



PATIENT PRESENTING CLINICAL SIGNS

Scout Hassing
History of weight loss and hyporexia. Also polydipsic with normal urination. On Purina One indoor adult and turkey kibble. She will not eat canned food. Oral exam indicated grade 2/4 dental disease. She has a grade 3/6 hear murmur. Hard stool palpated in colon. Bloodwork indicated pancreatitis. Concern for infiltrative GI disease such as IBD or GI LSA. Check for triaditis.

SPECIES

Feline
Abnormal PE/Chem/CBC/UA Results: fPL=9.4 (0-3.5), BUN 46 (16-37), rest of CBC/Chem/T4 was unremarkable on 8/2/22.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

13 Years

The right kidney is normal in size (2.94 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 (3.47 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.

WEIGHT

6.5 Pounds

Adrenal Glands

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

A Murphy, CVT

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.

HOSPITAL NAME

Wauwatosa VC

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypochoic 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.

REFERRING VET

Dr. Elaine Binor

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.

INVOICE

40396

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.

DATE

8/12/22

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). Proximally, the



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lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Caudally, the lumen is empty.

SPECIES

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

DSH

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

SEX

Spayed Female

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

There is no apparent lymphadenopathy noted in these images.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

- **Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

WEIGHT

6.5 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Further evaluation of possible gastrointestinal malabsorption on top of the suspect chronic smoldering pancreatitis is recommended in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

IMAGING PERFORMED BY

A Murphy, CVT

Due to the increased BUN, further evaluation of the kidneys is recommended in the form of a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

HOSPITAL NAME

Wauwatosia VC

In the meantime, the discordant increased BUN versus creatinine could be secondary to a gastrointestinal bleed. Therefore, part of the supportive/symptomatic medical management recommendations should include gastroprotectants such as Famotidine in addition to antiemetics and appetite stimulants until patient's appetite has returned. Fluid therapy is also indicated if hydration status is deemed inadequate clinically.

REFERRING VET

Dr. Elaine Binor

Ultimately, if clinical signs persist beyond supportive medical management and/or progress, especially if concurrent evidence of decreased GI function is indicative on GI panel, biopsies of the GI tract, being sure to include ileum, if possible, may be necessary to definitively diagnose and therefore appropriately manage this patient's possible infiltrative bowel disease.

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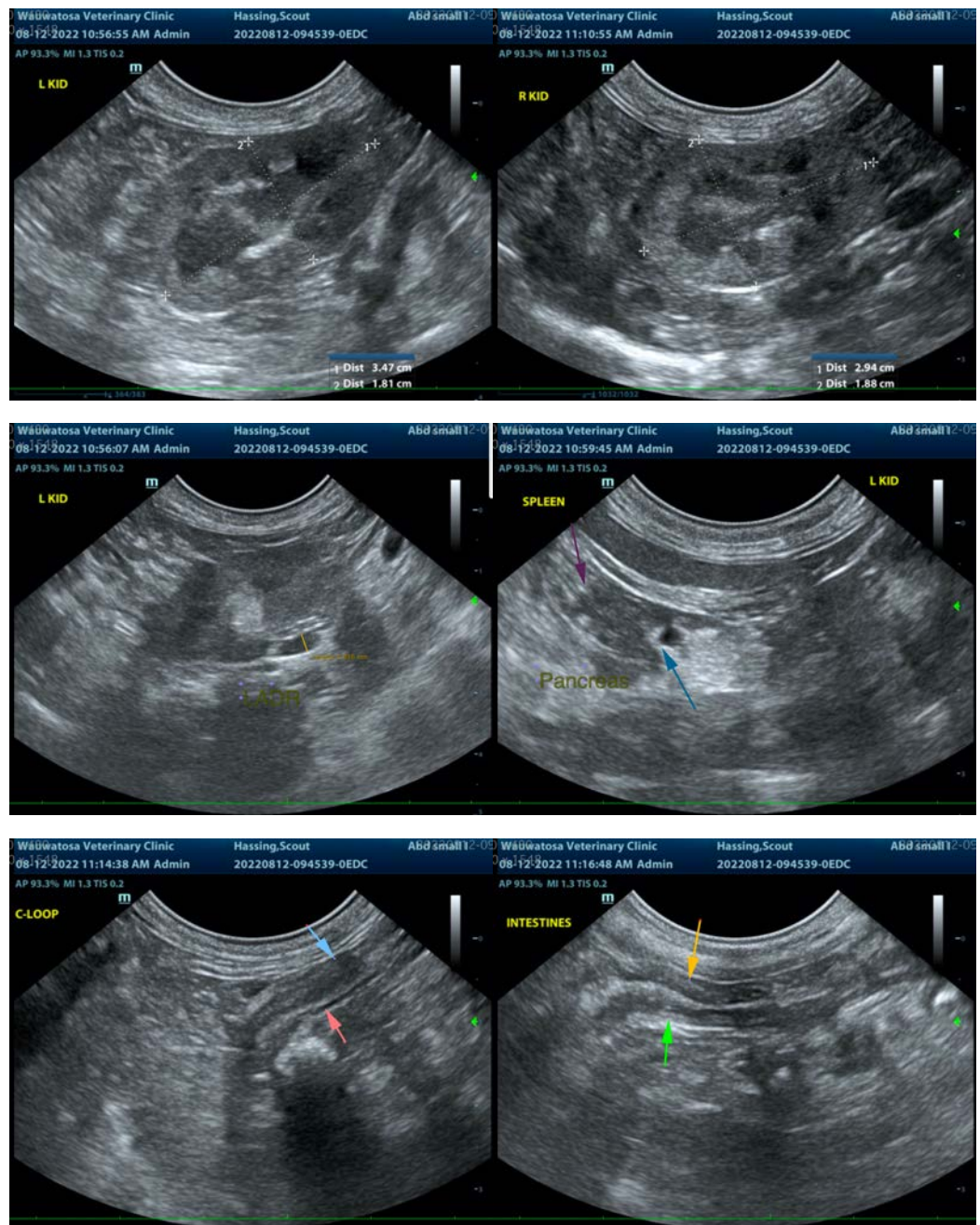
Dr. Elaine Binor

INVOICE

40396

DATE

8/12/22



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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