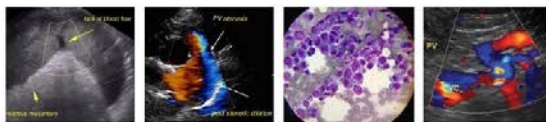


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Eebee Huston	Throwing up - blood in vomit loose stool - blood lethargic Abdominal: reactive upon palpation Current Medications Mirtazapine 15 MG Tab. 8/22/2023 Omeprazole 2.5 MG Tablets 8/21/2023 Cerenia 16 mg 8/21/2023
<b>SPECIES</b>	
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	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.
<b>SEX</b>	
Spayed Female	The right kidney is normal in size (3.56 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>	
1 Year	The left kidney is normal in size (3.64 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>WEIGHT</b>	<b>Adrenal Glands</b>
4.37 kg	The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Kelly Reschny	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Burlington Lakeshore	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Aziz	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>INVOICE</b>	
44856	
<b>DATE</b>	
8/23/23	



**PATIENT**

Eebee Huston

The visible small intestine demonstrates areas of mildly 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.

**SPECIES**

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is mildly fluid distended proximally.

**BREED**

***Pancreas***

DSH

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.

**SEX**

Spayed Female

***Free Abdomen***

**AGE**

1 Year

There is enhanced hyperechoic mesenteric fat and mild lymphadenopathy surrounding the dilated colon at the ileocecolic junction as well as trace amount of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

4.37 kg

- **Subtle/mild inflammatory bowel disease (IBD) pattern** – 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.
- **Mildly fluid dilated colon with lymphadenopathy and reactive mesentery** – consistent with colitis, possibly typhlitis, likely secondary to parasitic, infectious, or other benign inflammatory disease. Infiltrative neoplasia is possible but considered less likely.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Kelly Reschny

A general metabolic health screen is recommended in the form of a CBC/Chem panel and electrolytes.

**HOSPITAL NAME**

Burlington Lakeshore

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

**REFERRING VET**

Dr. Aziz

A fecal exam is recommended if not recently evaluated.

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.

**INVOICE**

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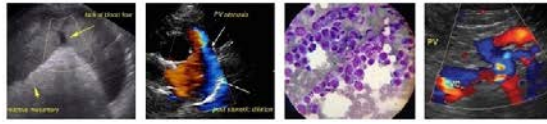
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

**DATE**

8/23/23

Pending results, if a diagnosis is not obtained, ultimately biopsies of the GI tract may be necessary for a definitive diagnosis.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Provable, as well as antiemetics, gastroprotectants, an appetite stimulant if necessary, etc.



**PATIENT**

Additionally, if tolerated, transition in diet could be considered, beginning with a hydrolyzed protein diet.

Eebee Huston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

4.37 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Burlington Lakeshore

**REFERRING VET**

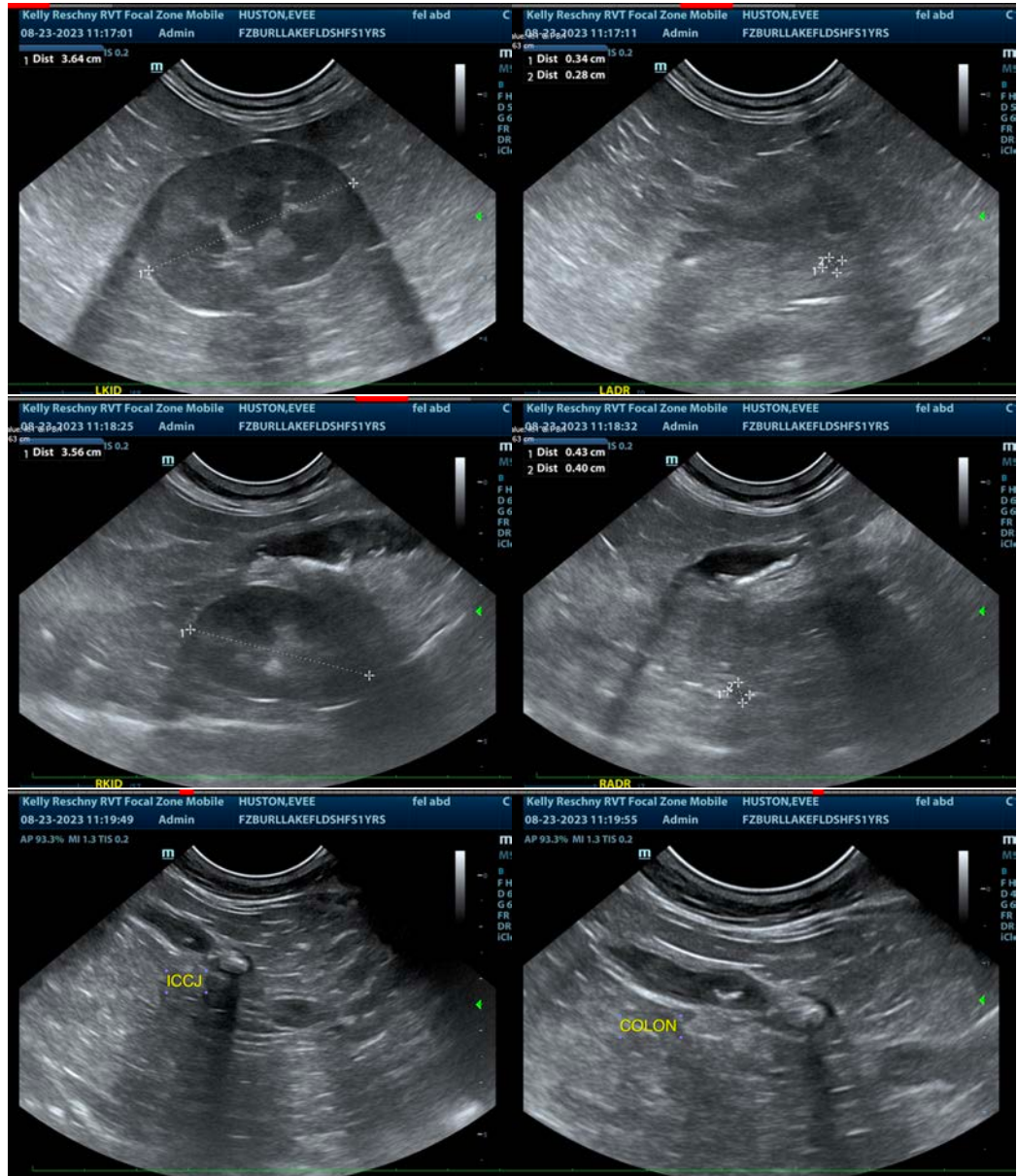
Dr. Aziz

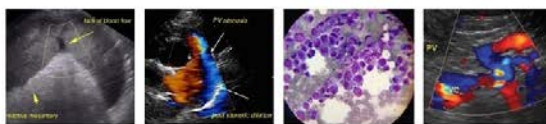
**INVOICE**

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**DATE**

8/23/23





**PATIENT**

Eebe Houston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

4.37 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Burlington Lakeshore

**REFERRING VET**

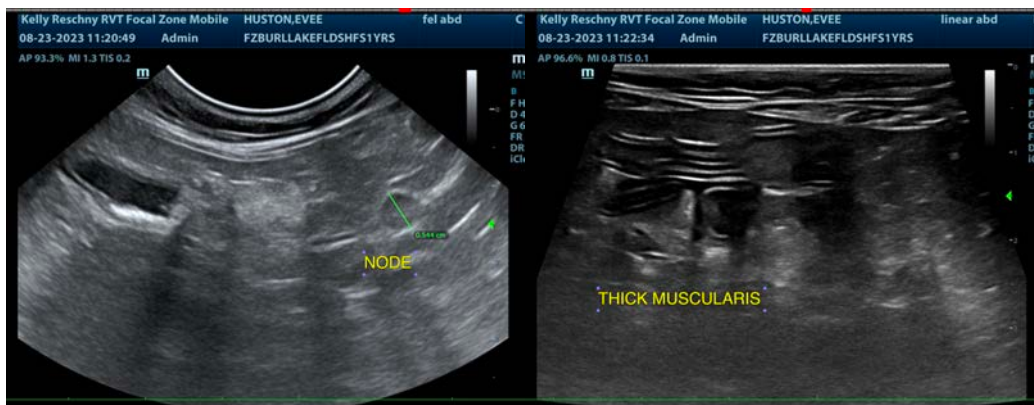
Dr. Aziz

**INVOICE**

44856

**DATE**

8/23/23



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**  
info@sonopath.com