



PATIENT	PRESENTING CLINICAL SIGNS
Clyde Weiner	Chronic vomiting, weight loss, possible hematemesis. Abnormal PE/Chem/CBC/UA Results: Monocytosis.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
DLH	
SEX	The right kidney is normal in size (4.6 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.
Neutered Male	
AGE	The left kidney is normal in size (4.26 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.
1 Year 10 Months	
WEIGHT	Adrenal Glands
13.1 Pounds	The right adrenal gland is normal in size (0.56 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.68 cm at the cranial pole and 0.40 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Kelly Vazquez	Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.
HOSPITAL NAME	Liver
Cresskill AH	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.
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. Joe Khodari	
INVOICE	Gastrointestinal
35081	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.
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
1/25/22	



PATIENT

Clyde Weiner

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Feline

The colon subjectively appears more prominent and distended with strong hyperechoic reverberation artifact and strong acoustic shadowing.

Mild mesenteric lymphadenopathy is appreciated.

Pancreas

BREED

DLH

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.

SEX

Neutered Male

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

1 Year 10 Months

- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

WEIGHT

13.1 Pounds

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Reactive mesenteric lymphadenopathy
- Subjectively distended colon full of formed stool

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Kelly Vazquez

Recommendations include history to determine if this patient is exhibiting any signs of constipation and/or check abdominal x-rays to look for signs of constipation or megacolon, and if present, manage medically in case that is contributing to the vomiting. Other recommendations include a urinalysis with follow up urine culture if indicated based on urinalysis results. If this patient was sedated, mild splenomegaly is likely secondary to sedation. However, if not, a fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate, and it is recommended to premedicate with Diphenhydramine before the splenectomy in case mast cell tumor is present.

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Joe Khodari

In the meantime, therapeutic recommendations include empirical deworming with a 5-day course of Panacur as well as antacid therapy due to the reported hematemesis, antiemetic therapy +/- appetite stimulants if necessary. If a definitive diagnosis is not obtained and/or clinical signs persist, next steps may include endoscopy to further assess gastric and proximal duodenal mucosa.

INVOICE

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SPECIES

Feline

BREED

DLH

SEX

Neutered Male

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1 Year 10 Months

WEIGHT

13.1 Pounds

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HOSPITAL NAME

Cresskill AH

REFERRING VET

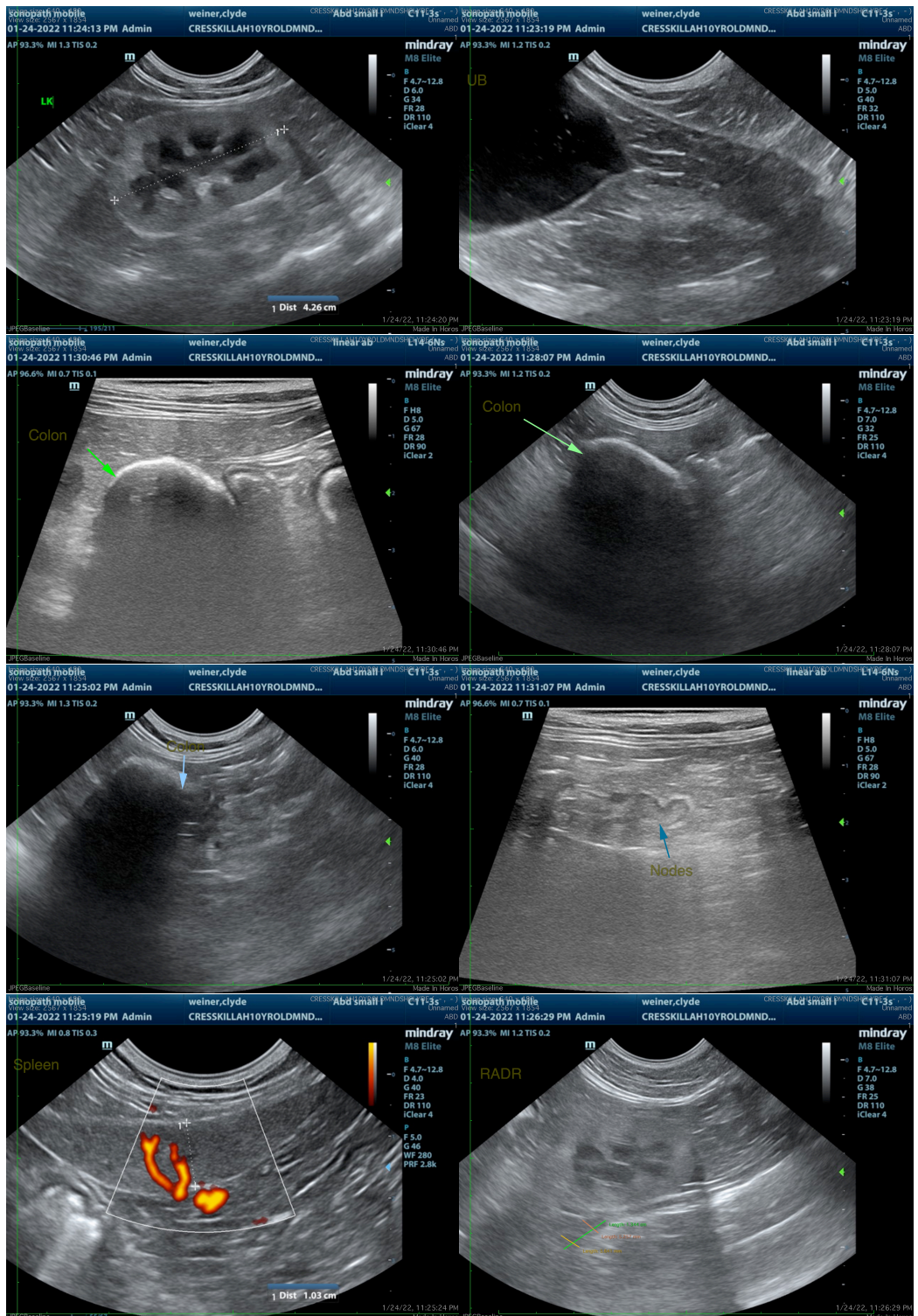
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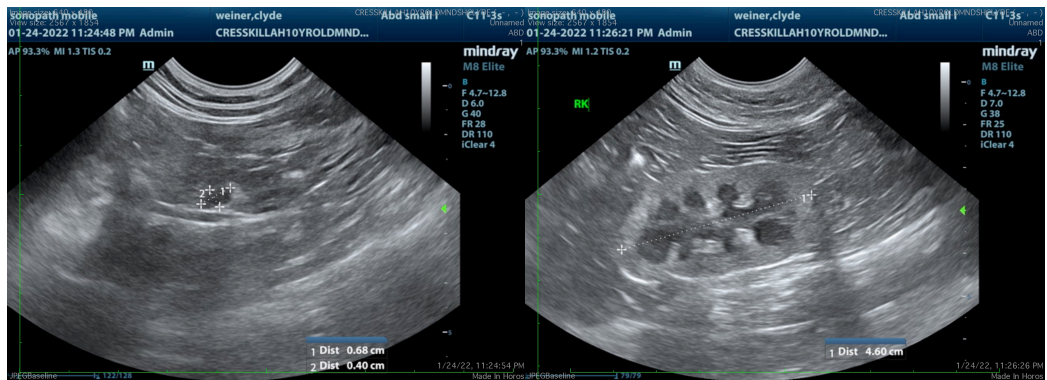
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com