



PATIENT	PRESENTING CLINICAL SIGNS
Max Piokowski	hypereosinophilic syndrome - normal chest x rays - no metastasis visible 0.1mL ket/0.1mL midaz IV for sedation
SPECIES	Abnormal PE/Chem/CBC/UA Results: 8/31/22 : neut-33(lo), lymph- (lo) , EOS- 43(hi), Baso- 3(HI), abs. EOS- 5891(hi), abs baso - 411(hi)
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
Neutered Male	
AGE	The right kidney is normal in size (4.62 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.
7 Years 10 Months	
WEIGHT	The left kidney is normal in size (3.07 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.
11.7 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The areas of the adrenal glands are examined without evident pathology.
IMAGING PERFORMED BY	Spleen
Heather	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.
HOSPITAL NAME	Liver
ACC Flanders	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.
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. Villari	Gastrointestinal
INVOICE	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.
41158	
DATE	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.
9/8/22	



PATIENT

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

SPECIES

Pancreas

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.

BREED

Free Abdomen

DSH

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

SEX

There is no apparent lymphadenopathy noted in these images.

Neutered Male

PRIMARY FINDINGS

- **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.

AGE

7 Years 10 Months

WEIGHT

11.7 Pounds

SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Heather

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

ACC Flanders

Ideally, biopsies of the GI tract, being sure to include ileum, if possible, would be obtained to definitively diagnose and therefore manage the suspected infiltrative bowel disease. However, given the reported eosinophilia, parasitic disease, food allergen, or potentially eosinophilic inflammatory bowel disease are considered the top differentials. Therefore, empirical deworming with a 5-day course of Panacur as well as a transition to a hydrolyzed protein diet in addition to cobalamin supplementation (if indicated based on GI panel results) may be elected prior to more invasive biopsies.

REFERRING VET

Dr. Villari

INVOICE

41158

DATE

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PATIENT

Max Piorkowski

SPECIES

Feline

BREED

DSH

SEX

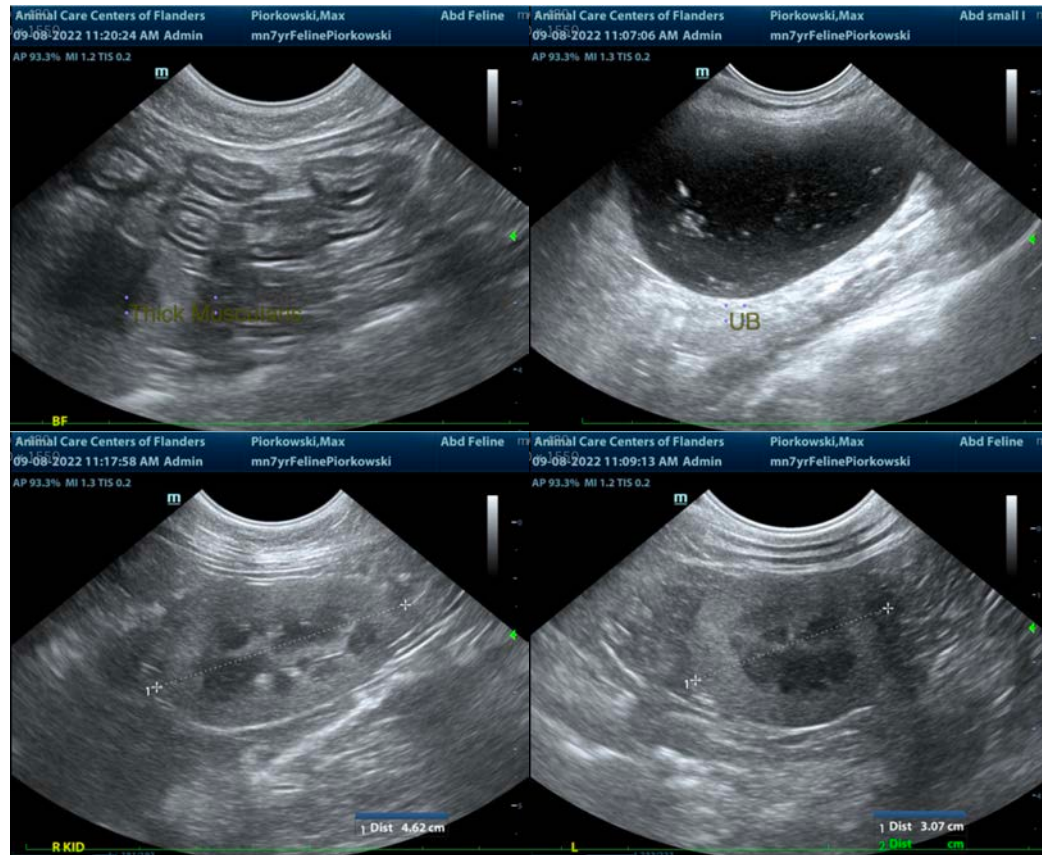
Neutered Male

AGE

7 Years 10 Months

WEIGHT

11.7 Pounds



INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Villari

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