



PATIENT	PRESENTING CLINICAL SIGNS
Octavia White	Hasn't been eating O got P at the end of last month Did eat some yesterday V/D- V+ last night Still very BAR Is eating treats PE: mild pain upon abdominal palpation.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder is moderately 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.
DSH	
SEX	The right kidney is normal in size (2.93 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.
Female	
AGE	The left kidney is normal in size (2.84 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.
4 Months	
WEIGHT	Adrenal Glands
2.02 kg	The right adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Dr. Shelley Lenz	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
State Ave Vet Clinic	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. Normal portal vein to caudal vena cava ratio noted.
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. Shelley Lenz	
INVOICE	Gastrointestinal
43131	Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.
DATE	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.
6/14/23	



PATIENT

Octavia White

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

SPECIES

Feline

Pancreas

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

DSH

Free Abdomen

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

SEX

Female

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

4 Months

ULTRASONOGRAPHIC FINDINGS

- **Gastritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely. This finding is could very well be a normal age variant.

WEIGHT

2.02 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other than some mild gastritis, there is not an ultrasonographically visible explanation for this patient's decreased appetite or vomiting. If not recently evaluated, recommendations include a general metabolic health screen to included CBC/Chem panel, electrolytes, urinalysis, as well as a fecal exam.

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.

In the meantime, and/or pending further workup directed by metabolic health screen and GI panel results, etc., empirical deworming with a 5-day course of Panacur is recommended as is supportive/symptomatic medical management of gastritis including antiemetics, gastroprotectants, appetite stimulants, and if tolerated potentially transition in diet. A bland easy to digest diet could be tried or potentially a hydrolyzed protein diet, etc. Some patients respond better to one brand or version of hydrolyzed protein diet versus another, so sometimes several trials are necessary.

IMAGING PERFORMED BY

Dr. Shelley Lenz

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

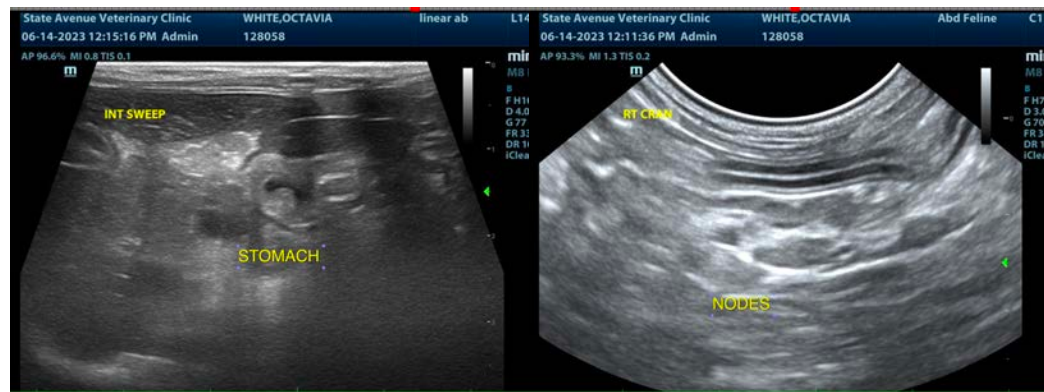
Dr. Shelley Lenz

INVOICE

43131

DATE

6/14/23





PATIENT

Octavia White

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

4 Months

WEIGHT

2.02 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Shelley Lenz

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

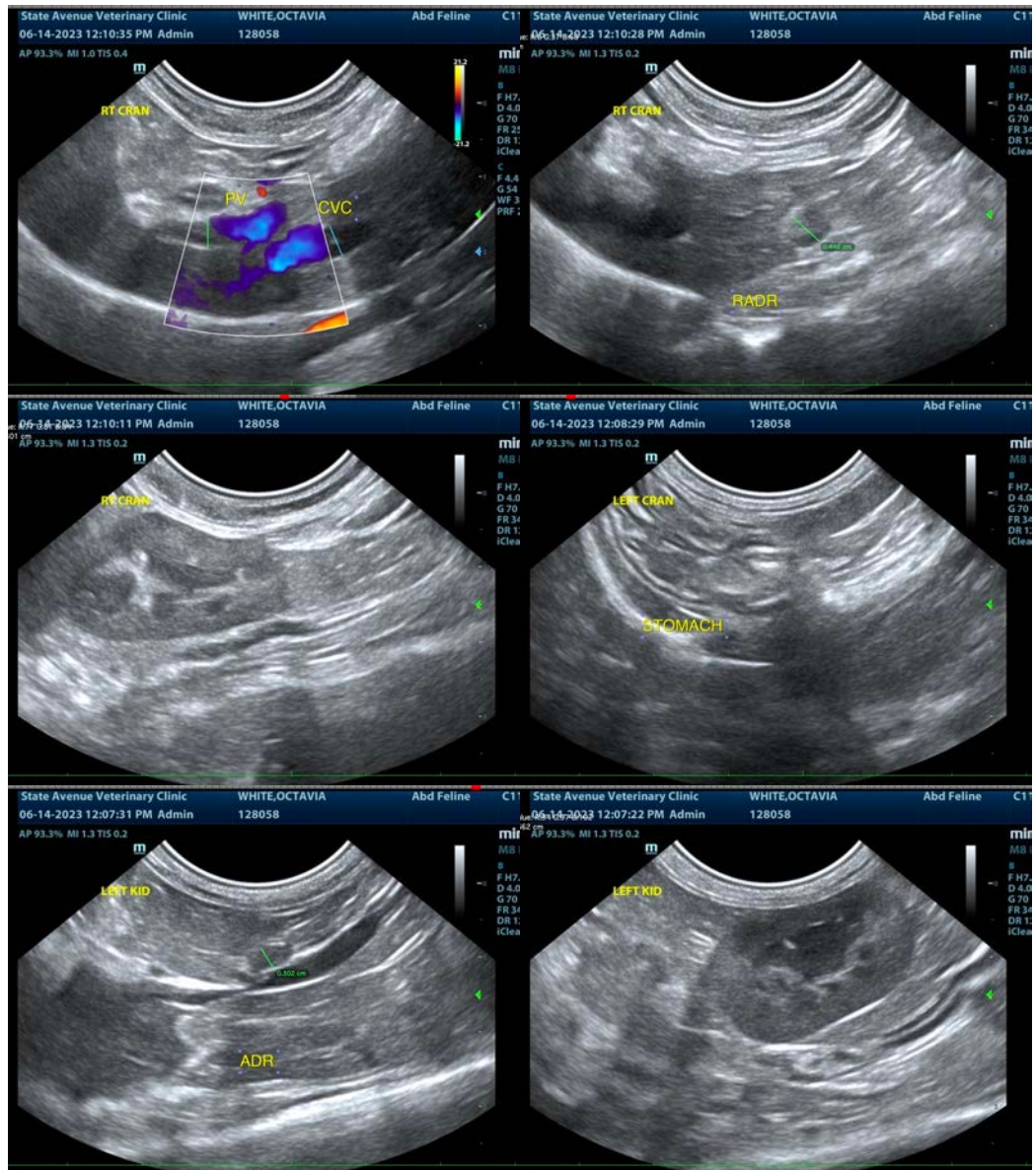
Dr. Shelley Lenz

INVOICE

43131

DATE

6/14/23



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
info@sonopath.com