

**PATIENT PRESENTING CLINICAL SIGNS**

Polly McMillan

History: Dehydration about 6 % decrease appetite weight loss ( about 1 kg) Soft abdomen.  
Meds:cerenia injectable 0.42 mls SQ, Cerenia 24 mg tablets PO 1/4 tab Starting tomorrow. SR buprenorphine 0.12 mg/kg SQ, Normosol fluids 175 mls SQ, Convenia 0.42 mls SQ. Mirtazapine 2 mg tab PO 1 tab q 48 hours

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Normal CBC elevated ALT, ALP and bilirubin slight increase  
Hyperglycemia Glucose 18.5 ( 4.11 - 8.84 mmol/L) TT 4 normal low ( 12 ( 10-60 nmol/L), fPL normal  
Fructosamine was sent to the lab for confirmation of possible DM

**BREED**

Himalayan

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed female

Urinary bladder is adequately 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.

**AGE**

17 years

Left kidney is normal is size (3.6 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.

**WEIGHT**

4.58 kg

Right kidney is normal is size (3.63 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

Left adrenal gland is normal in size (0.24 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

Right adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Simcoe AH

**Spleen**

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.

**REFERRING VET**

Dr. Aliaga-Leyton

**Liver**

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

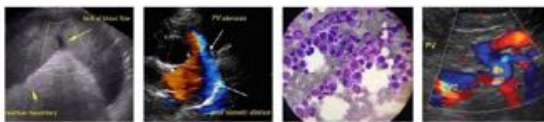
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**DATE**

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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.



**PATIENT**

***Gastrointestinal***

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. The pylorus is mildly distended with echogenic fluid. Pyloric outflow tract appears patent.

**SPECIES**

Feline

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 of the small intestine is empty with no evidence of obstruction or foreign material.

**BREED**

Himalayan

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

**SEX**

Spayed female

***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**AGE**

17 years

***Free Abdomen***

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

**WEIGHT**

4.58 kg

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**ULTRASONOGRAPHIC 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.
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

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Kelly Reshny, RVT

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Aliaga-Leyton

Recommendations for this patient include ruling in or out diabetes mellitus with an already reportedly pending Fructosamine. 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.

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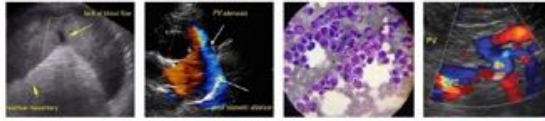
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Given the bowel changes and weight loss a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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FNA of the liver is recommended if the patient's coagulation status is appropriate. Pending liver aspirate results and diabetes work-up results biopsies of the gastrointestinal tract being sure to include ileum if possible may be necessary to definitively diagnose and therefore manage suspected infiltrative bowel



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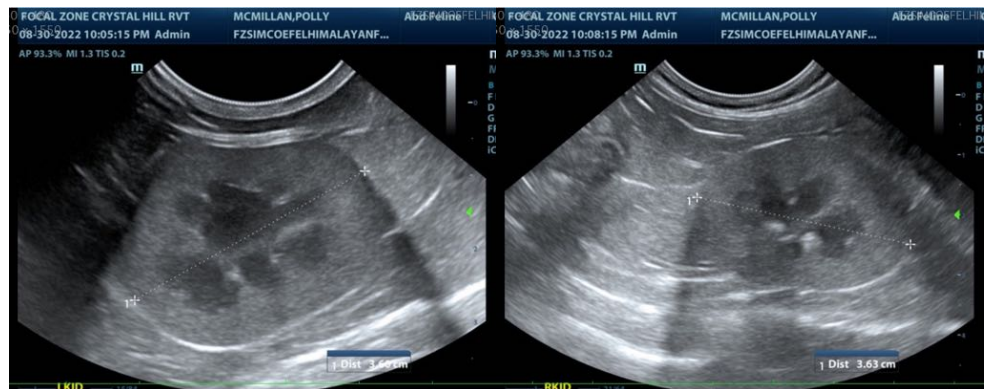
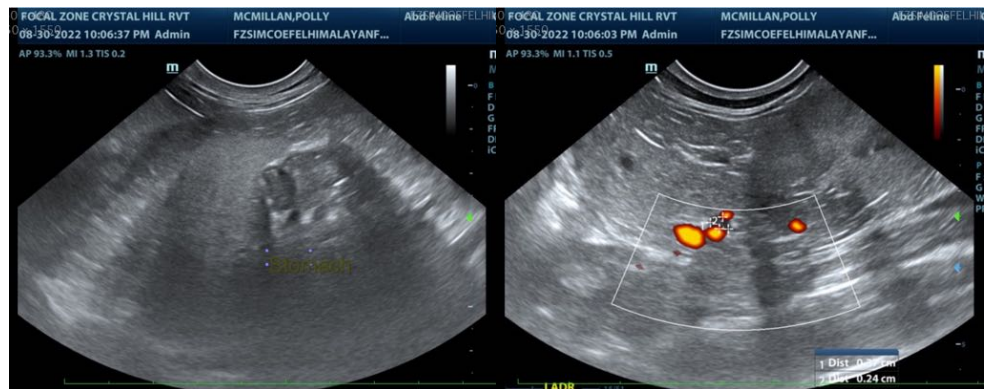
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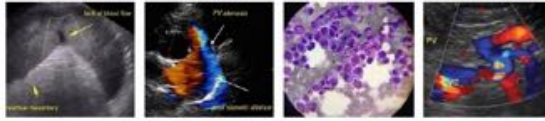
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disease if it is contributing to the patient's weight loss. If biopsies cannot be obtained empirical therapies could include a diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation unless cobalamin levels are evaluated and supplementation is not warranted and Prednisolone, however, using Prednisolone empirically should be pursued very carefully given the diabetes mellitus, which Prednisolone would exacerbate.

In the short term antiemetics and gastroprotectants as well as an appetite stimulant or even a feeding tube placement if necessary are recommended to address the acute gastrointestinal signs.





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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**

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