



**PATIENT PRESENTING CLINICAL SIGNS**

**Abby Barksdale** History: Patient presented 3/23 for exam (have not seen her since 2021). Owner notes ongoing issues with diarrhea "since kitten" Liquid almost always. Ravenously hungry, vomits but mostly "scarf/barf". Indoors only. Bloodwork including T4 was normal, and there was no response to probiotics. She had lost 1# between 2021 and visit in March.

**SPECIES**

**Feline** Abnormal PE/Chem/CBC/UA Results: Thin cat, weight loss since 3/23 of additional #1. Liquid diarrhea prior to AUS, collected for fecal diarrhea panel/fecal OPG.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH**

**Urinary System**

The urinary is diffusely thickened (0.42 cm) with a hypoechoic wall. The bladder lumen is almost completely empty, also contributing to the thick appearance of the bladder wall. There are no visible mucosal irregularities. There are two shadowing hyperechoic cystoliths (one measures 0.78 cm in length / the other, 0.60 cm in length).

**SEX**

Female Spayed

**AGE**

11 years

The left kidney is normal in size (3.90 cm) shape and architecture with smooth peripheral margins. There is mildly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

5.5 lbs

The right kidney is small (2.90 cm) with a slightly irregular shape, normal architecture and smooth peripheral margins. There is decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (0.36 cm) with a normal shape and is normal in appearance and echogenicity.

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

The area of the right adrenal gland did not show any obvious pathology.

**IMAGING PERFORMED BY**

Susan Lincoski VMD

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**HOSPITAL NAME**

University Drive VH

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears mildly hyperechoic and coarse, with slightly decreased portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. There is an enlarged, rounded and hypoechoic hepatic lymph node (0.76 cm x/ 0.32 cm).

**REFERRING VET**

Susan Lincoski VMD

The gallbladder lumen is moderately distended. The wall is a normal thickness; and on the edge, there is very subtle mucosal irregularity. Luminal contents are anechoic. The cystic and common bile ducts are dilated and tortuous (up to 0.30 cm in internal diameter, with a normal wall of <1.00 mm).

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**Gastrointestinal Tract**

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

**DATE**

5.4.23



<b>PATIENT</b>	The visualized areas of duodenum, jejunum and ileum appear thick. The duodenum measures normal (0.34 cm) with distinct wall layering. The remainder of the small intestines also measures thick (up to 0.27 cm) with a subjectively mildly thickened muscularis. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.
Abby Barksdale	
<b>SPECIES</b>	The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness.
Feline	
<b>BREED</b>	The sections of colon evaluated are empty. The colon measures thick (0.32 cm). There is no observed focal or generalized colon wall loss of layering.
DSH	<b>Pancreas</b> The pancreas is mildly hypoechoic, though is not enlarged. There is no evidence of nodules or cystic lesions. There is no evidence of regional fluid. The surrounding mesenteric fat is hyperechoic, but is diffusely so within the abdomen, not necessarily just around the pancreas (so this is not considered to be diagnostic for pancreatic inflammation). The visible pancreatic duct was dilated (0.51 cm) which can be normal in aging cats.
<b>SEX</b>	
Female Spayed	
<b>AGE</b>	<b>Peritoneum</b> The mesentery is diffusely hyperechoic within the entire abdomen, including the portahepatus and pancreatic area. The mesenteric lymph nodes are diffusely mildly enlarged and hypoechoic (one measuring 0.64 cm x 0.30 cm, and the largest measuring 1.12 cm in length x 0.23 cm thick). These lymph nodes are considered more likely to be reactive. Evaluation of the peritoneal cavity did not reveal any evidence of effusion.
11 years	
<b>WEIGHT</b>	
5.5 lbs	
	<b>ULTRASONOGRAPHIC FINDINGS</b>
	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Chronic enteropathy with reactive lymphadenopathy</li> <li>• Bladder stones with cystitis</li> <li>• Mild prior or current pancreatitis</li> <li>• Dilated/tortuous common bile duct</li> <li>• Chronic degenerative renal changes, right worse than left</li> </ul>
Jessica Midence, DVM, DACVIM (SAIM)	
<b>IMAGING PERFORMED BY</b>	
Susan Lincoski VMD	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
University Drive VH	The changes on this ultrasound would support chronic enteropathy throughout the small intestines and colon, such as inflammatory bowel disease or small cell lymphoma. Unfortunately, these cannot be distinguished without biopsy (endoscopic vs surgical).
<b>REFERRING VET</b>	
Susan Lincoski VMD	The changes to the common bile duct and pancreas would support inflammatory disease in those organs as well (e.g., "triaditis"), but there does not appear to be active cholangitis, and the changes in these organs could be from prior disease or flare-ups. Correlate the potential for pancreatitis and inflammatory liver/biliary disease with lab-work changes. Otherwise, consider a GI work-up including a diet trial with something hypoallergenic or novel protein (if not contraindicated in this patient). Additionally, psyllium fiber or other anti-diarrheal therapy (such as montmorillonite clay, Tylan powder, etc.) could be considered.
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**PATIENT**

Abby Barksdale

There are bladder stones that are likely too large to pass and are causing cystitis. Consider urinalysis and culture. Radiographs may provide a more accurate measurement of size and radiolucency could be determined. A short-term dissolution diet could be considered, or a multi-function diet such as Royal Canin Hydrolyzed Protein/SO). Monitor for signs of cystitis and urinary obstruction.

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Feline

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**HOSPITAL NAME**

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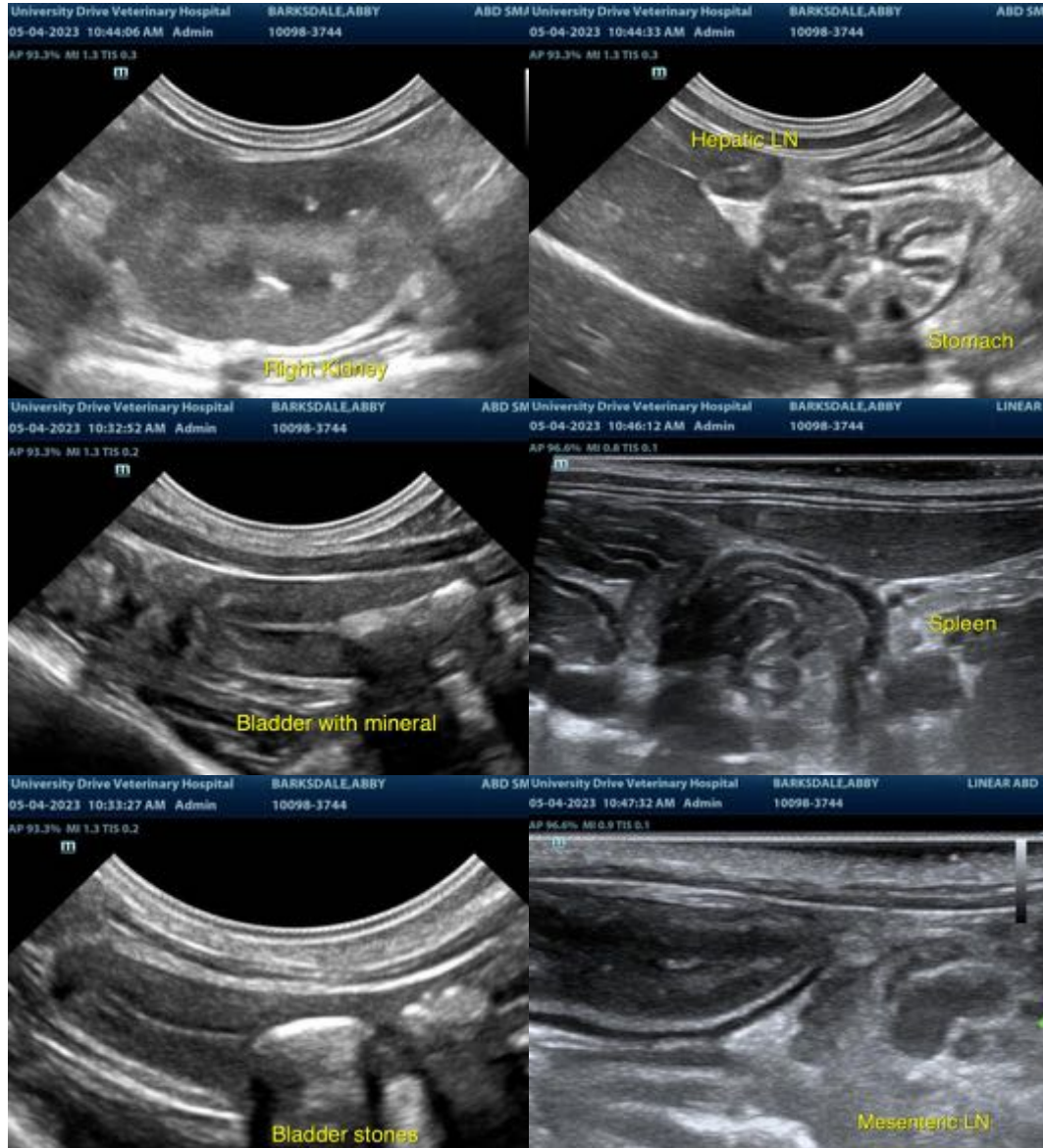
Susan Lincoski VMD

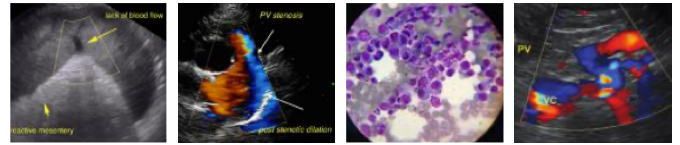
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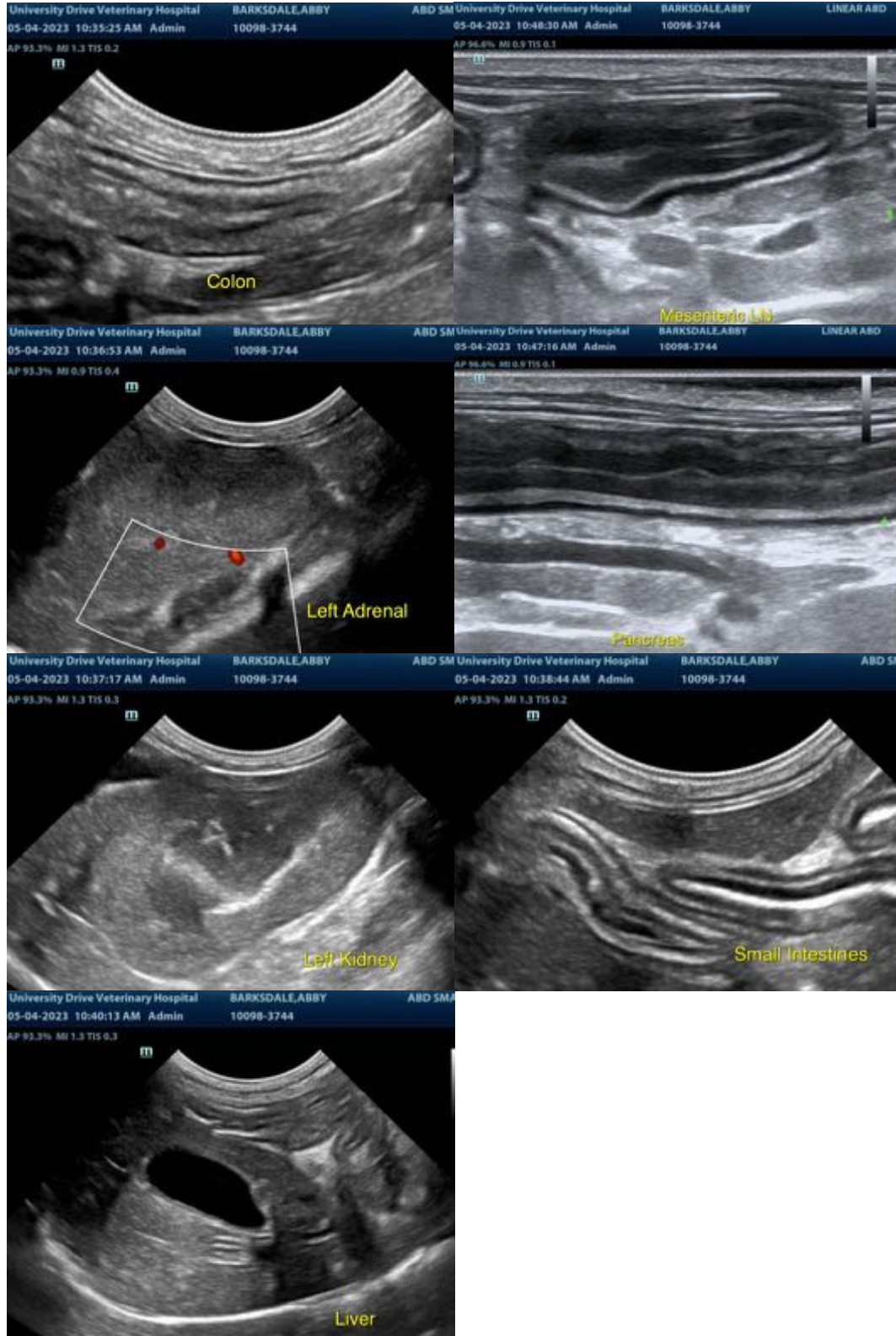
Susan Lincoski VMD

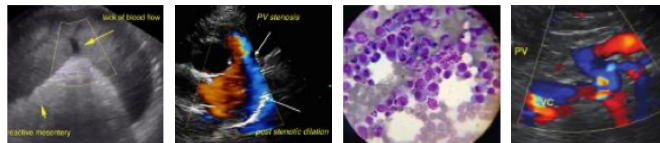
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**PATIENT**

Abby Barksdale

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.

Jessica Midence, DVM, DACVIM (SAIM)  
info@SonoPath.com

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