



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie May Vincent

Presented to rDVM for vomiting about once a night for the past week. A few weeks prior to this O changed diet to a grain free option. O tried mixing old food with new food when started vomiting but immediately after eating it vomited and then wouldn't eat. Indoor only, No diarrhea. Chews on many string like objects.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: PE normal. Mild elevation hematocrit (suspect hemoconcentration) Mild ALT elevation 255 (20-100) Azotemia - BUN 15.1 (3.6-10.7) Creat 349 (27-186) Mild hyperglycemia 11.0 - stress induced fPL normal USG done hours after SQF administered by rDVM - 1.019

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

**SEX**

Spayed Female

Right kidney is normal in size (4.0 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.

**AGE**

2 Years 7 Months

Left kidney is normal in size (3.8 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**

4.09 kg

**Adrenal Glands**

Right adrenal gland is normal in size (0.96 cm long x 0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Left adrenal gland is normal in size (0.65 cm x 0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**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.

**HOSPITAL NAME**

Central Island Vet  
Emergency Hospital

**Liver**

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**

Dr. Matthew  
Guenther

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.

**INVOICE NUMBER**

34184

**DATE**

1/13/22



**PATIENT** *Gastrointestinal*

Maggie May Vincent 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.

**SPECIES**

Feline 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.

**BREED**

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

**Pancreas**

**SEX** 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.

Spayed Female

**Free Abdomen**

**AGE** There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

2 Years 7 Months

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen with no visible pathology noted

**WEIGHT**

4.09 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include medical management of the azotemia with rehydration followed by reassessment to see if it's truly renal versus prerenal, as well as supportive care of the GI signs with antiemetics +/- appetite stimulants if needed. A gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended, followed potentially by a transition back to this patient's original diet, or to a hydrolyzed or novel protein diet while receiving antiemetics to help the transition in case this was food intolerance. No evidence of foreign body or obstruction is present in this study.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Central Island Vet  
Emergency Hospital

**REFERRING VET**

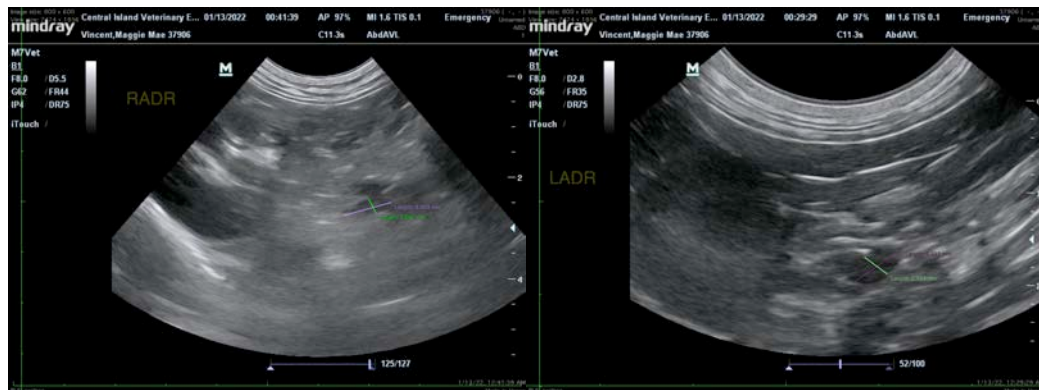
Dr. Matthew  
Guenther

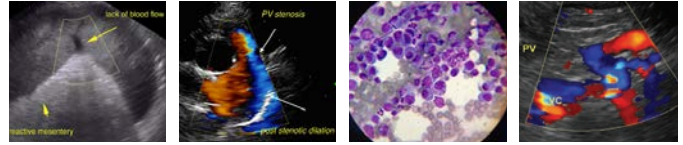
**INVOICE NUMBER**

34184

**DATE**

1/13/22





**PATIENT**

Maggie May Vincent

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

2 Years 7 Months

**WEIGHT**

4.09 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Central Island Vet  
Emergency Hospital

**REFERRING VET**

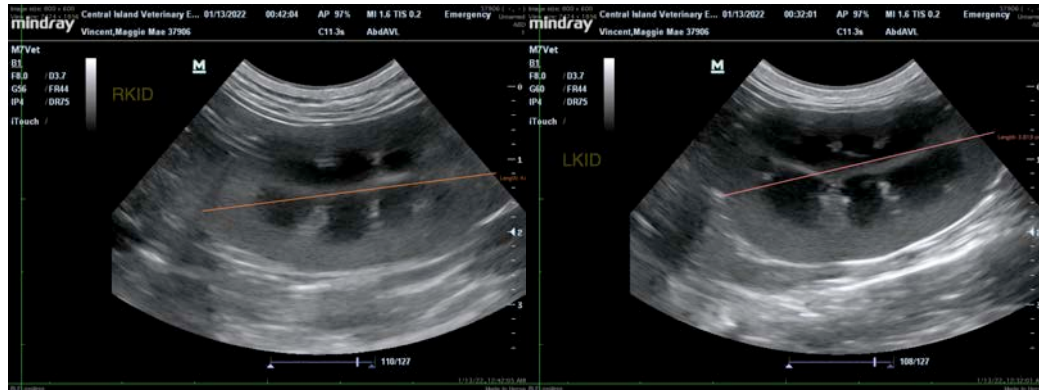
Dr. Matthew  
Guenther

**INVOICE NUMBER**

34184

**DATE**

1/13/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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