



PATIENT

Elizabeth Taylor
Jackson

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

5 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Finder

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Finder

INVOICE

39481

DATE

7/14/22

PRESENTING CLINICAL SIGNS

Vomiting and not eating, initially seemed to be slightly painful on abdominal palpation. Radiographs had no specific changes

Abnormal PE/Chem/CBC/UA Results: ALT 230 (20-100) BUN 64 (10-30) GLU 166 (70-150) TP 8.3 (5.4-8.2) CRE 1.6 (0.3-1.4) USG 1.045 Urine protein 2+ T4 0.8 (0.8-4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.0 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.

The left kidney is normal in size (4.0 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.

Adrenal Glands

The areas of both adrenal glands are examined without evident pathology.

Spleen

The spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.

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.

The gallbladder is non-distended in size. The wall is smooth, but mildly hyperechoic. Luminal contents are primarily anechoic. There is no evidence of pathologic cystic or common bile duct dilation. However, the cystic duct is mildly tortuous, which is likely a normal anatomic variant.

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 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.



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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.

Pancreas

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The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

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Free Abdomen

A moderate amount of free fluid and markedly hyperechoic enhanced fat and mesentery are present in the cranial abdomen, around the entire pancreas.

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There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Severe acute pancreatitis
- 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.
- Volume contracted spleen – consistent with likely dehydration.

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SECONDARY FINDINGS

- Urinary bladder debris

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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.
- Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.
- 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 ration is recommended.
- If gastrointestinal signs persist beyond medical management of pancreatitis and/or become a chronic problem, ideally biopsies of the GI tract, being sure to include ileum, if possible, may be necessary to definitively diagnosis and therefore manage the suspected concurrent infiltrative bowel disease.

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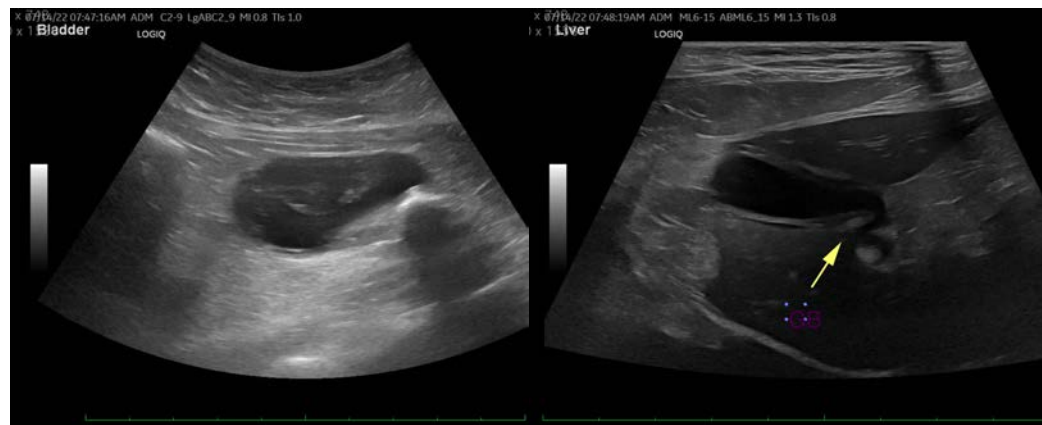
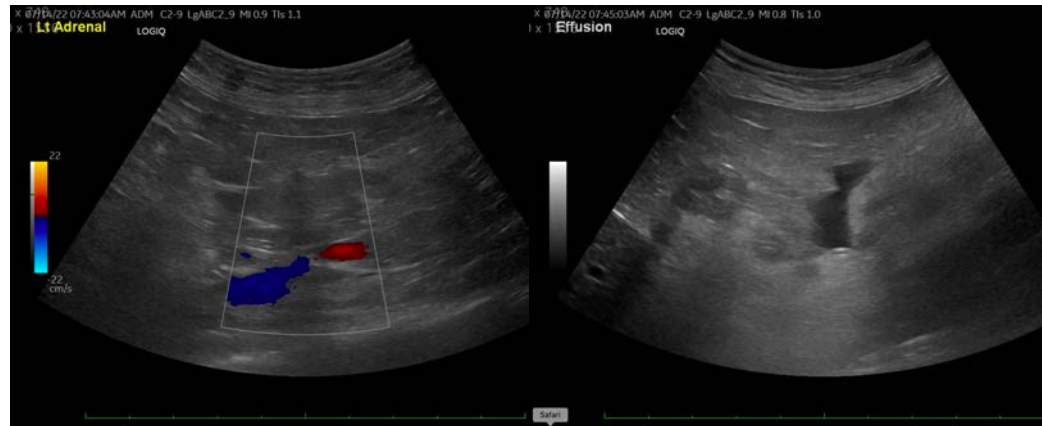
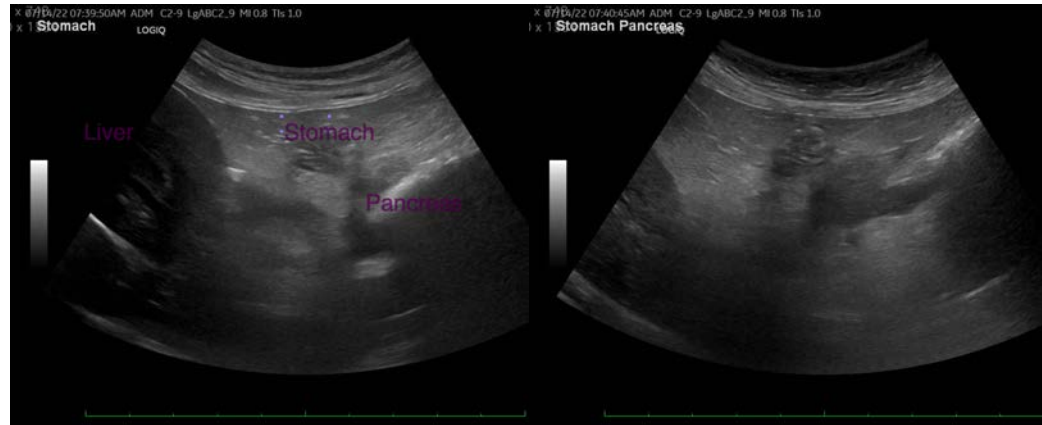
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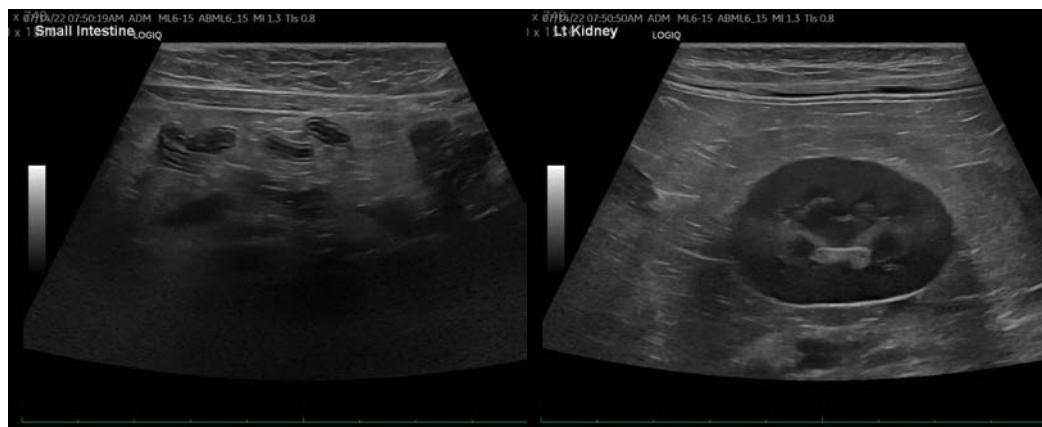
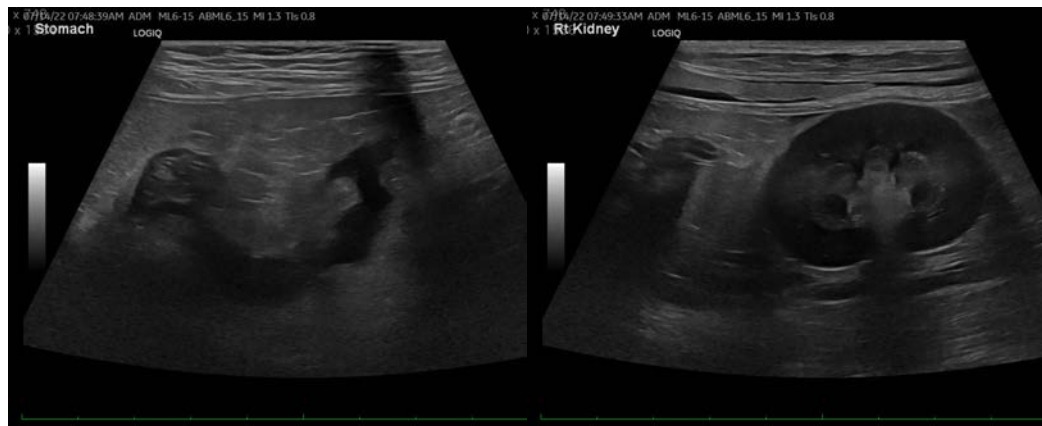
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com