



PATIENT	PRESENTING CLINICAL SIGNS
Rexy Pataco	Weight loss, lethargic. Abnormal PE/Chem/CBC/UA Results: Blood normal including thyroid
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
DSH	
SEX	
Neutered Male	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 or infarcts observed. The left kidney measures 4.0 cm. The right kidney measures 4.43 cm. Non-obstructive areas of mineralization/nephroliths are noted in both kidneys.
AGE	
12 Years	
WEIGHT	Adrenal Glands
12 Pounds	The right adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.
JK	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.
Hamburg Vet Clinic	
REFERRING VET	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.
Dr. Martens	Gastrointestinal
INVOICE	The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted.
40704	
DATE	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. mildly distended with echogenic
8/24/22	



PATIENT	non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.
Rexy Pataco	
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 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.
DSH	Free Abdomen
SEX	There is no evidence of free peritoneal effusion noted in these images.
Neutered Male	There is no apparent lymphadenopathy noted in these images.
	PRIMARY FINDINGS
AGE	<ul style="list-style-type: none"> 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.
12 Years	
WEIGHT	<ul style="list-style-type: none"> Gastric Hairball – similar density soft foreign material cannot be ruled out. Normal ingesta/gas also cannot be definitively ruled out. This finding should be interpreted in combination with supporting clinical signs such as vomiting and/or monitored for improvement/progression.
12 Pounds	
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Age related kidney changes with non-obstructive nephrolithiasis bilaterally
JK	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Hamburg Vet Clinic	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.
REFERRING VET	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.
Dr. Martens	If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).
INVOICE	
40704	If clinical signs are consistent with a gastric hairball (i.e., vomiting, decreased appetite, etc.), and they don't improve with management of suspected inflammatory bowel disease, recheck fully fasted abdominal imaging is recommended to determine the status of the gastric material described today.
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SPECIES

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DSH

SEX

Neutered Male

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12 Years

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Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Vet Clinic

REFERRING VET

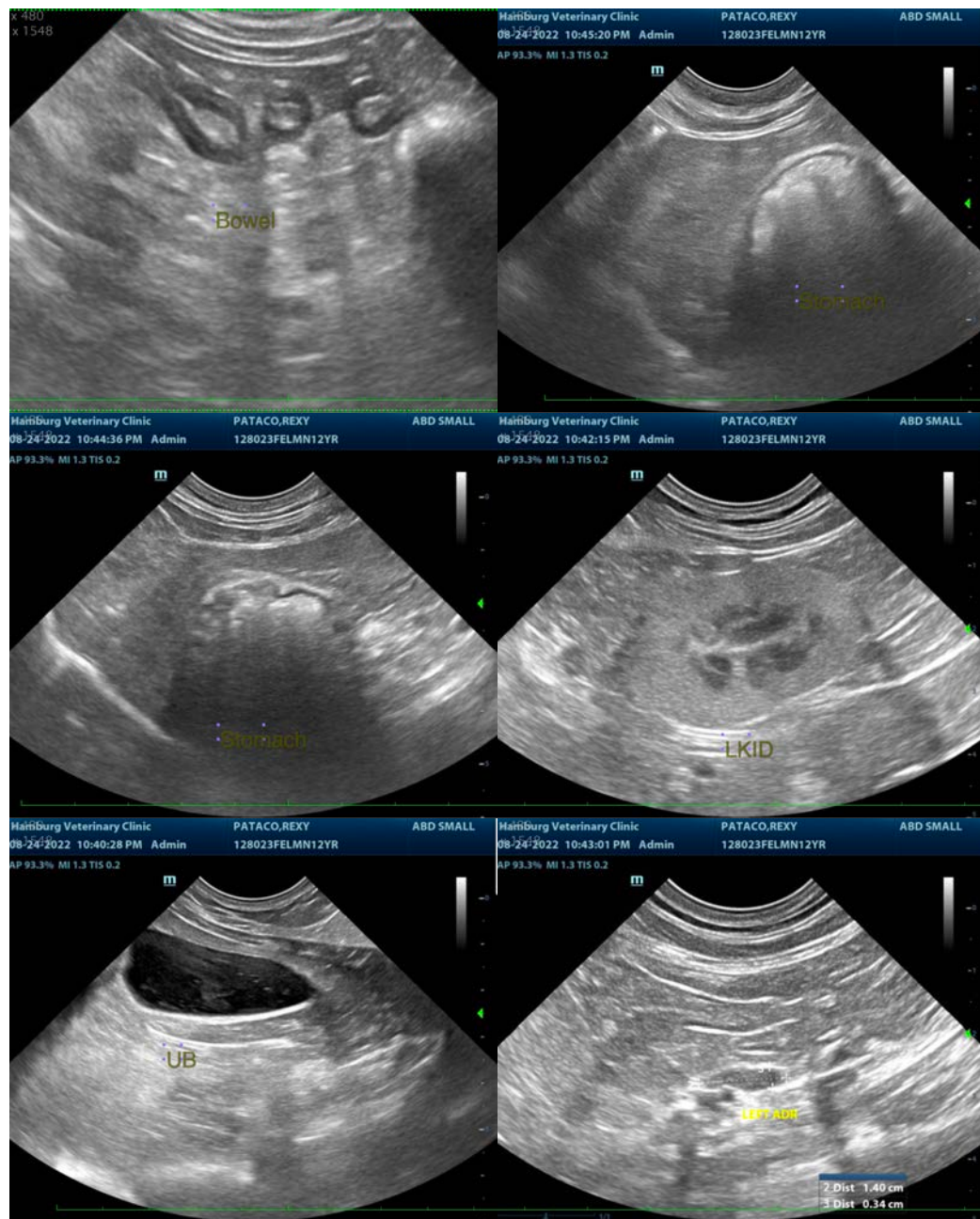
Dr. Martens

INVOICE

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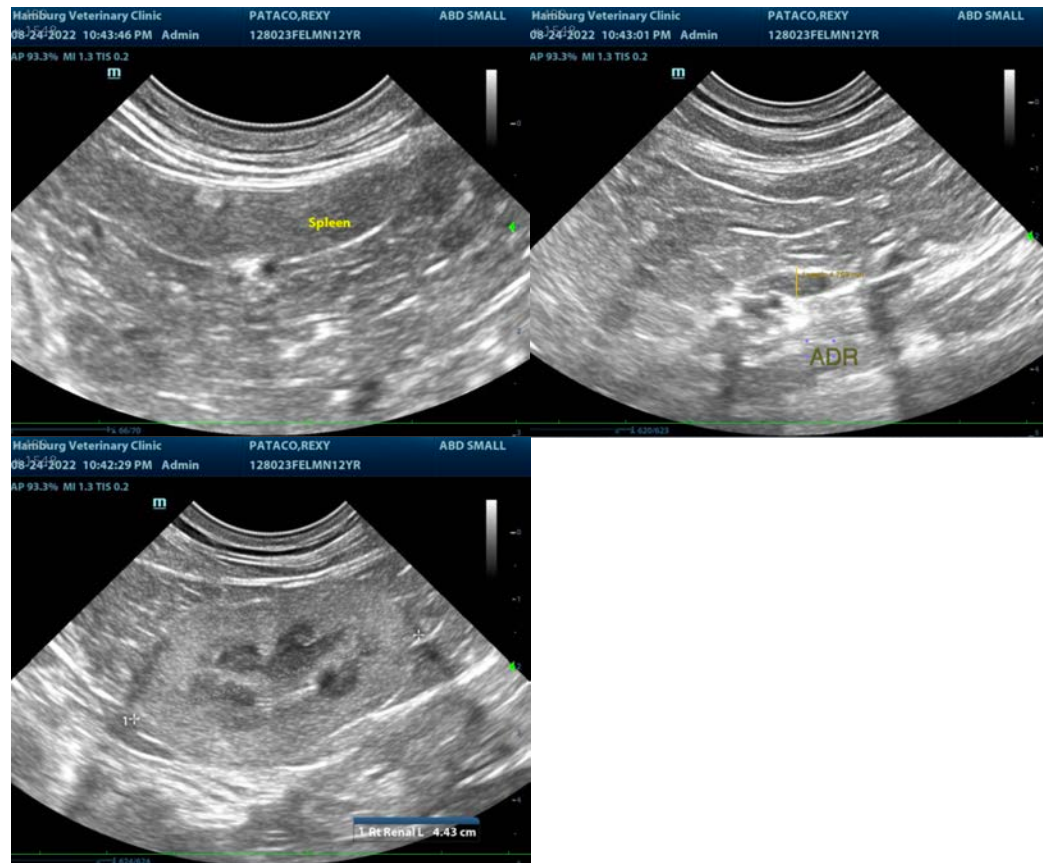
Dr. Martens

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