



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mojo Steffan	Presented on ER for acute onset reclusive behavior 48 hrs ago. Not playful and purring as usual, and inappetent. Vomited yesterday. Passed some very green unformed mucoid stool. No history of health problems, indoor only cat, no other cats in household. No known gastric indiscretions.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Very dull/depressed demeanor. Vitals normal. Mildly decreased skin turgor, guarding to abdominal palpation. CBC shows mild elev WBC (mature neutrophilic with mild monocytosis) Chems with slight elev TP 8.2
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</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.
Male	The right kidney is normal in size (3.92 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.
<b>AGE</b>	The left kidney is normal in size (3.67 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.
5 Months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
2.75 kg	The areas of the adrenal glands are examined without evident pathology.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	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>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Callihan	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>HOSPITAL NAME</b>	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.
Animal Emergency Care	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Callihan	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is mildly fluid distended with no evidence of foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>INVOICE</b>	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.
40593	
<b>DATE</b>	
8/19/22	



**PATIENT**

Mojo Steffan

The visible colon is diffusely thick, measuring up to almost 1.0 cm with primarily intact layering and the majority of the thickening is coming from the muscularis layer. However, early emerging loss of mural detail is suspected in some areas.

**SPECIES**

Feline

***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.

**BREED**

DSH

***Free Abdomen***

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

**SEX**

Male

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.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

5 Months

- **Markedly diffusely thick colon wall** – Top differentials include parasitic and/or infectious disease with both fungal disease and FIP being likely infectious differentials. Infiltrative neoplasia is possible but considered less likely.

**WEIGHT**

2.75 kg

- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

If histoplasmosis is a possible differential based on geographic area, then histo urine antigen to MiraVista is recommended.

**IMAGING PERFORMED BY**

Dr. Callihan

Ideally, colonoscopy with biopsies of the colon (being sure to inform the lab that FIP is a differential in this kitten) is recommended. If biopsies are not possible, sampling could potentially be obtained via a colonic brushing or scraping. However, given that the muscularis layer appears to be the primarily affected layer, superficial sampling may not be diagnostic.

**HOSPITAL NAME**

Animal Emergency  
Care

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, empirical deworming is recommended with a 5-day course of Panacur as well as an antibiotic such as Metronidazole or potentially Tylosin. Transition also to a colitis/higher fiber diet may be beneficial.

**REFERRING VET**

Dr. Callihan

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**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male

**AGE**

5 Months

**WEIGHT**

2.75 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

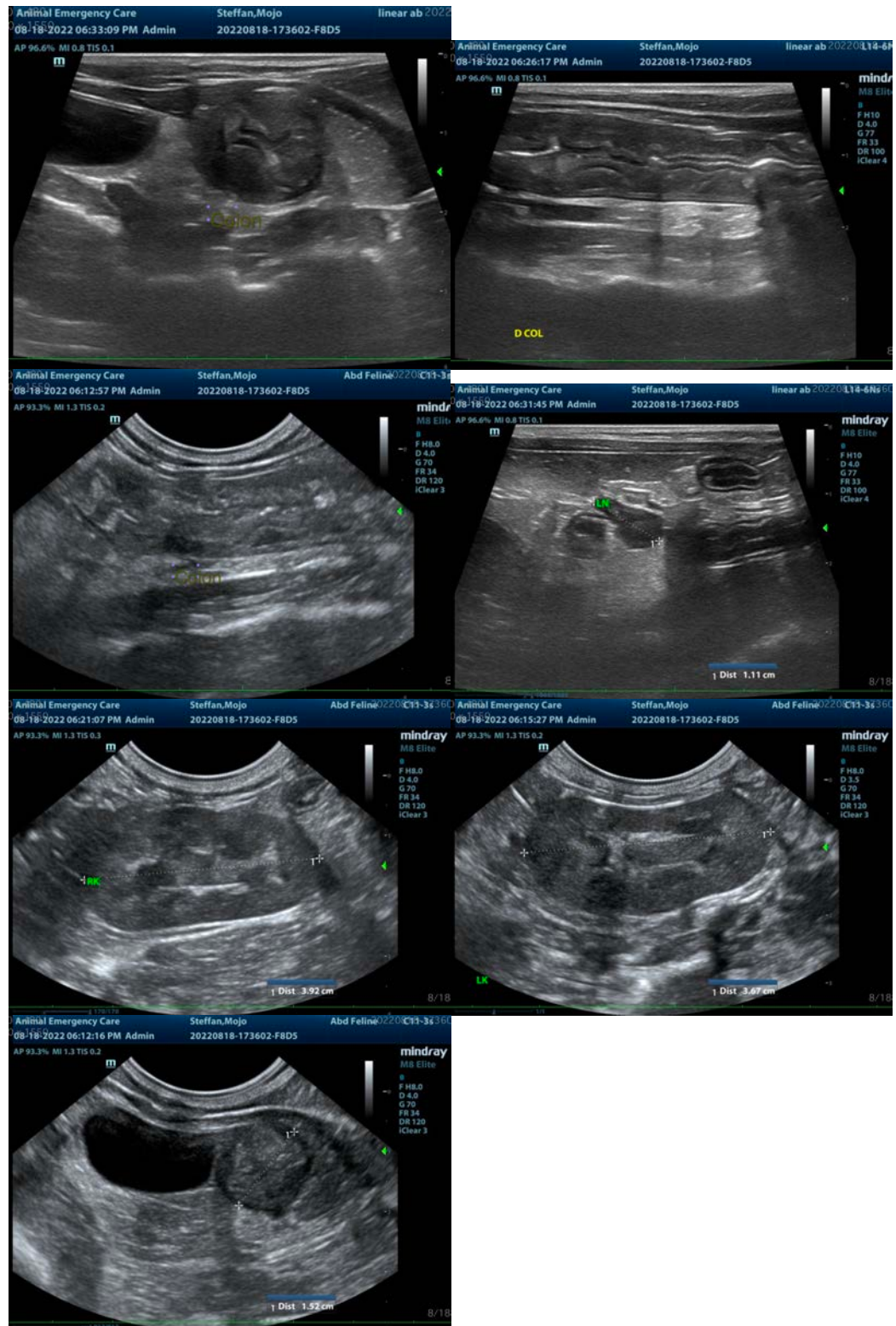
Dr. Callihan

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**PATIENT**

Mojo Steffan

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.

**Beth Johnson, DVM, DACVIM**

Beth.Johnson@sonopath.com

**BREED**

DSH

**SEX**

Male

**AGE**

5 Months

**WEIGHT**

2.75 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Callihan

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