



PATIENT	PRESENTING CLINICAL SIGNS
Cal Erickson	Rapid weight gain in past 2 months; appetite somewhat down. Outdoor cat -- generally hunts, but lethargic recently so has been eating kibble/canned food. Deworms regularly with pyrantel.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4 today was largely unremarkable – with BUN mildly elevated at 47 – but USG 1.040.
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.
Spayed Female	The right kidney is normal in size (3.78 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	The left kidney is normal in size (3.7 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.
14 Years	Adrenal Glands
WEIGHT	The adrenal glands are unable to be well visualized in these images.
11.75	Spleen
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	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.
Jill Rumachik	Gastrointestinal
HOSPITAL NAME	Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
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PATIENT

Cal Erickson

non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Feline

In the mid abdomen, there is what appears to be a small bowel loop that contains a curvilinear bright echogenic interface with strong acoustic shadowing, which, given the lack of an obstructive pattern, lack of plication, and no evidence of foreign material/obstruction of any other kind, likely represents normal ingesta, chyme, and gas, potentially with some mineral or sand debris from outside. However, a non-obstructive foreign body cannot be definitively ruled out.

BREED

DSH

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 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.

AGE

14 Years

Free Abdomen

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

WEIGHT

11.75

There is no apparent lymphadenopathy noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

PRIMARY FINDINGS

- **Small bowel contents** – Likely represents normal ingesta +/- sand/debris, maybe even small bone fragments from outside, especially given the lack of an obstructive pattern, plication, etc. to suggest otherwise. However, given the appearance, a non-obstructive foreign body cannot be ruled out.

IMAGING PERFORMED BY

Jill Rumachik

SECONDARY FINDINGS

- Urinary bladder debris
- **Mild gallbladder debris** - Cholecytic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is typical for decreased appetite (which is reportedly present in this patient) to result in weight gain (which is also reported in the history). Therefore, it is possible that the lethargy and change in eating habits from being outside hunting to being primarily indoors eating canned food has resulted in the weight gain with the primary pathologic problem being whatever is causing the lethargy and the desire to stay inside. There is no ultrasonographically obvious cause for the reported lethargy in these images.

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Recommendations include evaluation for parasitic and/or infectious disease, given the patient's exposure to outdoors, followed by supportive/symptomatic medical management of some possible mild gastroenteritis/dietary indiscretion, etc. with antiemetics, gastroprotectants, and an appetite stimulant if necessary to see if that helps alleviate clinical signs. Otherwise, further evaluation for possible pain sources resulting in lethargy, including orthopedic pain, neurologic pain, dental or oral pain, etc. could be considered.



PATIENT

Cal Erickson

If gastrointestinal signs persist, especially if they progress to include vomiting, recheck imaging of the small bowel (ideally fasted) is recommended to more definitively rule out a foreign body or an obstruction.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.75

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Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

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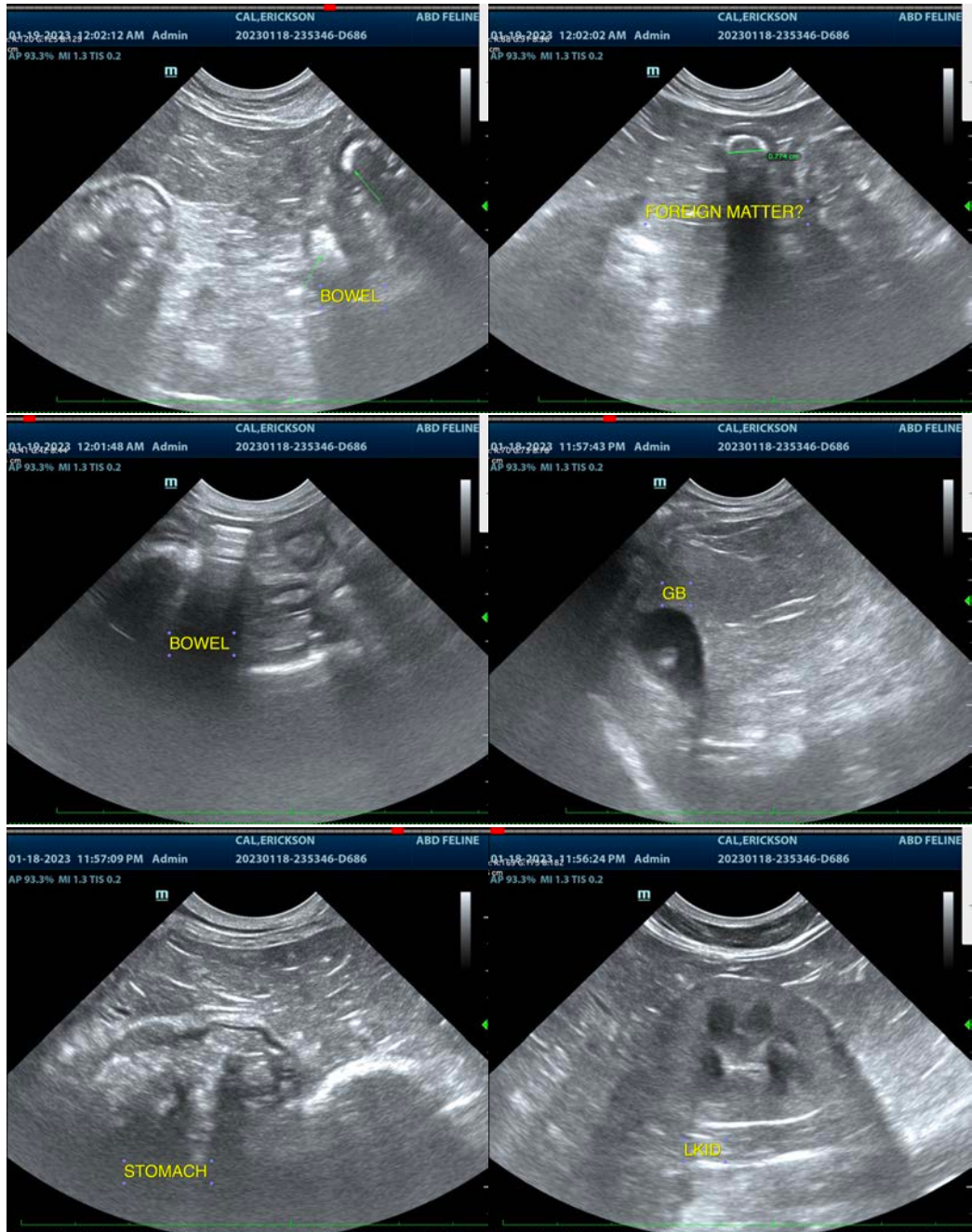
Dr. Eric Howlett

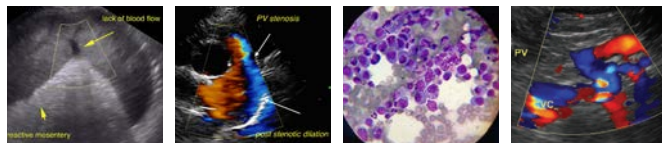
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Cal Erickson

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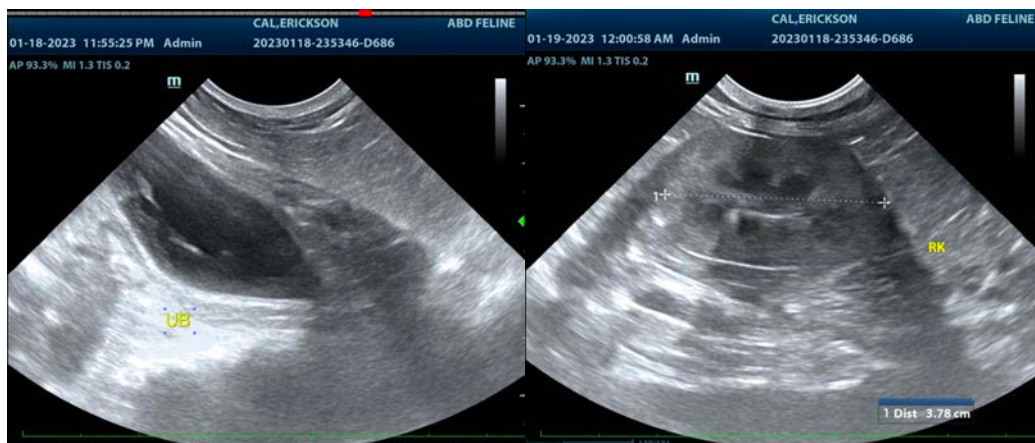
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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