



**PATIENT**

Jon Strunk

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

12.06 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Marti Williams

**HOSPITAL NAME**

Limestone VH

**REFERRING VET**

Dr. Olsen

**INVOICE**

92264

**DATE**

10/7/21

**PRESENTING CLINICAL SIGNS**

Jon has been vomiting, increasingly frequency since mid June. He will vomit up hairballs, food and bile towards the end. Vomiting more, lethargic and inappetant the past few days. Treated with Amoxi/Metro/Denamarin after July's labwork.

Abnormal PE/Chem/CBC/UA Results: 7/10/21: AST 243, ALT 394, PSL 95, Lymph 1176, otherwise WNL 10/2/21 PPSL 36, CPK 733, Neut 10500, ALT 74, AST 64,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. 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 in size (4.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.32 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**Gastrointestinal**



<b>PATIENT</b>	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Jon Strunk	
<b>SPECIES</b>	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.
Feline	
<b>BREED</b>	Colon is normal in wall thickness (< 0.2 cm) and layering.
Domestic Shorthair	
<b>SEX</b>	<b>Pancreas</b>
Neutered male	Pancreas is diffusely prominent in size more appreciated in the left pancreas. The pancreas was mildly irregular in shape with a diffusely coarse echotexture and hypoechoic echogenicity. Around the left limb there was mildly reactive mesentery.
<b>AGE</b>	<b>Free Abdomen</b>
11 years	Lymph nodes are normal with no observed enlargement.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12.06 lbs	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	Urinary bladder sediment (feline) – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
Beth Johnson, DVM DACVIM	Prominent, heterogenous, hypoechoic pancreas. This is consistent with chronic pancreatitis with a potential mildly, acute flare-up. Infiltrative neoplasia cannot be ruled out, but is considered less likely given the lack of normal architecture.
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Marti Williams	Given this patient's urinary bladder changes a urinalysis is recommended if not already performed followed by a urine culture if indicated based on urinalysis results. Pending the FNA of the pancreas that was reportedly performed other diagnostic recommendations include a gastrointestinal malabsorption panel to Texas A&M GI laboratory including a TLI, PLI, folate and cobalamin to further investigate the pancreas as well as GI tract function given the reported vomiting. Other diagnostic considerations if not already performed can include a T4 +/- free T4. While awaiting results supportive medical management of mild acute pancreatitis on top of chronic pancreatitis is recommended in the form of anti-emetics +/- appetite stimulants +/- fluid therapy if dehydration is present or suspected.
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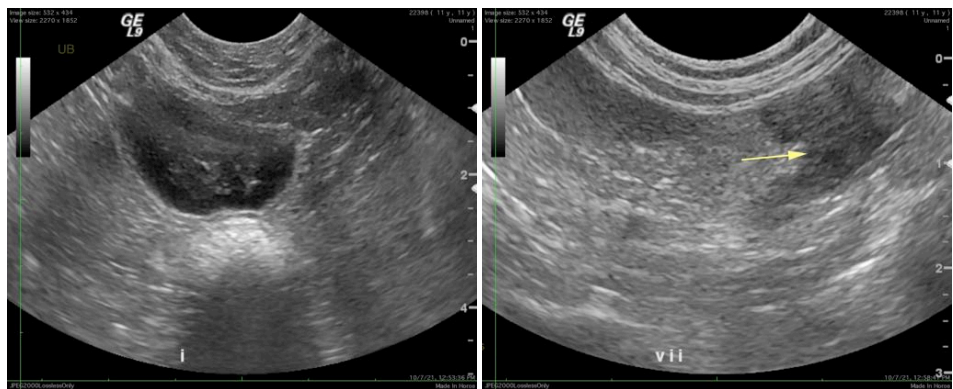
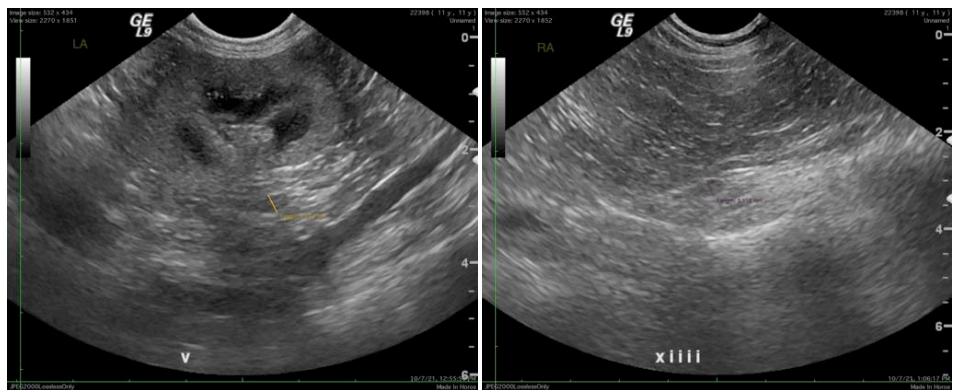
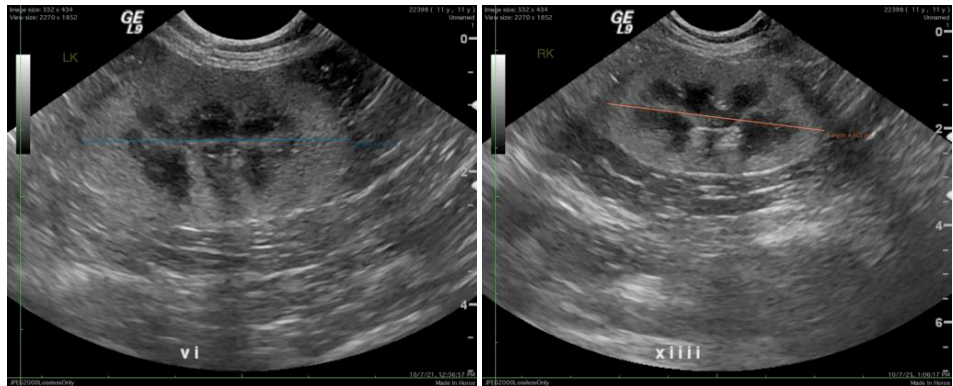
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The information and recommendations provided are based on the images presented by the referring



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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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Beth.Johnson@SonoPath.com

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