



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Pork Chop Wavrek	Indoor only cat. Gradual weight loss of 2# over one year. Intermittent vomiting for a couple of days, then it passes. Seems hungry, runs to dish, but then licks lips and won't eat. No fever, not dehydrated or painful in abdomen.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Chem/CBC/T4 all WNL. Previous U/A in July normal. FeLV/FIV neg in the past, not recently re-tested.
<b>BREED</b>	
DSH	
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	
14 Years	
<b>WEIGHT</b>	
9.2	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Beth Johnson, DVM DACVIM	<b>Urinary System</b>
	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.
	The right kidney is normal in size (3.25 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. A hyperechoic band parallel to the corticomedullary border is present.
	The left kidney is normal in size (3.55 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. A hyperechoic band parallel to the corticomedullary border is present.
	<b>Adrenal Glands</b>
	The right adrenal gland is normal in size (0.20 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
	The left adrenal gland is normal in size (0.16 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Peter Nelson	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Valley Vet Service	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.
<b>REFERRING VET</b>	
Dr. Michelle Bartus	
<b>INVOICE</b>	
44774	
<b>DATE</b>	
8/17/23	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Pork Chop Wavrek	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.
<b>SPECIES</b>	
Feline	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 is empty with no evidence of obstruction or foreign material.
<b>BREED</b>	
DSH	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
<b>SEX</b>	
Spayed Female	<b><i>Pancreas</i></b>
<b>AGE</b>	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.
14 Years	
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
9.2	There is no evidence of free peritoneal effusion noted in these images.
<b>INTERPRETED BY</b>	There is no apparent lymphadenopathy noted in these images.
Beth Johnson, DVM DACVIM	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• <b>Inflammatory bowel disease (IBD) pattern</b> – 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.</li> <li>• <b>Bilateral medullary rim sign</b> - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.</li> </ul>
Peter Nelson	
<b>HOSPITAL NAME</b>	
Valley Vet Service	
<b>REFERRING VET</b>	
Dr. Michelle Bartus	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>INVOICE</b>	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.
44774	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.
<b>DATE</b>	
8/17/23	If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some



**PATIENT**

patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.

Pork Chop Wavrek

**SPECIES**

Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

9.2

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Peter Nelson

**HOSPITAL NAME**

Valley Vet Service

**REFERRING VET**

Dr. Michelle Bartus

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**PATIENT**

Pork Chop Wavrek

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

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