

**PATIENT**

Bentley Foksinski

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

9.75 Pounds

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

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Family Pet Practice

**INVOICE**

42129

**DATE**

10/18/22

**PRESENTING CLINICAL SIGNS**

AUS Scheduled for 10/18/22 for inappropriate urination and weight loss. Hematuria noted in recent UAs, with new finding of crystals 10/6. Hx of vomiting after drinking excess water, resolved at this time. 10/6/22 ANT culture negative for bacterial growth. Unremarkable blood work. Have done two courses of Onsior (once in September, again after visit 10/6) with mild improvement. Strongly suspect stress cystitis based on discussions on home environment and resources, plan to rule out any other medical issues that may be contributing. O has not incorporated another litter box or resources where P prefers to be/previously urinating, O did start using Feliway again. Not feeding canned food regularly, but starting to incorporate.

Abnormal PE/Chem/CBC/UA Results: 10/6/22: Nonpainful on ab palpation. No signs of nausea during exam, vomiting has resolved. Nonpainful on bladder and kidney palpation. Unclear how freq Pis urinating now. BCS ok today, but poss muscle wasting over lumbar spine. Mild wt loss compared to last week's visit-down a few more ounces. Recheck UA 10/6/22: cysto collection: hematuria present with mod pyuria. Well concentrated (>1050), new changes is pH is now 9 and some struvite crystals seen Reviewed hematuria is improved a bit, but still significant amt. Still concern for behavioral causes vs medical. Please see attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is adequately distended. It has 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 some of which is likely exfoliated cells, mucus, crystals and/or small blood clots. 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 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. The left kidney measured 4.0 cm. The right kidney measures 3.71 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

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.

## IMAGING PERFORMED BY

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The gallbladder is appropriately distended in size. The wall is smooth without visible thickening. However, it is subjectively hyperechoic compared to surrounding tissue. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation. However, the cystic and common bile duct are tortuous in appearance, likely normal anatomic patient variant. However, chronic or resolving cholangitis/Triaditis cannot be definitively ruled out.

### ***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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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 (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.

### ***Free Abdomen***

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

There is no apparent lymphadenopathy noted in these images.

### **ULTRASONOGRAPHIC FINDINGS**

- Large amount of echogenic urinary bladder debris
- Chronic active pancreatitis
- **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 (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Likely normal anatomic variant resulting in a tortuous biliary system. However, cholangitis (acute on chronic/resolved) cannot be definitively ruled out, and this finding should be interpreted in combination with supporting laboratory changes and/or physical exam changes to signify pathology.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a full metabolic health screen in the form of a CBC/Chem panel and electrolytes (urinalysis was already done) is recommended.

Given the patient's reported intermittent gastrointestinal signs and mild weight loss, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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T4 and free T4 are recommended if not recently evaluated.

Given the reported pyuria and negative culture, and a course of empirical antibiotics could be tried with monitoring for improvement.

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Additionally, 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).

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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.

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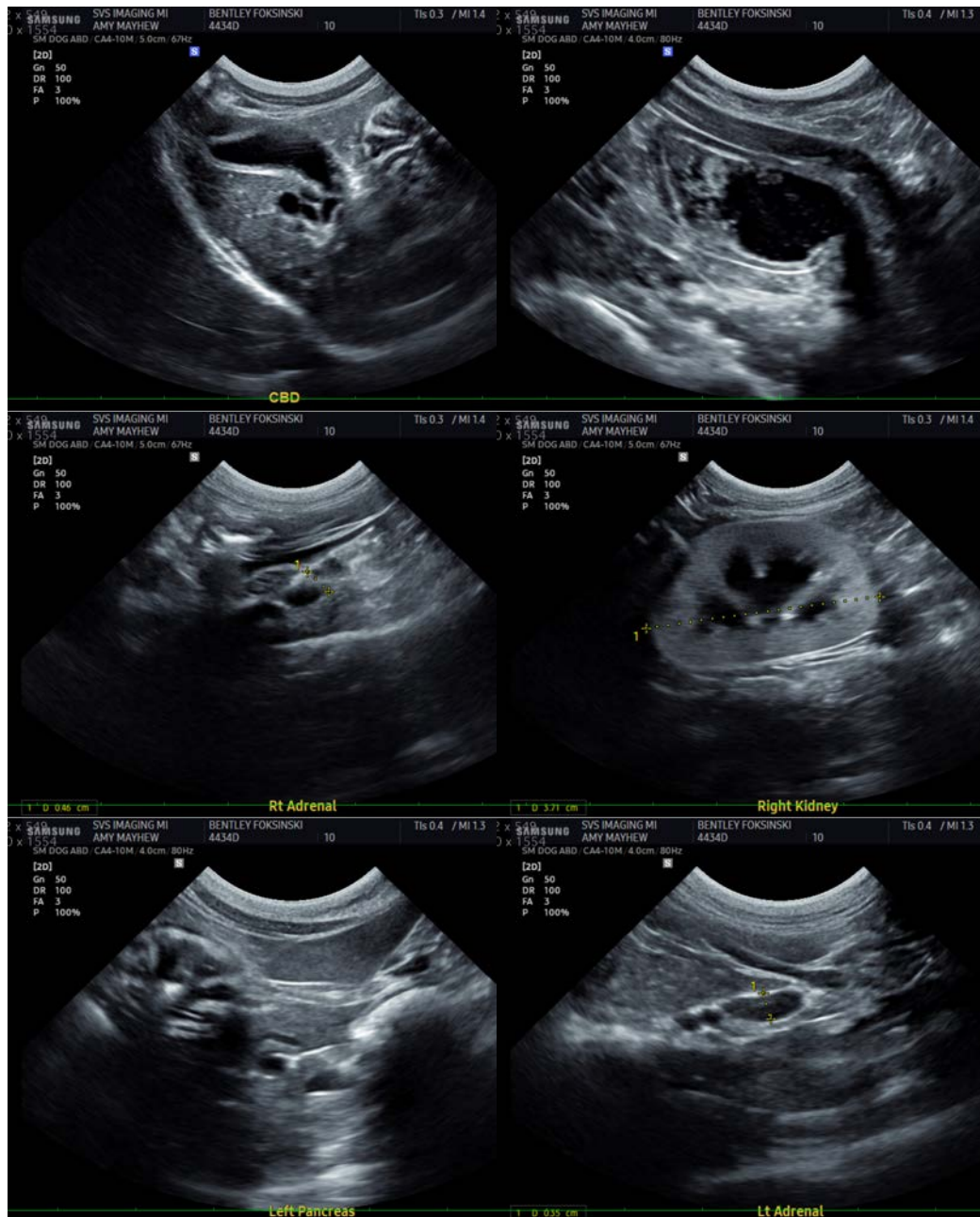
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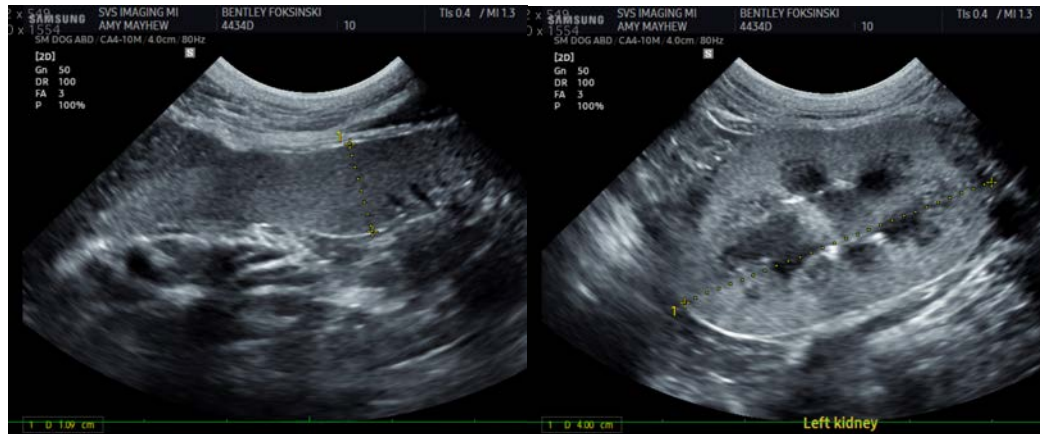
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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