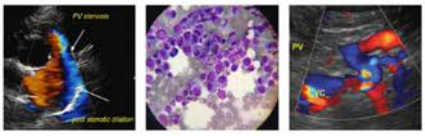
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Tazer Jensen

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years 11 Months

WEIGHT
8.9 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Dr. Richards

INVOICE
43880

DATE
7/11/23

PRESENTING CLINICAL SIGNS

P has had chronic loose stool. Stools improved a bit with a GI diet before, but was never normal. O keeps changing foods as P will eventually stop eating them. Stools have again recently became very loose and runny again within the past few months. Stools are very loose and watery, with minimal structure. Indoor only cat, have recommended bringing in fresh sample to test for parasites.

Abnormal PE/Chem/CBC/UA Results: Chronic hx of diarrhea and now noting mild weight loss - down 1.5lbs compared to last year. Inappetence mentioned, but does have periodontal disease and dentals have been recommended. Nonpainful on abdominal palpation. No increased frequency in BMs, still using litter box regularly, just not formed. No blood mentioned in stool. Did notice thin coat and suspected barbering on ventral abdomen- rule out underlying urinary or abdominal pain contributing to increased grooming. O states this is also a chronic issue, not new. Recent comprehensive bloodwork is unremarkable (see attached), but urine results suggestive of cystitis. Suspect food sensitivity, suspect inflammatory causes, less likely neoplasia due to chronicity. Less likely, functional obstruction (none palpated on prior rectals). Fecal has been recommended to rule out parasitism. Plan to submit bloodwork to TAMU for GI panel to monitor for other deficiencies.

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 normal in size with increased cortical echogenicity, consistent with normal feline fat deposition. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely in an otherwise normal kidney. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.7 cm. The right kidney measures 3.76 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

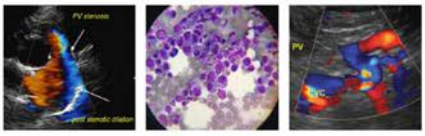
Spleen

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.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tazer Jensen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 11 Months

WEIGHT

8.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

43880

DATE

7/11/23

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.

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. Pyloric outflow tract appears patent.

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 descending colon is diffusely thick measuring 0.39 cm with normal intact layering and normal to soft stool contents.

Pancreas

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.

Free Abdomen

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

Colonic lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

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.

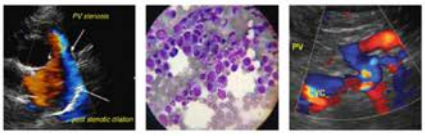
PRIMARY FINDINGS

- **Thick descending colon** – Suggestive of infiltrative disease with differentials including parasitic, infectious such as bacterial or even fungal versus benign inflammatory or infiltrative neoplasia. There is no definitive criteria of malignancy noted such as loss of layering, but malignancy cannot be definitively ruled out, especially given the concurrent aggressive colonic lymphadenopathy.
- **Aggressive colonic lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Mesenteric lymphadenopathy –** This is more reactive in appearance, but infiltrative neoplasia cannot be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tazer Jensen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 11 Months

WEIGHT

8.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

43880

DATE

7/11/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already planned, a fecal exam is recommended, as is a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

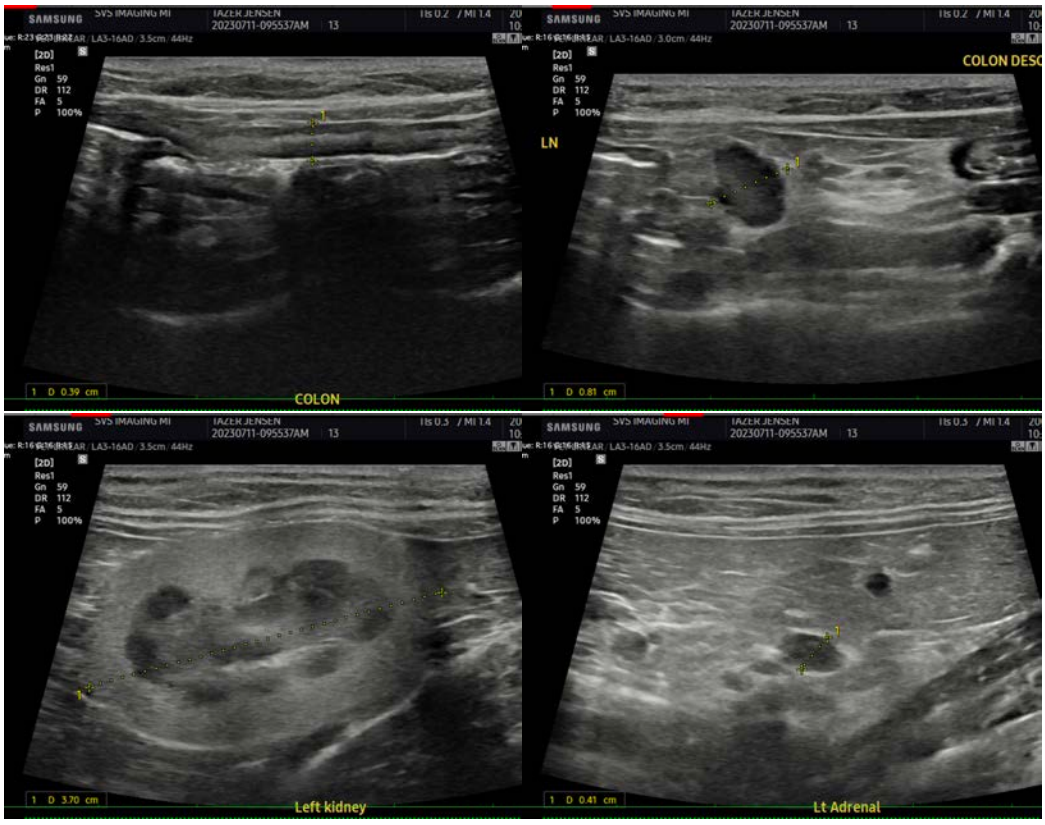
Additionally, however, obtaining a stool sample is recommended for a fecal enteropathogen PCR panel to Texas A&M GI Laboratory.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Proviable.

Understandably per the history, maintaining one sole diet is difficult, but diet transitions could potentially be considered, if possible.

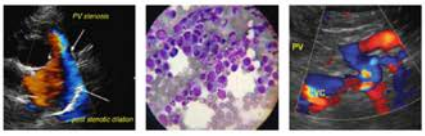
Ultimately, however, colonoscopy for further visual evaluation and biopsies may ultimately be required.

Prior to biopsies, if possible to safely reach the colonic lymph nodes, and if patient's coagulation status is appropriate, a fine needle aspirate could be considered, but given the appearance and relatively small size, sampling may be difficult.



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tazer Jensen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 11 Months

WEIGHT

8.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

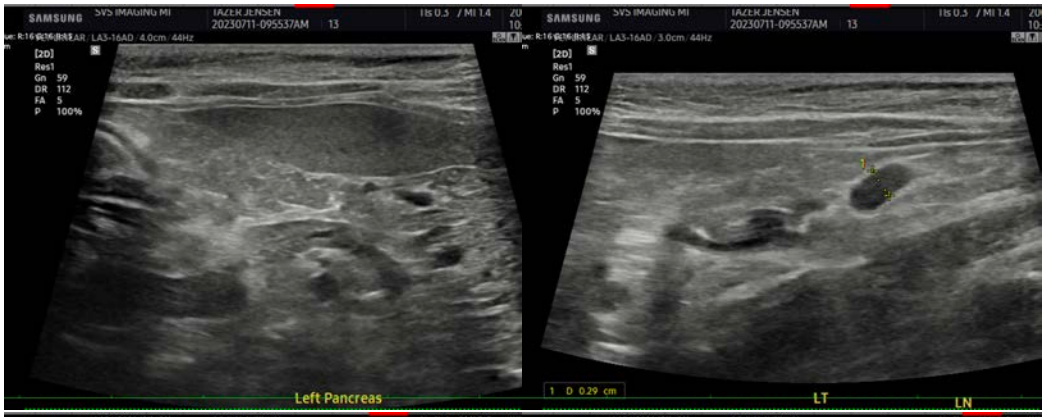
Dr. Richards

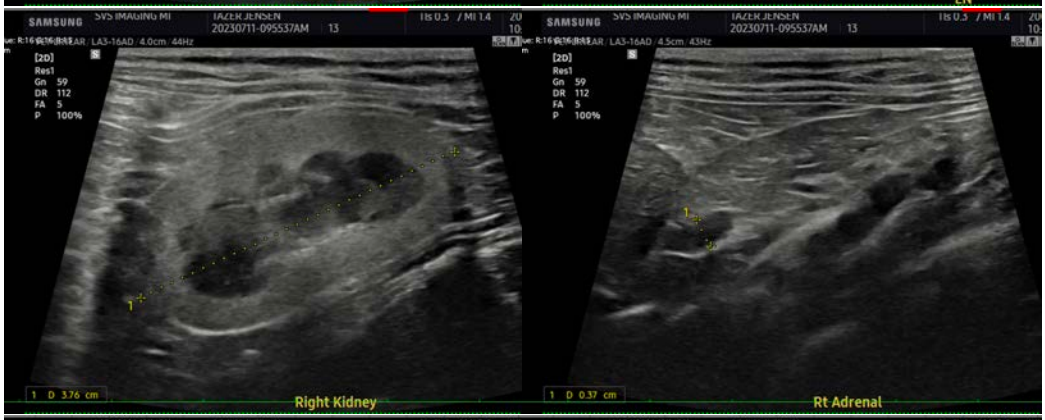
INVOICE

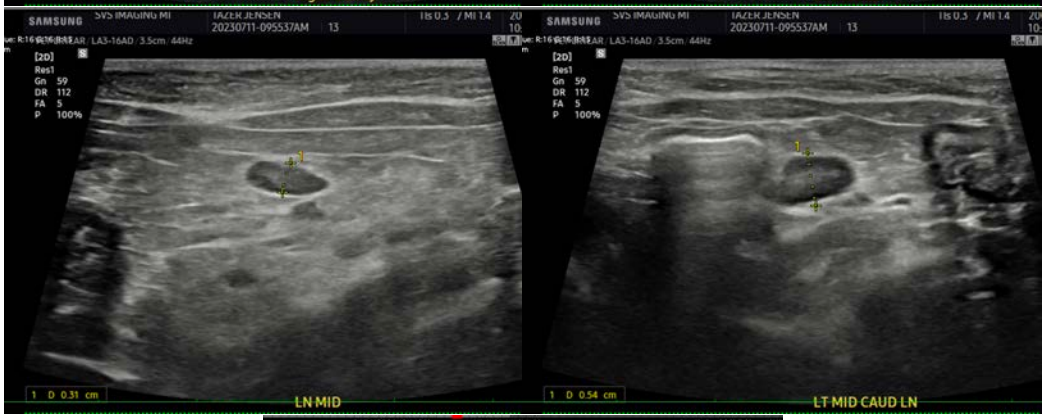
43880

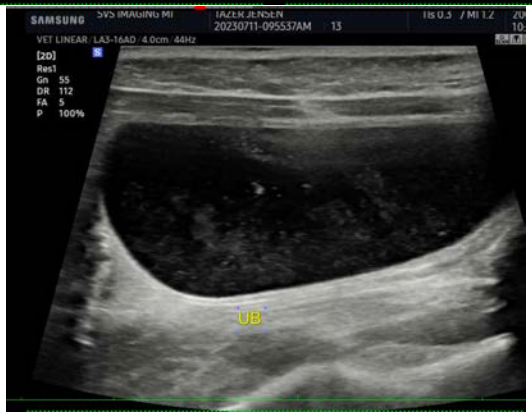
DATE

7/11/23

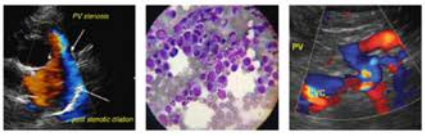








IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tazer Jensen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 11 Months

WEIGHT

8.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

43880

DATE

7/11/23

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