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| PATIENT | PRESENTING CLINICAL SIGNS |
| Sophie Corcoran | Hx of chronic diarrhea and thickened intestines, no longer responsive to metronidazole: suspect IBD vs GI LSA. Restarted on prednisolone, B12, GI Biome |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia, increased neu, increased EOS, increased mono. |
| Feline | |
| BREED | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| DSH | Urinary System |
| SEX | 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. |
| Spayed Female | |
| AGE | Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.0 cm. The left kidney measures 4.31 cm. |
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| WEIGHT | Adrenal Glands |
| 6.13 | The right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. |
| INTERPRETED BY | The left adrenal gland is unable to be well visualized in these images. |
| Beth Johnson, DVM DACVIM | Spleen |
| IMAGING PERFORMED BY | 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. |
| Elaina Petrone | Liver |
| HOSPITAL NAME | 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. |
| Long Branch AH | |
| REFERRING VET | Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. |
| Dr. Elizabeth Griffin | Gastrointestinal |
| INVOICE | 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. |
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| DATE | 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 |
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| PATIENT | hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material. |
| Sophie Corcoran | |
| SPECIES | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| Feline | Pancreas |
| BREED | 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. |
| DSH | |
| SEX | Free Abdomen |
| Spayed Female | A trace amount of anechoic free fluid is noted in the mid abdomen. |
| AGE | In the mid cranial abdomen, there is a large 4.1 cm x 4.7 cm heterogeneous mass. |
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| WEIGHT | PRIMARY FINDINGS |
| 6.13 | <ul style="list-style-type: none"> Gastrointestinal lymphoma (suspect) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Given the concurrent pathology noted, infiltrative neoplasia is considered more likely, but benign IBD cannot be ruled out without tissue sampling. Mid cranial abdominal mass described above, most consistent with a lymph node – Top differential is infiltrative neoplasia such as lymphoma. Having said that, a benign inflammatory reactive lymph node, while much less likely, can't be definitively ruled out. Additionally, while not considered likely, and based on the size of the lymph node, association with something other than a node (i.e., bowel versus pancreas, etc.) can't be 100% ruled out. Small amount of anechoic free fluid noted adjacent to the mass/lymph node. |
| INTERPRETED BY | SECONDARY FINDINGS |
| Beth Johnson, DVM DACVIM | <ul style="list-style-type: none"> Age related kidney changes Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. |
| IMAGING PERFORMED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Elaina Petrone | A fine needle aspirate of the mid abdominal mass/lymph node is recommended if patient's coagulation status is appropriate. |
| HOSPITAL NAME | Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated. |
| Long Branch AH | If a diagnosis cannot be reached cytologically, which could potentially be inhibited by Prednisolone therapy, ultimately biopsies of the gastrointestinal tract may be necessary. |
| REFERRING VET | |
| Dr. Elizabeth Griffin | |
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PATIENT

Sophie Corcoran

In the meantime, while infiltrative neoplasia is the top different, given this patient's concurrent eosinophilia, empirical deworming with a 5-day course of Panacur is recommended, as is a transition in diet if tolerated to a hydrolyzed protein diet.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13

WEIGHT

6.13

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

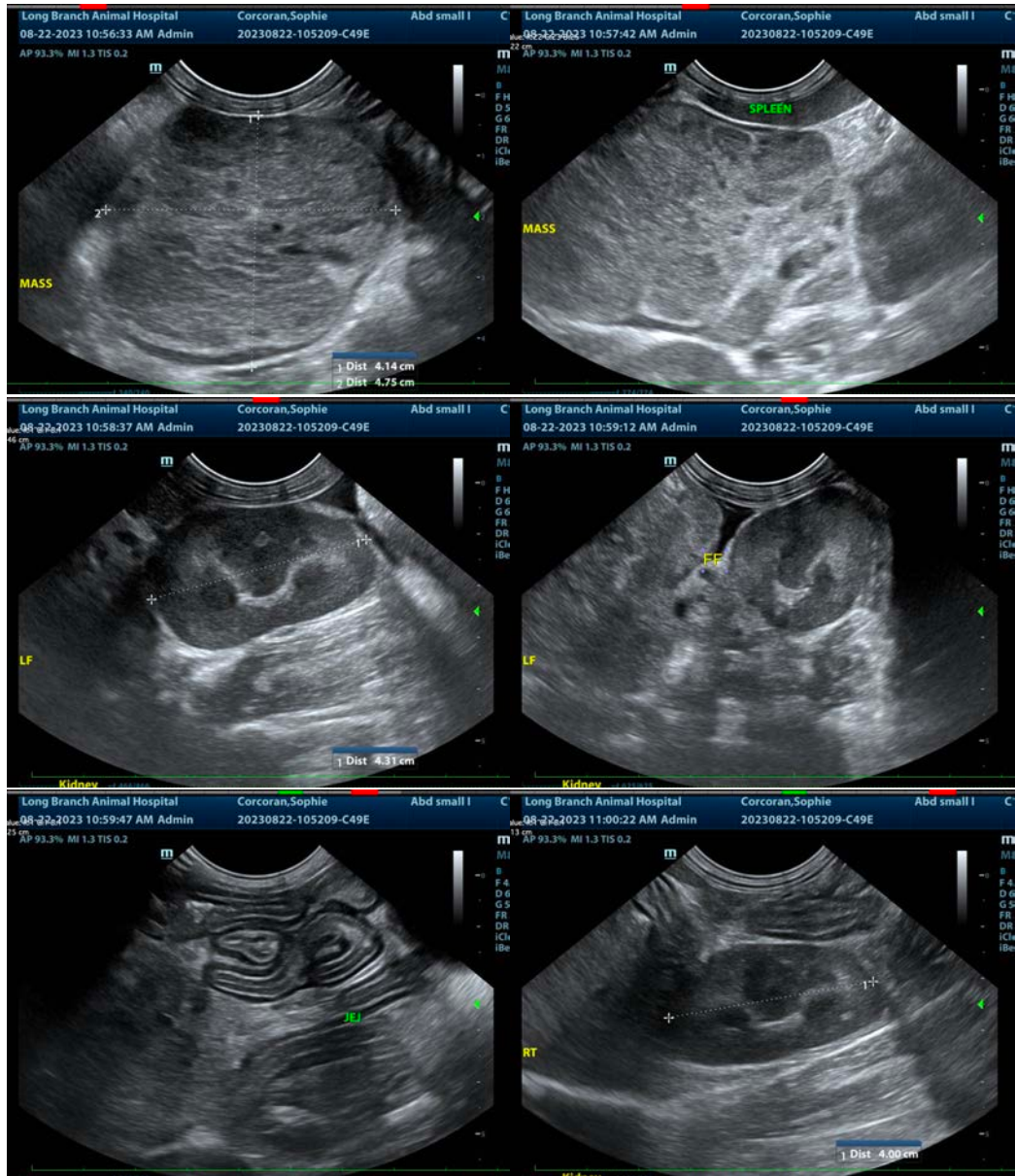
Dr. Elizabeth Griffin

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PATIENT

Sophie Corcoran

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BREED

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Spayed Female

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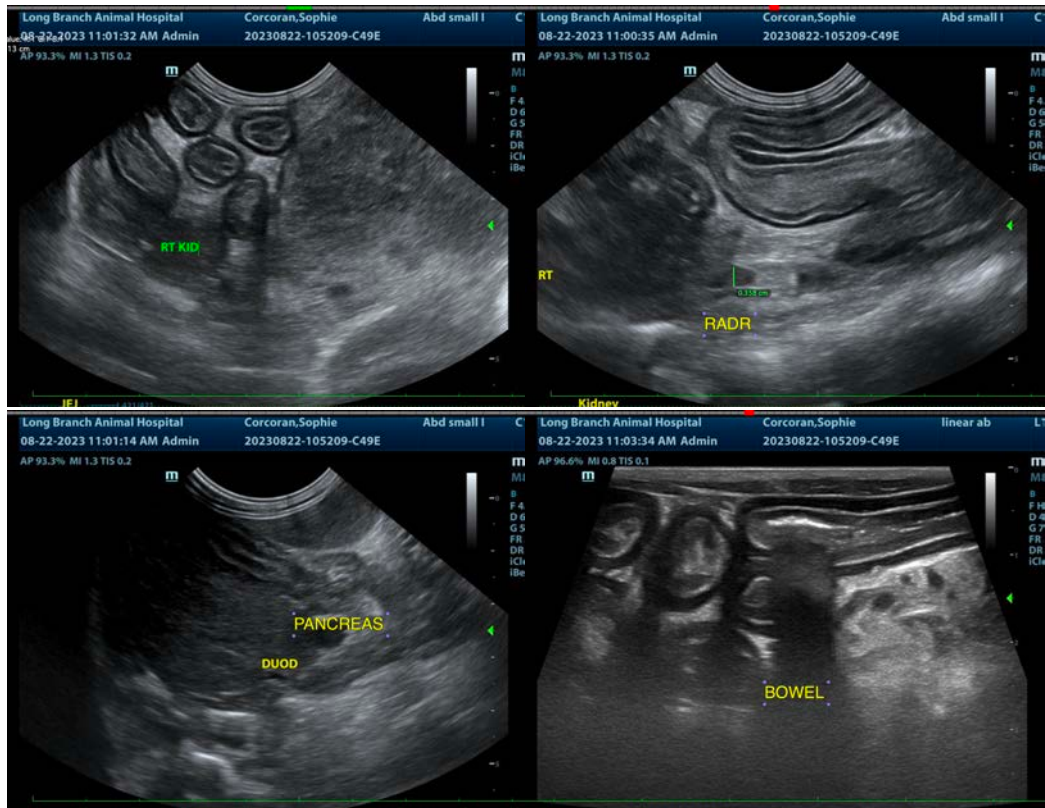
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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