



PATIENT PRESENTING CLINICAL SIGNS

Tux Craven Tux presented for abdominal ultrasound to evaluate for chronic vomiting. Blood work, including Total T4, was within normal limits. Tux had dental disease. Otherwise doing well at home.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline 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.

BREED

DSH The right kidney is mildly enlarged in size (5.0 cm), with normal shape and slightly hyperechoic in 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.

SEX

Neutered Male The left kidney is mildly enlarged in size (4.7 cm), with normal shape and slightly hyperechoic in 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

8 Years **Adrenal Glands**
Right adrenal gland is normal in size (0.97 cm long x 0.44 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

18 Pounds Left adrenal gland is normal in size (1.3 cm long x 0.4 cm thick), 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

HOSPITAL NAME

Kings Vet Hospital

REFERRING VET

Dr. Rita Kivircik

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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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PATIENT Tux Craven
 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.

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

Pancreas

Pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to hypoechoic echogenicity.

BREED

DSH

Free Abdomen

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

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Bilaterally hyperechoic, mildly enlarged kidneys – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, infiltrative neoplasia such as lymphoma. However, given the lack of azotemia, normal patient variant or fat deposition is also possible.

AGE

8 Years

- Prominent heterogenous pancreas – This finding is most consistent with chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

18 Pounds

Recommendations include a urinalysis and urine culture to complete a full evaluation of the kidneys +/- blood pressure and urine protein/creatinine ratio if indicated based on urinalysis results. Given the other ultrasound findings, other diagnostic recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess the pancreas and small bowel.

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Pending results, therapeutic recommendations could include a diet change beginning with a low-fat or bland, easy to digest diet, followed by (if not successful) with a hydrolyzed or novel protein diet. Ultimately, if clinical signs persist, endoscopy with stomach and small bowel biopsies may be necessary. If further evaluation of kidneys points in the direction of kidney disease, or azotemia develops, a fine needle aspirate of the kidneys is indicated if patient's coagulation status is appropriate.

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PATIENT

Tux Craven

SPECIES

Feline

BREED

DSH

SEX

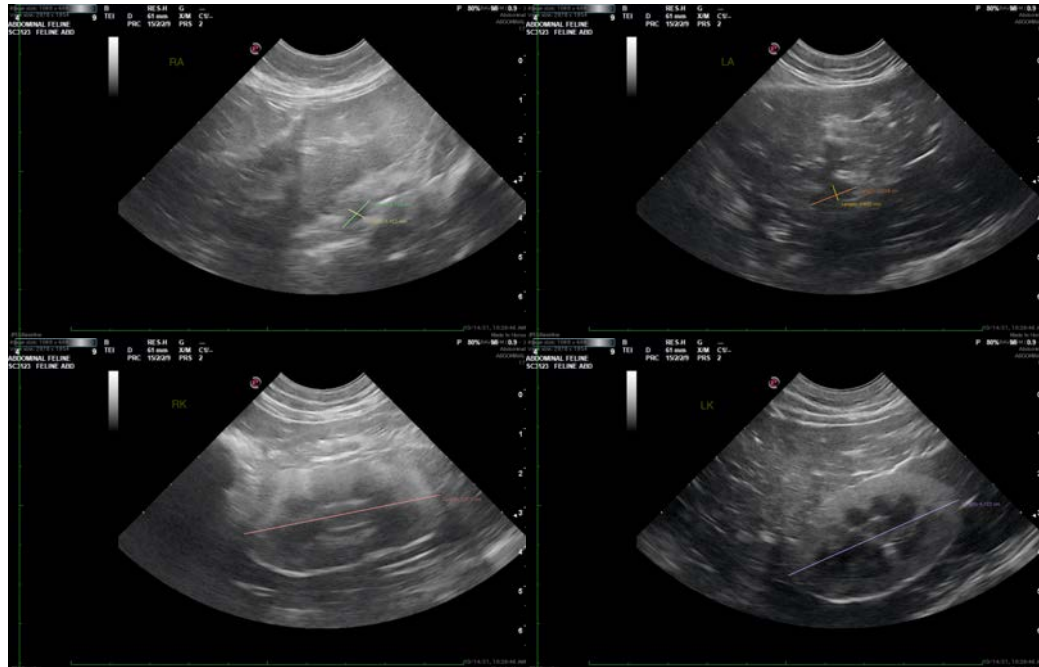
Neutered Male

AGE

8 Years

WEIGHT

18 Pounds



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.

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