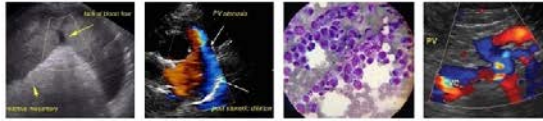




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tiddles Mills	Pet is often PU/PD with low urine SG eyes are sunken and patient is dull and lethargic and not eating much Bloodwork does not account for symptoms is indoor/outdoor but recently staying in more as is now 16 years of age dewormed last year, gets bravecto every 3 months for flea prevention Cat Bite abscess a month ago Difficult to medicate cat - recent injection with Convenia, SQ fluids
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: SDMA slightly elevated 18; rest of profile is normal (and always is in the past check ups as well) including Crea and BUN, T4, liver etc; Bloodwork does not explain cats symptoms
<b>BREED</b>	
DSH	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Neutered Male	Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.
<b>AGE</b>	
17 Years	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 left kidney measures 3.37 cm. The right kidney measures 4.0 cm.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
5.2 kg	The right adrenal gland is normal in size (0.36 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 (0.36 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>	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.
Crystal Hill	<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. One small cyst is noted. The vasculature and biliary tree appear normal without distension or congestion.
Oxford County VC	<b>INVOICE</b>
<b>REFERRING VET</b>	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. Halfon	<b>Gastrointestinal</b>
<b>INVOICE</b>	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.
41511	
<b>DATE</b>	
9/21/22	



<b>PATIENT</b>	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 hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.
Tiddles Mills	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
<b>BREED</b>	<b>Pancreas</b> 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	
<b>SEX</b>	<b>Free Abdomen</b> Multiple hyperechoic foci are noted within the left lateral body wall. There is no evidence of free peritoneal effusion noted in these images.
Neutered Male	
<b>AGE</b>	There is no apparent lymphadenopathy noted in these images.
17 Years	
<b>WEIGHT</b>	<b>PRIMARY FINDINGS</b>
5.2 kg	<ul style="list-style-type: none"> <li><b>Inflammatory bowel disease (IBD) pattern</b> – 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.</li> </ul>
<b>INTERPRETED BY</b>	<b>SECONDARY FINDINGS</b>
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> <li><b>Hyperechoic splenic nodules</b> – 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.</li> <li>Age related kidney change</li> <li><b>Hyperechoic foci throughout the left abdominal body wall</b> – likely fat and of no clinical consequence. Scars or residual tissue change from the reported previous cat bite abscess is also possible, but likely not contributing to the patient’s clinical signs.</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Oxford County VC	If not recently evaluated, 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 ration is recommended.
<b>REFERRING VET</b>	A blood pressure is also recommended, given the possible early kidney disease and dull mentation.
Dr. Halfon	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.
<b>INVOICE</b>	Ultimately, given the patient’s dull mentation, PU/PD, etc. without an obvious visible cause ultrasonographically, further neurologic workup with potential advanced imaging may be recommended.
41511	
<b>DATE</b>	
9/21/22	



**PATIENT**

In the meantime, further empirical antibiotics and potentially an anti-inflammatory may help alleviate clinical signs.

Tiddles Mills

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

17 Years

**WEIGHT**

5.2 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Oxford County VC

**REFERRING VET**

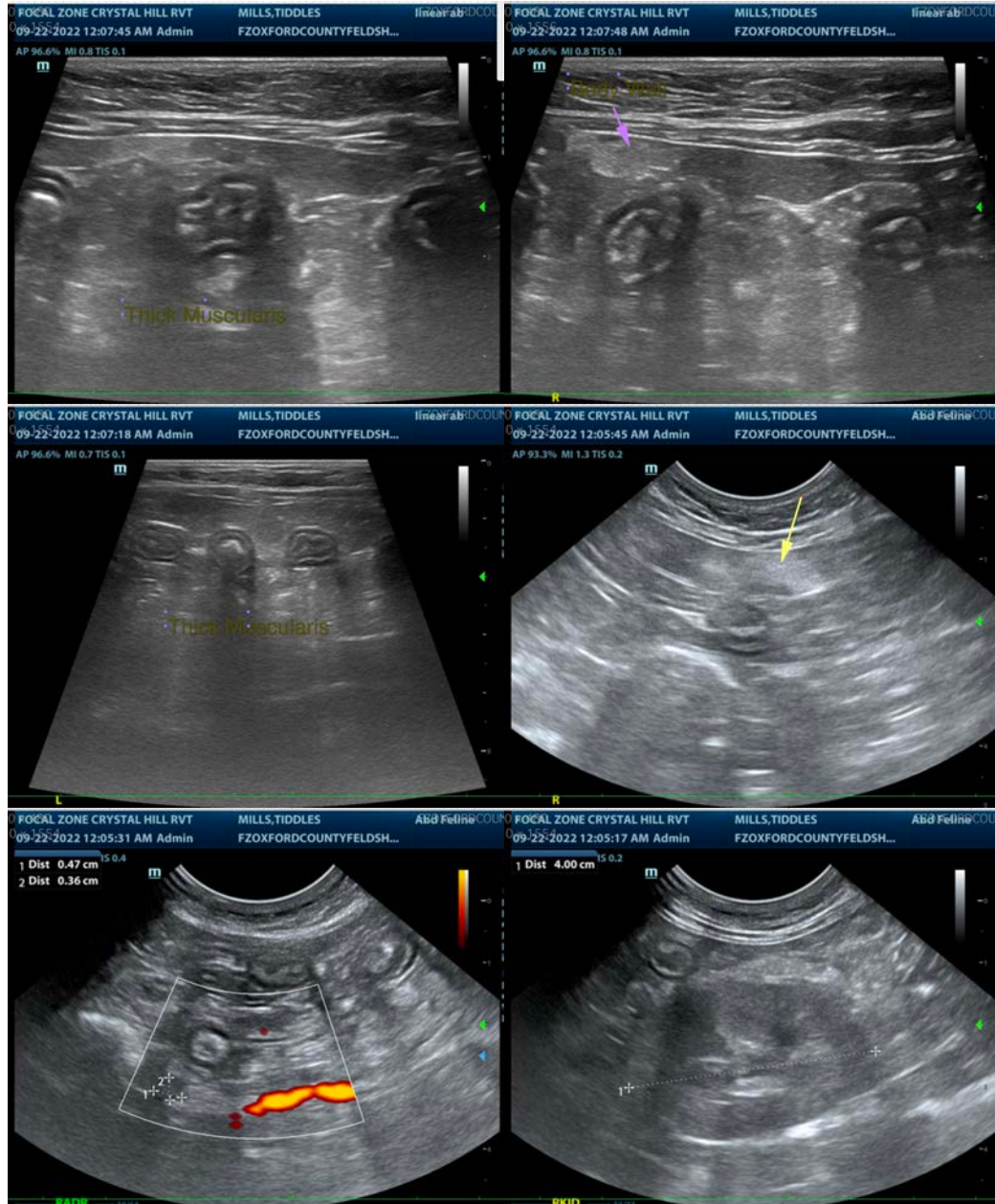
Dr. Halfon

**INVOICE**

41511

**DATE**

9/21/22





**PATIENT**

Tiddles Mills

**SPECIES**

Feline

**BREED**

DSH

**SEX**

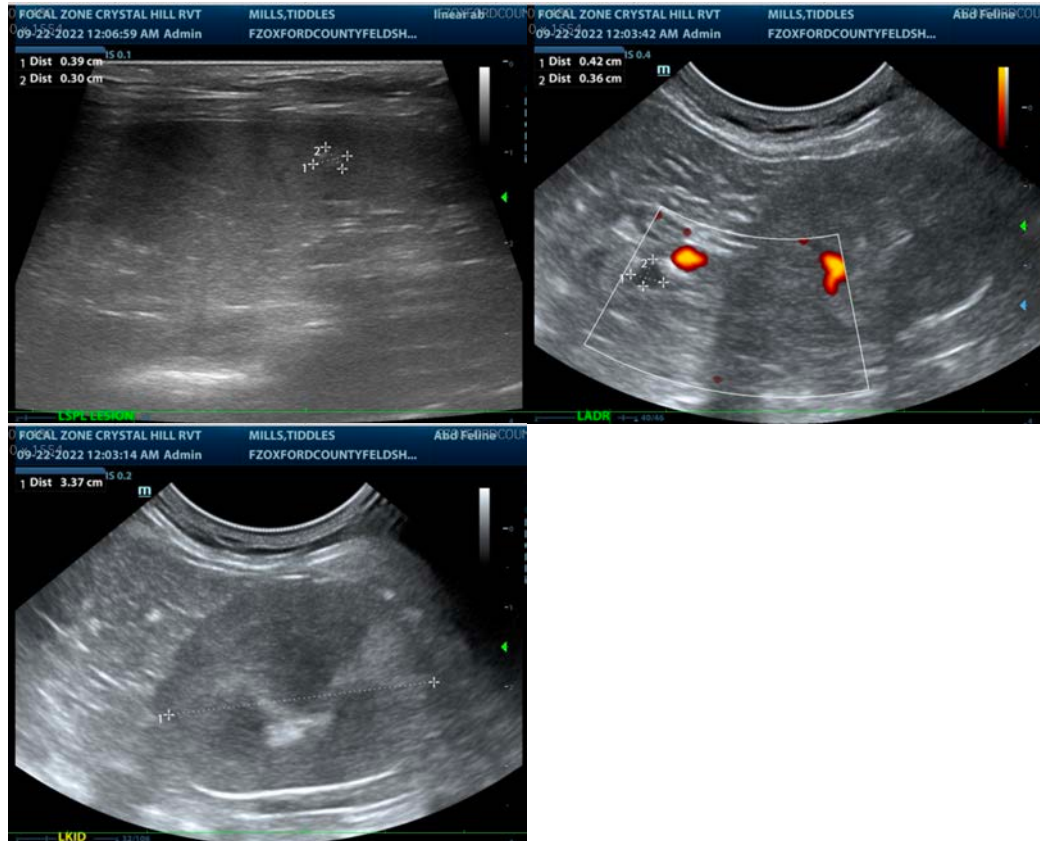
Neutered Male

**AGE**

17 Years

**WEIGHT**

5.2 kg



**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Oxford County VC

**REFERRING VET**

Dr. Halfon

**INVOICE**

41511

**DATE**

9/21/22

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