



PATIENT

Janae Howells

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Erin Rothrock

INVOICE

17805

DATE

10/18/22

PRESENTING CLINICAL SIGNS

History: patient presented 4-5 days ago for not eating and vomiting. She was not eating but owner believed other cat in house was fighting her for food and was not given the opportunity to eat. Started to eat once owner realized this and then stopped vomiting. Bloodwork submitted and there was concern for early UTI, owner elected to try Convenia injection. Patient starts vomiting again approx 12-24 hours after injection. Returned the following day and abdominal rads were taken which were concerning for abdominal mass. Mirataz PRN

Abnormal PE/Chem/CBC/UA Results: BW unremarkable, UA 3+ protein, 3+ blood, 30-50RBC, 1+ epithelial cells... Rads: soft tissue noted in R cranial abdominal quadrant, moderate gas distension of stomach, very mild gas dilation of small intestines, otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (3.91 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.

Right kidney is normal is size (4.05 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.

Adrenal Glands

Left adrenal gland is normal in size (0.31 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.4 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. An approximately 1.0 cm in diameter cyst is noted in the right caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.



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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

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty, except for some gas and echogenic fluid/chyme/ingesta within the pyloric antrum. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

WEIGHT

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

ULTRASONOGRAPHIC FINDINGS

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- Gas/ingesta/chyme within the pyloric antrum is likely normal patient variant, depending on fasting status, however, delayed gastric emptying cannot be definitively ruled out.
- A hepatic cyst
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of not eating until the food was moved to a less competitive environment and then improving but vomiting and decreased appetite recurring after antibiotic administration, it could be that the nausea is secondary to the antibiotics. However, given the chronicity, further investigation of the gastrointestinal tract is recommended beginning with 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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If a urine culture was obtained preantibiotics, recommendations include treating a urinary tract infection based on culture and sensitivity results. However, if Convenia was administered empirically, recommendations include a follow up culture 7-10 days after the Convenia is out of the patient's system to assure full clearance of the suspected urinary tract infection.

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In addition to treating a urinary tract infection, if present, additional medical supportive/symptomatic therapy, including antiemetics, gastroprotectants, an appetite stimulant, if necessary, empirical deworming with a 5-day course of Panacur and transition to a hydrolyzed protein diet are all recommended considerations. If clinical signs persist, recheck fasted imaging of the pyloric antrum is recommended.



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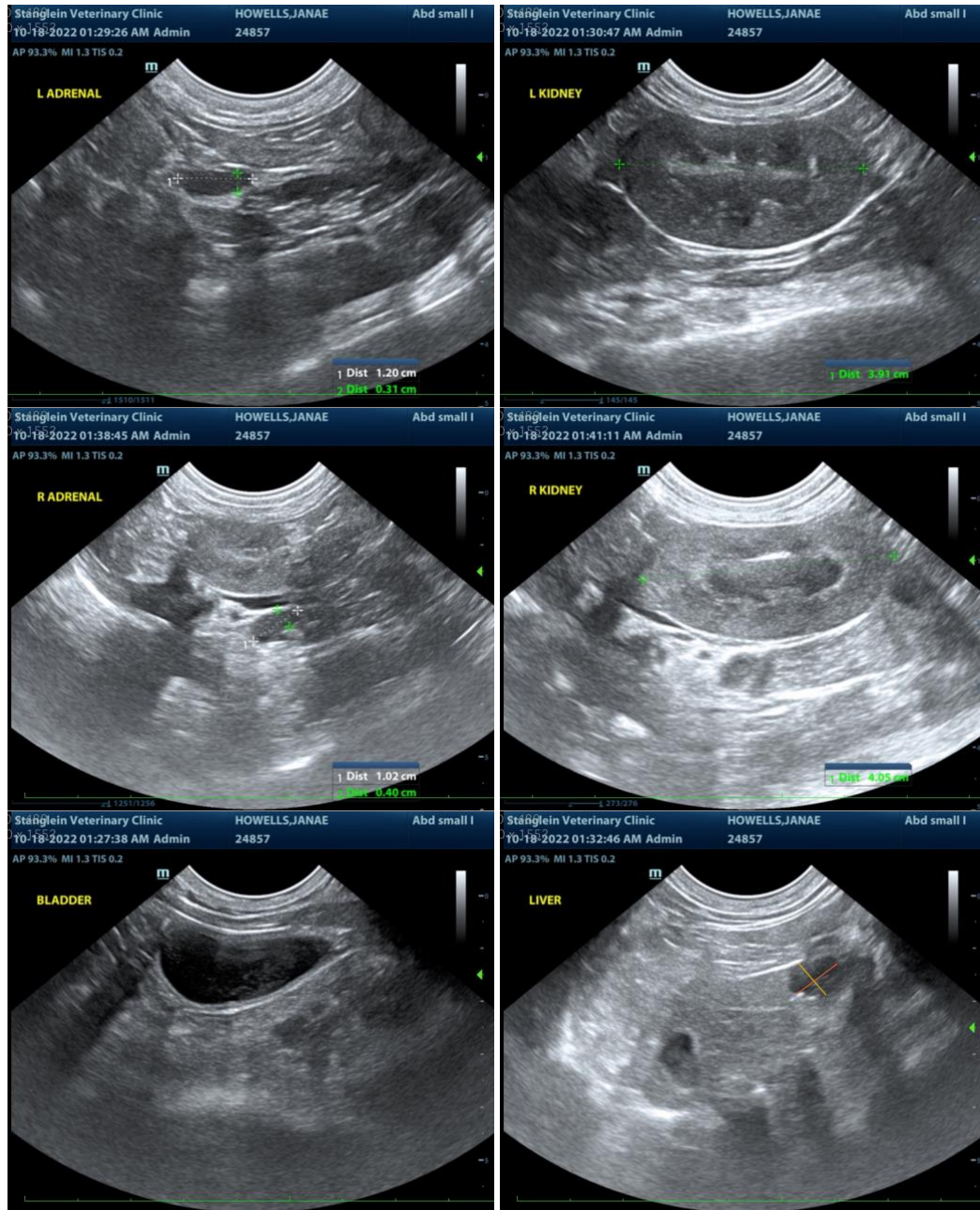
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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