



PATIENT	PRESENTING CLINICAL SIGNS
Pippi Logan	Elimination disorder - urinating outside the litter box. Had Convenia injection on 10/13/22.
SPECIES	Abnormal PE/Chem/CBC/UA Results: U/A: blood 10, Leu 500, USG 1.025.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The 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.
SEX	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 3.64 cm. The left kidney measures 3.2 cm.
Spayed Female	Adrenal Glands
AGE	The left adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
13 Years	The area of the right adrenal gland is examined without evident pathology.
WEIGHT	Spleen
11.7 Pounds	The 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	Liver
Beth Johnson, DVM DACVIM	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	Gastrointestinal
Kelly Vazquez	The 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.
HOSPITAL NAME	Gastrointestinal
Glen Rock VH	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.
REFERRING VET	INVOICE
Dr. Scott Stekler	42411
	The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.
	DATE
	10/27/22
	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



PATIENT

Pancreas

Pippi Logan

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SPECIES

Feline

Free Abdomen

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

BREED

DSH

There is no apparent lymphadenopathy noted in these images.

SEX

Spayed Female

PRIMARY FINDINGS

- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

AGE

13 Years

SECONDARY FINDINGS

- Age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.7 Pounds

If not recently evaluated, a general metabolic health screen in the form of a CBC/Chem panel and electrolytes is recommended, as the recent urinalysis results were reported. A urine culture is recommended. However, a culture shouldn't be obtained until at least a week to 10 days after the full two-week course of Convenia is out of the patient's system.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

In the meantime, other differentials for this patient's inappropriate urination could include pain (orthopedic or neurologic) and/or behavioral issues including relationships with other cats and/or household changes, and potentially, given the pathology described above, in this patient specifically, gastrointestinal disease.

IMAGING PERFORMED BY

Kelly Vazquez

Further evaluation of the GI tract is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

HOSPITAL NAME

Glen Rock VH

In the meantime, empirical deworming with a 5-day course of Panacur is recommended to address GI as well as potentially urinary bladder parasites. Transition to a hydrolyzed diet can be considered, especially if there are any concurrent gastrointestinal signs such as weight loss and/or occasional diarrhea.

REFERRING VET

Dr. Scott Stekler

Otherwise, 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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PATIENT

Pippi Logan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

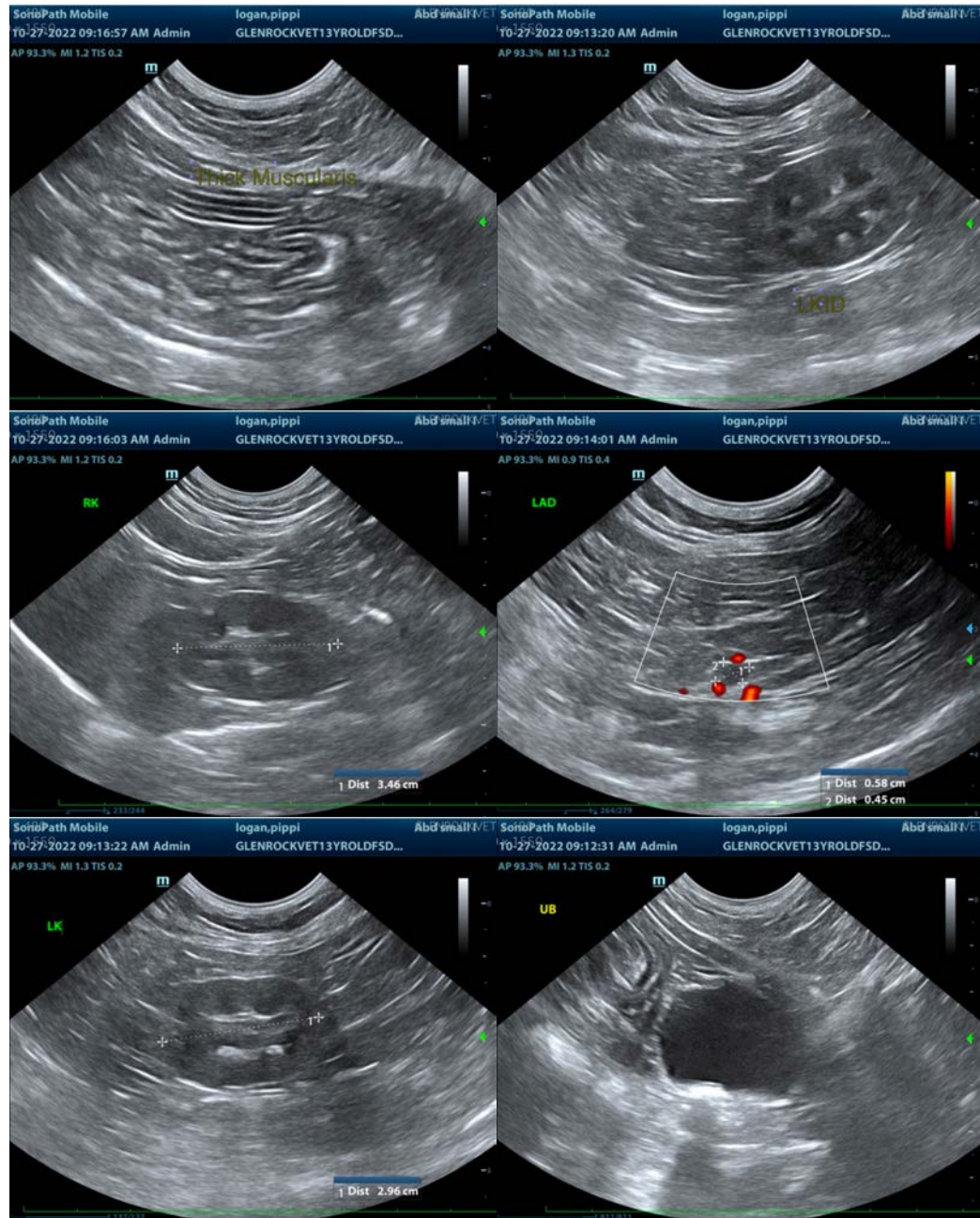
Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Stekler



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DATE

10/27/22

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