



PATIENT

Squiggers Myers

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

10 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

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31559

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Recent rescue (owner sign over to clinic)- originally signed over for bleeding mass encompassing entire metatarsal pawpad. Biopsy = plasma cell pododermatitis. Started on predL and doxycycline. Pet initially began responding but "stalled" and mass continued to bleed intermittently. Pet developed glucosuria and hyperglycemia on the predL so he was weaned off. Plan was to amputate the leg for a permanent fix of the ulcerated footpad but pre-surgery blood work showed that blood sugar is now normal but pet is anemic. Ultrasound to look for cause of anemia

Abnormal PE/Chem/CBC/UA Results: hct: 17%- mildly regenerative significant leukocytosis-neutrophils 40,000, appear "mildly toxic" per lab chem and lytes: wnl t4: wnl u/a and urine culture pending felv/fiv/hw: negative x3

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 in the right kidney. There is no evidence of a mineral in the left kidney. Neither kidney revealed any infarcts. The left kidney measured 4.0 cm with mild pyelectasia. The right kidney measured 4.2 cm. Non-obstructive area of mineralization is noted in the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.92 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The region of the right adrenal gland is examined with no evidence of pathology.

Spleen

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

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.



PATIENT	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.
Squiggers Myers	
SPECIES	<i>Gastrointestinal</i>
Feline	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.
BREED	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, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.
Domestic Shorthair	
SEX	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Neutered male	
AGE	<i>Pancreas</i>
15 years	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.
WEIGHT	<i>Free Abdomen</i>
10 lbs	There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Myers	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> • Inflammatory disease 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. • Urinary bladder debris. • Age related renal changes.
Hershire AH	
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Myers	<ol style="list-style-type: none"> 1. Given that the anemia is reportedly regenerative, hemorrhage and hemolysis are the top two differentials and with this patient's reported chronic hemorrhage that seems like a plausible explanation for the anemia if the amount of blood loss clinically matches the severity of the anemia. If not and hemolysis is suspected further infectious disease testing can be considered with a comprehensive panel including other tick-borne diseases, etc. 2. If gastrointestinal signs are present and/or develop a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for
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further evaluation of GI and pancreatic function.

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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.

BREED

Domestic Shorthair

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.

SEX

Neutered male

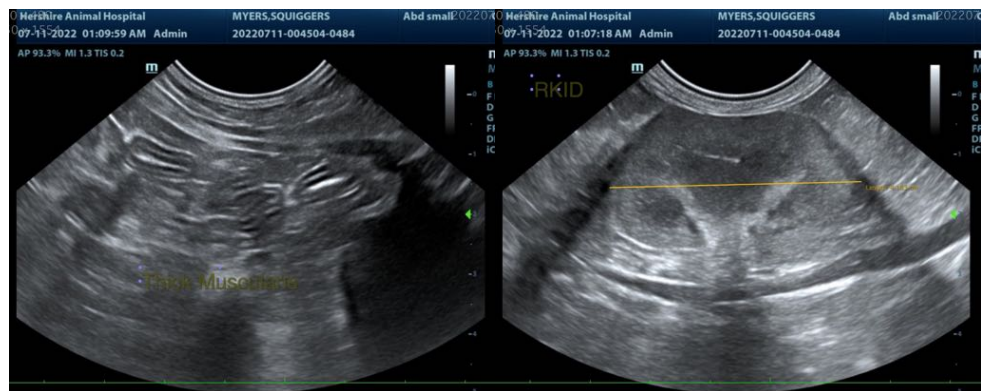
- Urinalysis and urine culture are recommended as are reportedly already pending.

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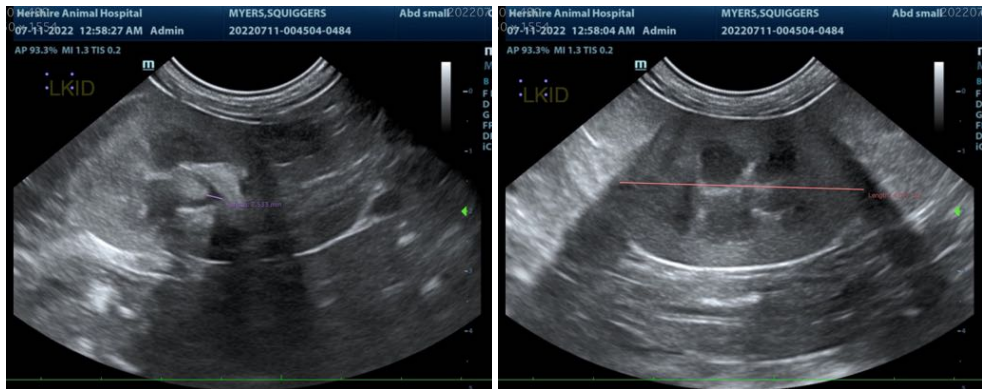
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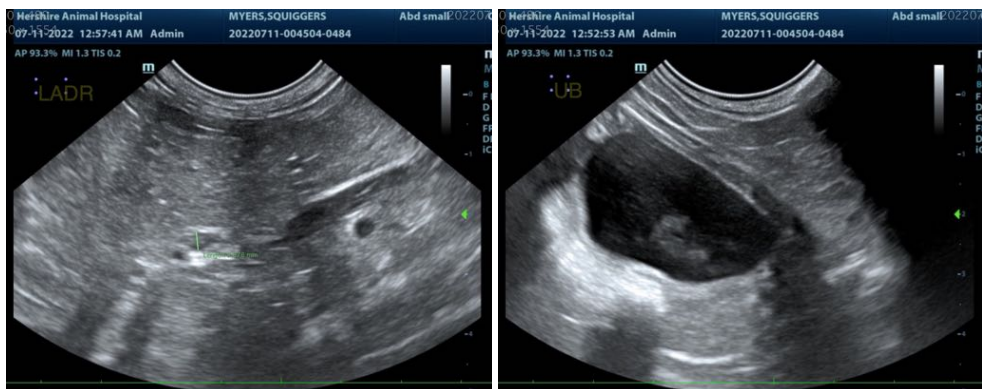


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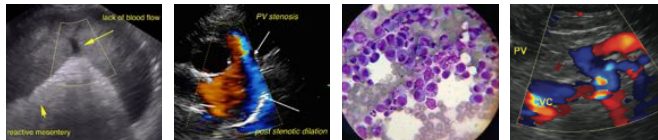
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Beth.Johnson@SonoPath.com

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