



**PATIENT**

Scooby Zolinski

**PRESENTING CLINICAL SIGNS**

recurrent GI issues, non-responsive to standard medications

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

**BREED**

DLH

**SEX**

Neutered Male

Kidneys are normal in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. The left kidney measures 4.19 cm. The right kidney measures 4.22 cm.

**AGE**

9 Years

**Adrenal Glands**

The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

N/A

The left adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

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.

**IMAGING PERFORMED BY**

Diane McFadden

**Liver**

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**

Brenda King

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.

**REFERRING VET**

Dr. King

**Gastrointestinal**

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.

**INVOICE**

41189

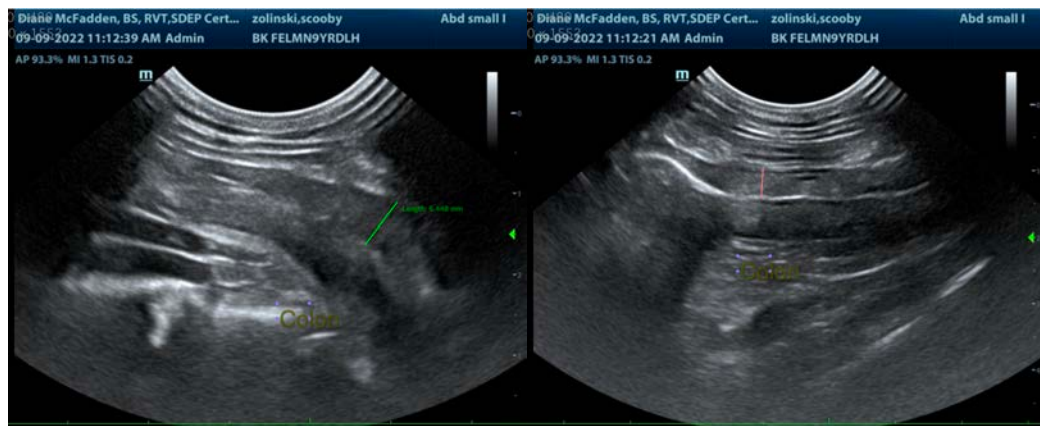
The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**DATE**

9/9/22



<b>PATIENT</b>	The colon is diffusely thick, measuring between 0.5-0.6 cm thick with a diffusely hypoechoic wall and loss of layering.
Scooby Zolinski	
<b>SPECIES</b>	<b>Pancreas</b>
Feline	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.
<b>BREED</b>	<b>Free Abdomen</b>
DLH	There is no evidence of free peritoneal effusion noted in these images.
<b>SEX</b>	Mesenteric lymphadenopathy is noted with reactive lymphadenopathy as well as infiltrative neoplasia as differentials.
Neutered Male	<b>PRIMARY FINDINGS</b>
<b>AGE</b>	<ul style="list-style-type: none"> <li><b>Diffusely thick colon wall with loss of layering</b> – Differentials include both benign inflammatory disease secondary to infectious (bacterial, viral, fungal) and/or parasitic disease, or infiltrative neoplasia such as round cell neoplasia (lymphoma).</li> <li><b>Lymphadenopathy</b> - may be reactive. However, infiltrative neoplasia cannot be ruled out without tissue sampling.</li> </ul>
9 Years	<b>SECONDARY FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Urinary bladder debris</li> </ul>
N/A	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>INTERPRETED BY</b>	Both 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, given the colonic changes in this patient. If geographically appropriate, a histoplasma antigen could be considered to MiraVista. A rectal scraping could be considered for cytology of the colon. However, if a diagnosis is not obtained, ultimately colonoscopy for biopsies may be necessary to definitively diagnose and therefore manage the infiltrative disease present.
Beth Johnson, DVM DACVIM	In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as well as Metronidazole or Tylosin if not previously tried. Additionally, a probiotic could be considered as well as addition of fiber to the current diet, or transition to a high fiber diet.
<b>IMAGING PERFORMED BY</b>	
Diane McFadden	
<b>HOSPITAL NAME</b>	
Brenda King	
<b>REFERRING VET</b>	
Dr. King	
<b>INVOICE</b>	
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**PATIENT**

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**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

N/A

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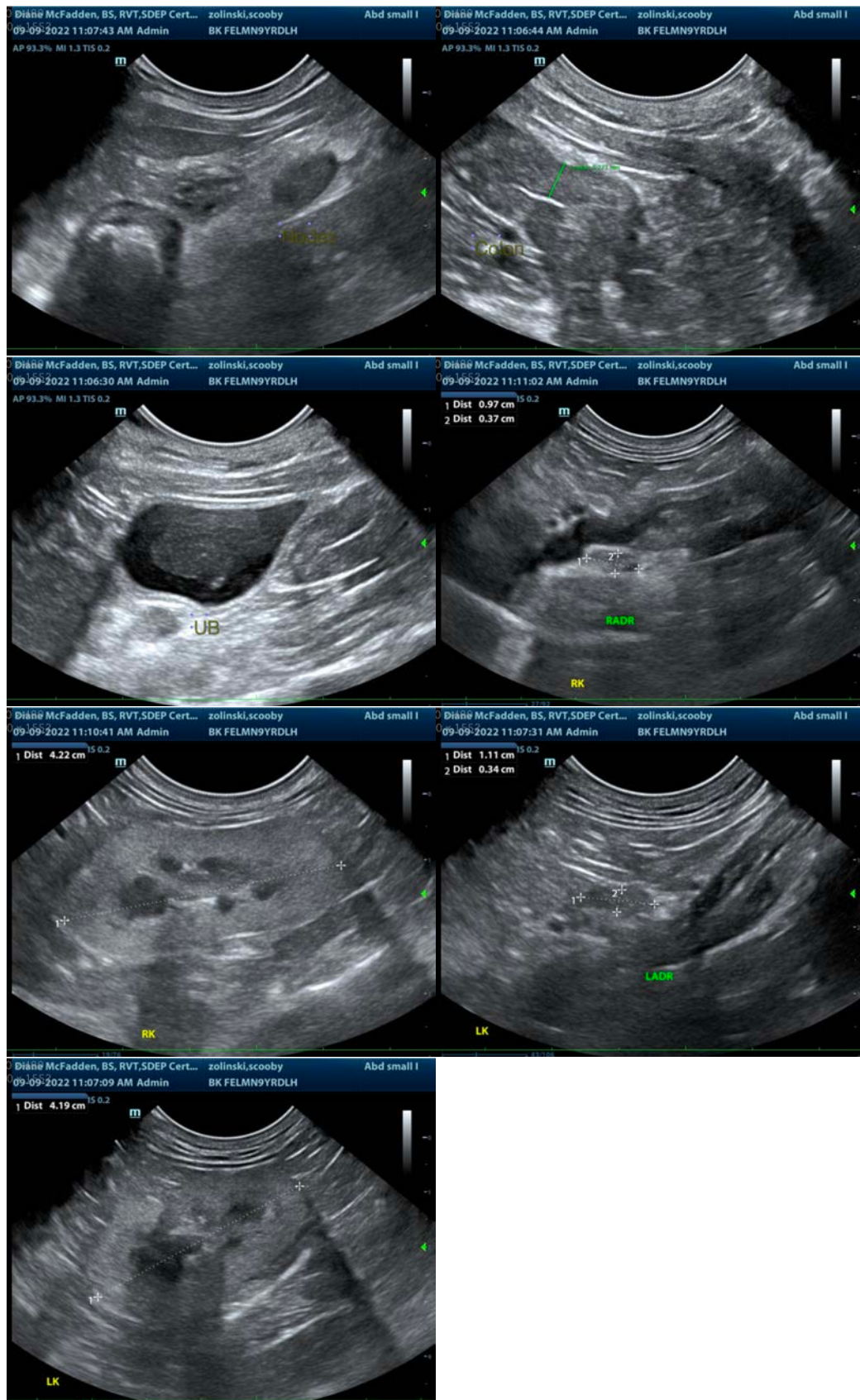
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**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.

**BREED**

DLH

**Beth Johnson, DVM, DACVIM**

Beth.Johnson@sonopath.com

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

N/A

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Beth Johnson, DVM  
DACVIM

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**HOSPITAL NAME**

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