx, Pre-post prandial bile acids and bilirubin breakdown. Urine culture pending.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH **Urinary System**

SEX Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate to large amount of echogenic non-shadowing debris, which could be partially consistent with incidental suspended lipid in a cat, likely 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.

Female Spayed

AGE 12 years

WEIGHT Left kidney is normal in size (4.02 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.

5.5 kg

INTERPRETED BY Right kidney is normal in size (4.04 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

Adrenal Glands

Left adrenal gland is normal in size (0.26 cm) shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Sorbo Right adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME Spleen

Mill Brook Animal Clinic - VBF 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.

REFERRING VET Liver

Sorbo 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.

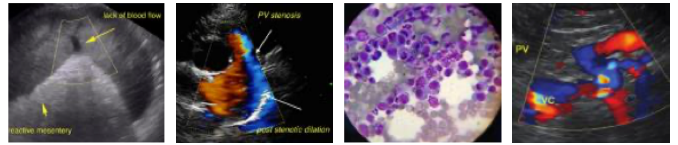
INVOICE Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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DATE Gastrointestinal The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

7.10.23

The visible small intestine 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,



PATIENT	without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.
Sophie Spitfire Sorbo	
SPECIES	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas. The colon is subjectively mildly overdistended with visibly firm stool.
Feline	Pancreas
BREED	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
DSH	
SEX	Free Abdomen
Female Spayed	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. There is a 0.90 cm in diameter hypo- to almost anechoic structure surrounded by enhanced hyperechoic tissue that may be in the left cranial abdomen, but it is difficult to determine origin based on these images.
AGE	
12 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
5.5 kg	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Inflammatory bowel disease (IBD) pattern – 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. Mild constipation could be contributing to patient clinical signs/vomiting and should be suspected if supported clinically +/- radiographically. Moderate to large amount of urinary bladder debris The hypo- to anechoic structure described above likely represents a reactive lymph node. However, other differentials (given the unknown location) could include a pancreatic cyst or nodule, or even a mildly fluid-distended cecum. This list is in order of likelihood in my opinion.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	
Sorbo	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Mill Brook Animal Clinic - VBF	As is reportedly already pending, urine culture could be considered as, is 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, and given the liver enzyme history, low BUN, etc., bile acids.
REFERRING VET	Additionally, pending the results of the above, given the T4 in the upper end of the normal reference range, a free T4 can also be considered.
Sorbo	
INVOICE	Ultimately, an exploratory laparotomy for planned GI tract biopsies, a liver biopsy and for the evaluation of the unknown structure described above, could be considered if clinical signs persist and a diagnosis is not obtained prior to more invasive intervention.
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DATE	In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.
7.10.23	



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Sophie Spitfire Sorbo

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Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

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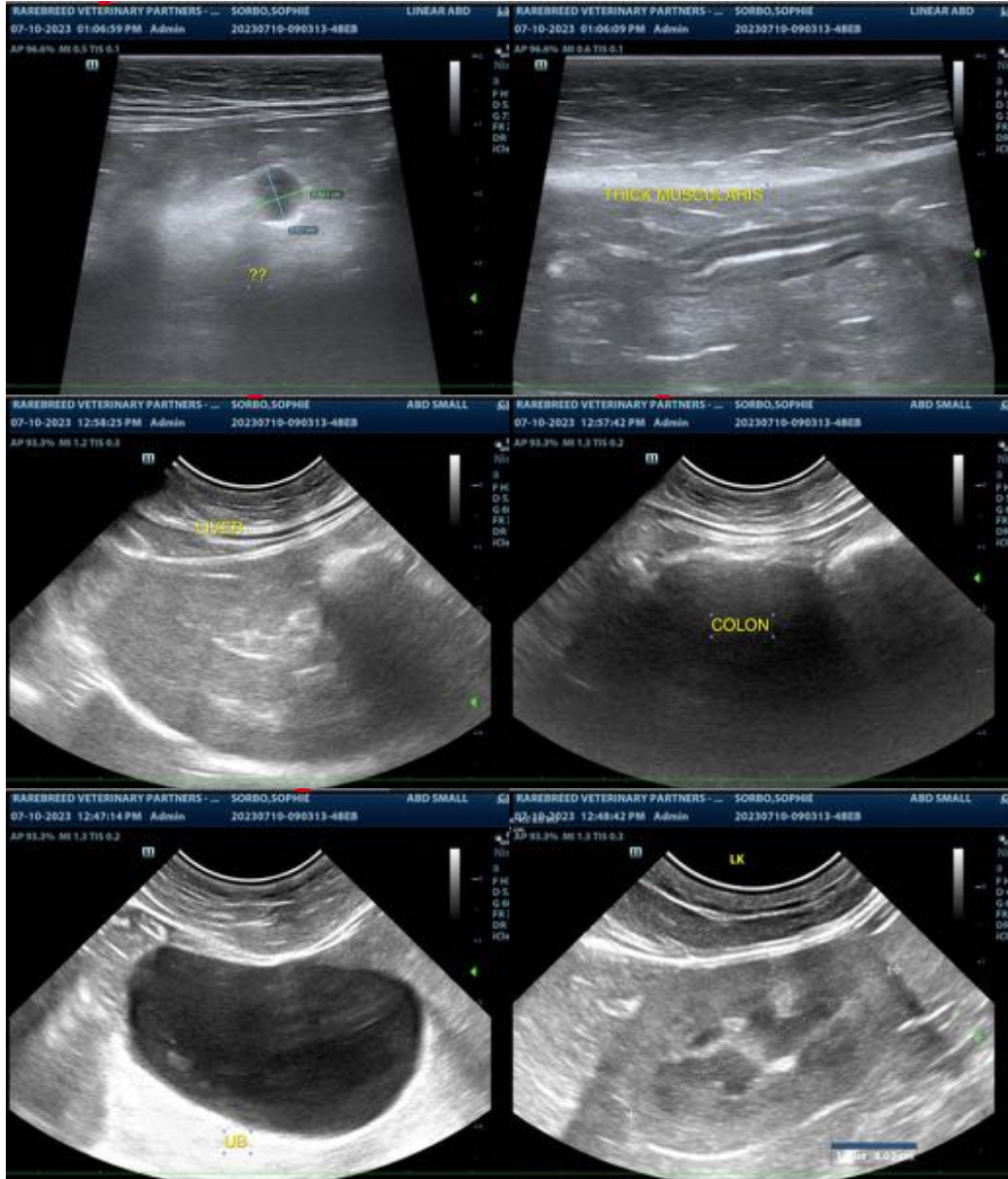
Sorbo

HOSPITAL NAME

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Clinic - VBF

REFERRING VET

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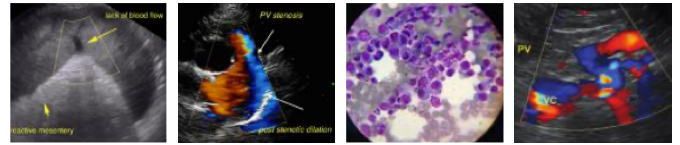


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AGE

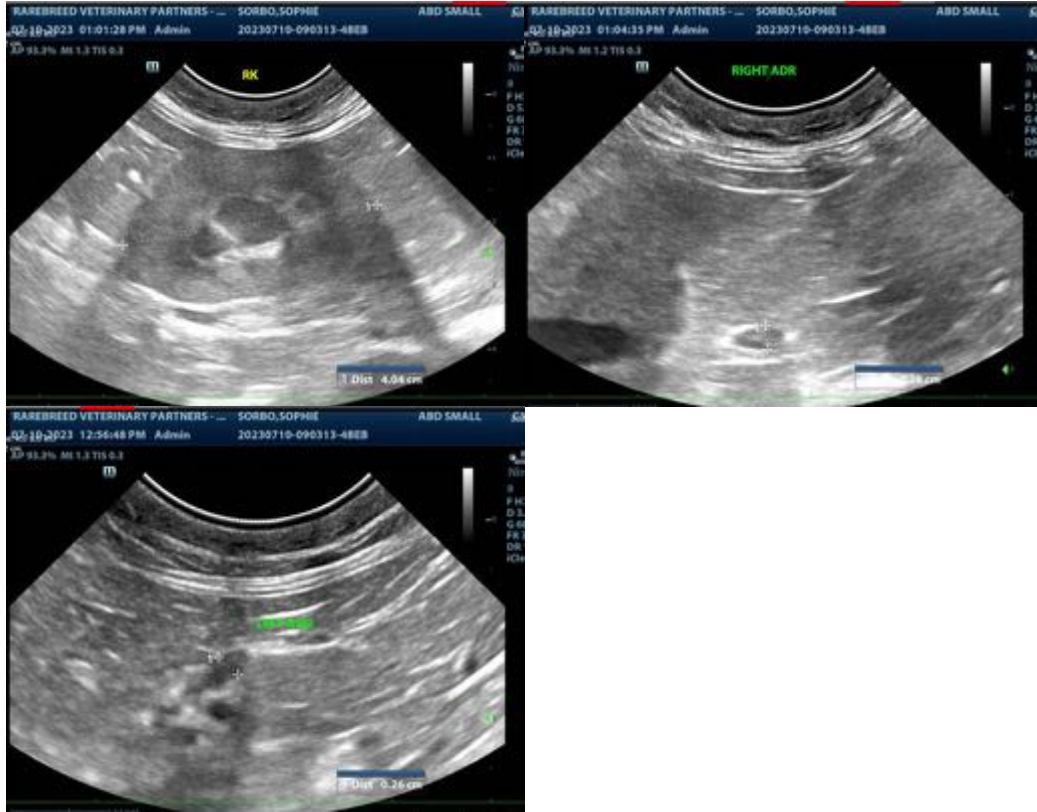
12 years

WEIGHT

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DACVIM



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

HOSPITAL NAME

Mill Brook Animal
Clinic - VBF

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

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