



PATIENT	PRESENTING CLINICAL SIGNS
Lily Krutikova	History of diarrhea. Screening for GI tract disease (inflammatory bowel disease).
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Bengal	
SEX	Left kidney is normal in size (3.56 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
Spayed Female	Right kidney is normal in size (3.95 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
AGE	Adrenal Glands
7 years	Left adrenal gland is normal in size (1.0 cm long, 0.26 cm at cranial pole and 0.28 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
WEIGHT	Right adrenal gland is normal in size (0.28 cm thick), shape and contour. Corticomedullary structure is unremarkable.
11.98 lbs	
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
IMAGING PERFORMED BY	Liver
M Kermendy CVT	Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
HOSPITAL NAME	Gastrointestinal
Wauwatosa Vet	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
REFERRING VET	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
Dr. Haynes	Colon is normal in wall thickness (< 0.2 cm) and layering.
INVOICE	
95666	
DATE	
1/31/22	



PATIENT

Pancreas

Lily Krutikova

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SPECIES

Feline

Free Abdomen

Lymph nodes are normal with no observed enlargement.

BREED

Bengal

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Primary Findings

Unremarkable abdomen.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.98 lbs

Normal ultrasonographic appearance of the gastrointestinal tract does not rule out infiltrative inflammatory disease. Therefore, recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. Empirical therapy for the chronic diarrhea could include empirical deworming with a 5 day course of Panacur, followed by slow transition to a novel or hydrolyzed protein diet. Ultimately if the diarrhea persists biopsies of the bowel being sure to include the ileum if possible may be warranted.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

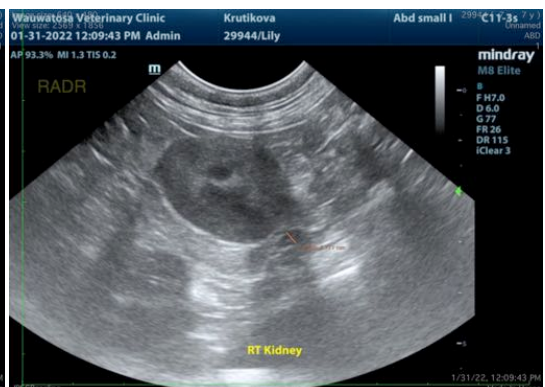


IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwatosa Vet



REFERRING VET

Dr. Haynes

INVOICE

95666

DATE

1/31/22



PATIENT

Lily Krutikova

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

7 years

WEIGHT

11.98 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

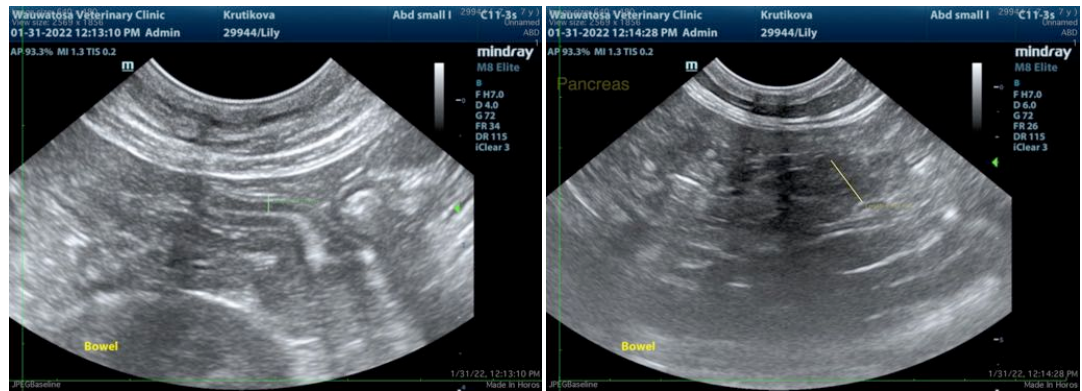
Dr. Haynes

INVOICE

95666

DATE

1/31/22



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