

**PATIENT**

Zeus Snell

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered Male

AGE

6 years

WEIGHT

15.5 lbs

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Union Lake VH

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39995

DATE

10/10/22

PRESENTING CLINICAL SIGNS

History: Going in and out of the litter box and not producing urine or BMs. U.Bladder on rads was empty/small. Fecal present but responded to a pet enema and produced normal stool. He was diagnosed with pancreatitis based on Spec fpli (13.5 and N only up to 3.5).
 Abnormal PE/Chem/CBC/UA Results: Abd pain with palpation. Anal glands very full. Bottom not clean. UA- NSF but not as concentrated as I'd expect(1.027). There is also an abnormally small right kidney and radiologists suspects Chronic right nephropathy indicative of CKD. Spec fpli (13.5 and N only up to 3.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately distended with a normal, uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic, non-shadowing debris. Some of which may be incidental, suspended lipid in a cat, but given the appearance and volume exfoliated cells, mucous and/or small blood clots, etc. are also suspected. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size (left kidney 4.4 cm, right kidney 4.24 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. An infarct was noted in the caudal pole of the right kidney resulting in the mildly, misshaped appearance.

Adrenal Glands

Left adrenal gland is normal in size (0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. 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.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The cystic duct is at the upper end of

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normal limits in distension measuring 0.46 cm. The cystic duct is distended, but appears to taper normally.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. 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.

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

Pancreas**AGE**

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Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

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Free Abdomen

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS**IMAGING PERFORMED BY**

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1. A large amount of echogenic urinary bladder debris is concerning for exfoliated cells, mucous, small blood clots or crystalluria.
2. Chronic active pancreatitis.
3. Chronic infarct in the caudal pole of the right kidney.
4. Gallbladder debris – Cholecystic 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

Given the appearance of the patient's urinary bladder the in and out liter box behavior is believed to be most likely urinary in nature. Recommendations include recheck:

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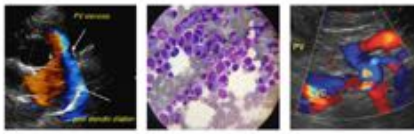
1. Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
2. Concurrent diarrhea cannot be definitively ruled out given the reported perineum staining. Therefore, combined with the suspicion of chronic active pancreatitis a gastrointestinal

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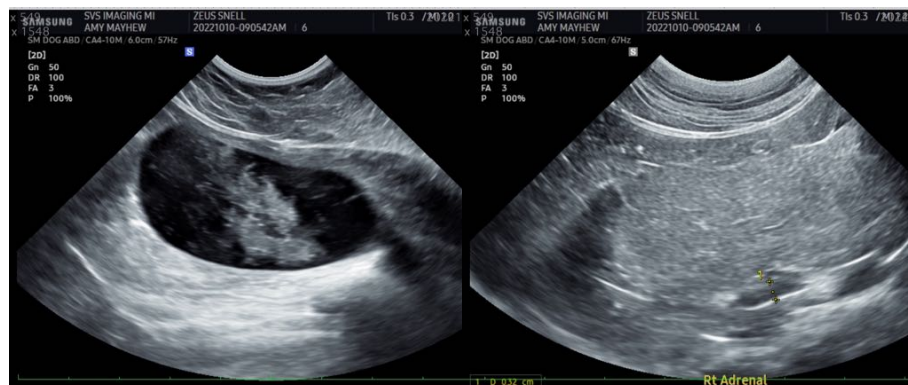
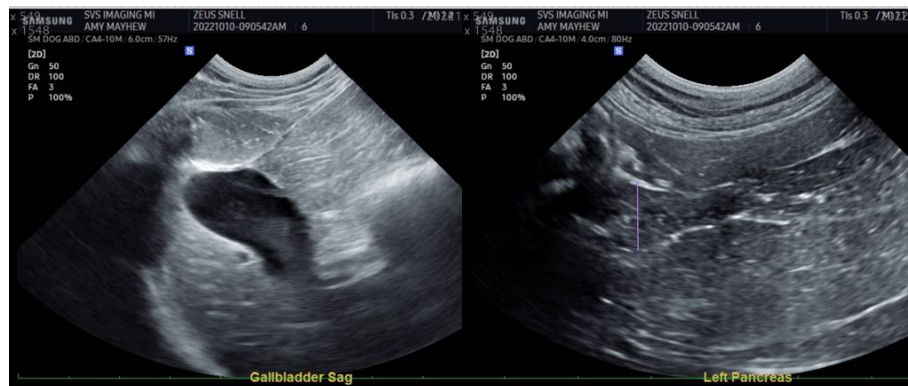
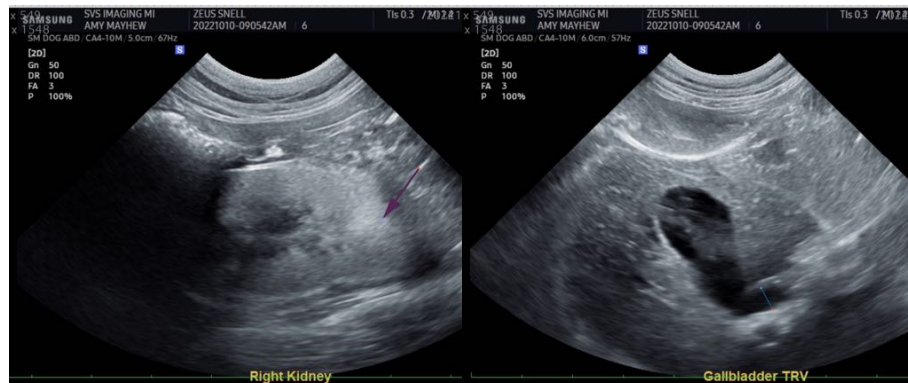
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malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

- 3. In the meantime, if urinalysis results are unchanged and a culture is negative then in the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs are most consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).

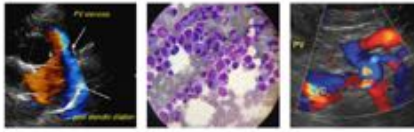
Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.

- 4. Empirical deworming with a 5 day course of Panacur is also recommended to address any fecal parasites as well as potentially parasites effecting the urinary bladder.



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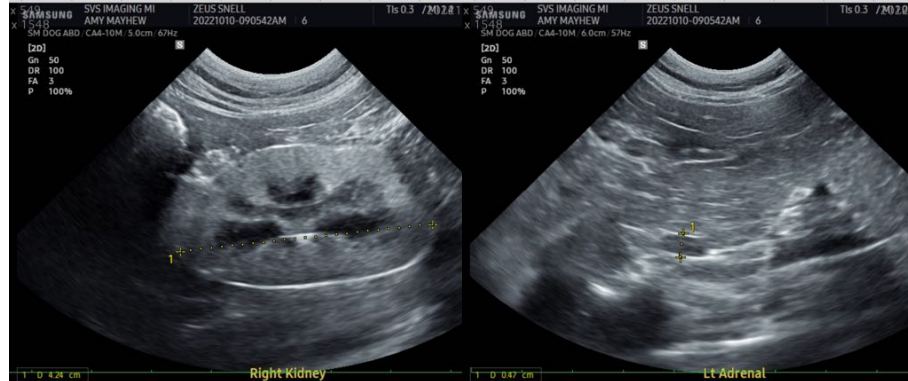
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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