



PATIENT	PRESENTING CLINICAL SIGNS
Ali Szarzynski	chronic vomiting, previously improved with Depo Inj, no longer helping Abnormal PE/Chem/CBC/UA Results: BW-WNL, cPLi 3.3 (0-3.5)
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
DSH	The right kidney is normal in size (3.44 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.
SEX	The left kidney is normal in size (3.32 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.
Spayed Female	
AGE	Adrenal Glands
12 Years	The right adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
3.14 kg	
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
IMAGING PERFORMED BY	Liver
Kelly Reschny	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.
HOSPITAL NAME	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.
Wellington AH	
REFERRING VET	Gastrointestinal
Dr. Dennis	Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.
INVOICE	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.
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DATE	
8/23/22	



PATIENT

Ali Szarzynski

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

Pancreas

SPECIES

Feline

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

BREED

DSH

Free Abdomen

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

SEX

Spayed Female

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- **Coarse splenomegaly** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

WEIGHT

3.14 kg

- **Gastritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.
- Chronic active pancreatitis suspected

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the fact that Depo-Medrol reportedly helped this patient's clinical signs, an infiltrative bowel disease is possible/suspected with potential lack of obvious visible gastrointestinal abnormalities, masked by the steroids. Therefore, recommendations include:

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Wellington AH

A T4 and free T4 are recommended if not recently evaluated.

A fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate, and recommendations are to premedicate with Diphenhydramine, in case of mast cell tumor.

REFERRING VET

Dr. Dennis

In the meantime, medical management for gastritis with antiemetics and gastroprotectants is recommended, as well as empirical deworming with a 5-day course of Panacur and transition to a novel or hydrolyzed protein diet, if tolerated.

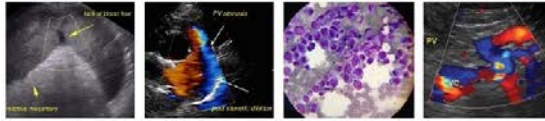
Ultimately, if a diagnosis is not obtained, and/or clinical signs do not respond to the above mentioned recommendations, biopsies of the gastrointestinal tract and/or the addition of additional empirical therapy to the steroids such as Chlorambucil, etc. may be necessary.

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Ali Szarzynski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.14 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wellington AH

REFERRING VET

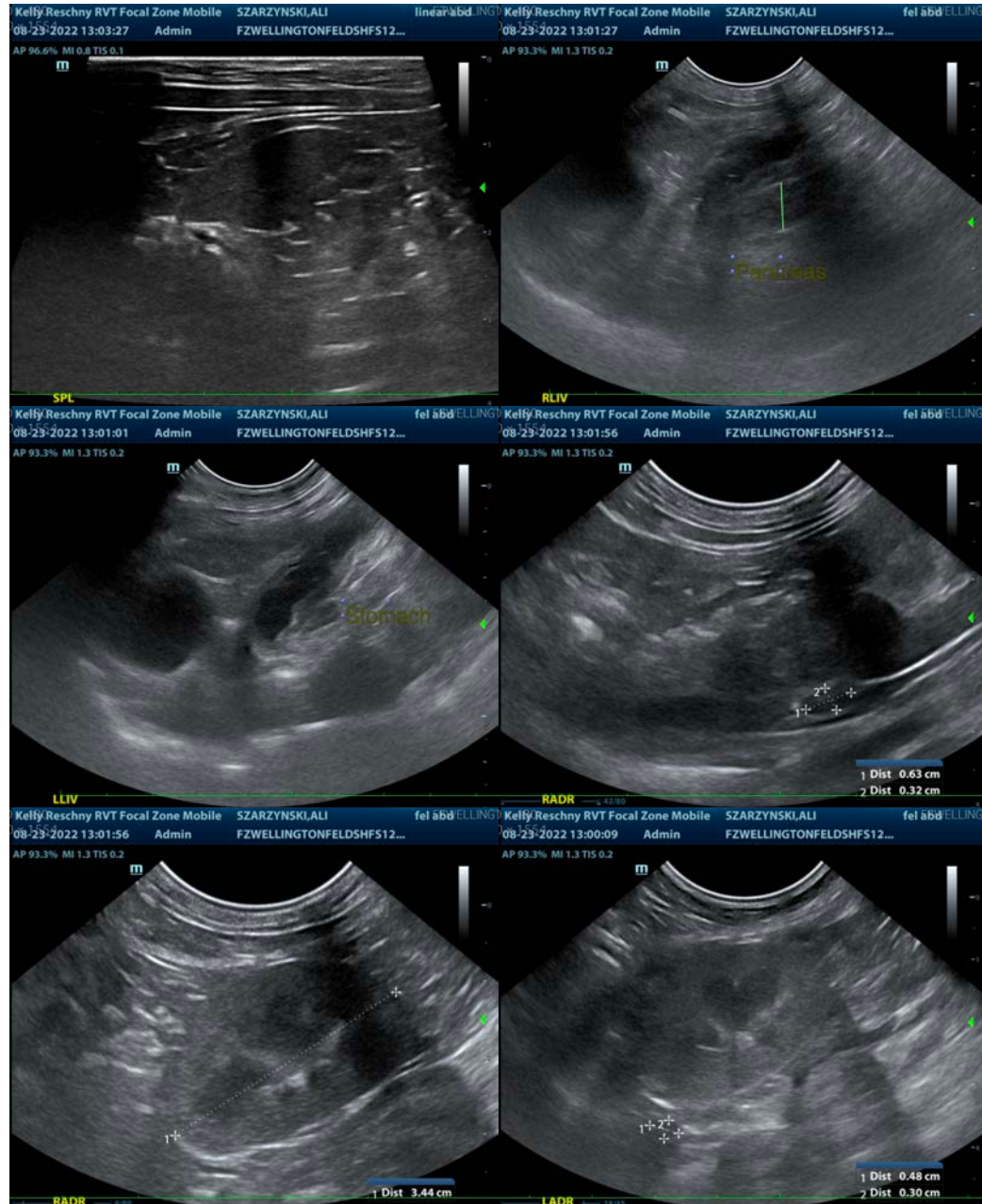
Dr. Dennis

INVOICE

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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