

**PATIENT**

Scarface Smith

**PRESENTING CLINICAL SIGNS**

Not eating and lethargic. Patient had BM last night and ate breakfast this morning.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Renal values are increased, Albumin is increased. X-ray of abdomen looks suspicious for foreign body.

**BREED**

DSH

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

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**

Neutered Male

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 measures 4.17 cm. The right kidney measured 4.14 cm.

**AGE**

4 Years

**Adrenal Glands**

The right adrenal gland is normal in size (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

13 Pounds

The left adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Spleen**

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.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**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.

**HOSPITAL NAME**

SVS Imaging MI

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.

**REFERRING VET**Briarwood Vet  
Hospital**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Given that this patient ate this morning, normal ingesta and gas is absolutely possible.

**INVOICE**

42736

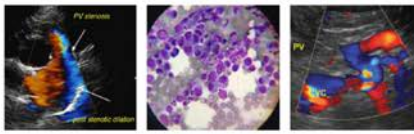
The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic

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SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



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non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is subjectively mildly distended with subjectively firm stool.

**Pancreas**

**BREED**

DSH

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.

**SEX**

Neutered Male

**Free Abdomen**

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

There is no apparent lymphadenopathy noted in these images.

**AGE**

4 Years

**ULTRASONOGRAPHIC FINDINGS**

- This appears to be a post-prandial abdomen. However, a gastric hairball or similar density soft foreign material cannot be definitively ruled out. Subjectively, the colon is also concerning for possible firm stool, maybe constipation, and this finding should be interpreted in combination with supporting clinical signs of straining to defecate, etc.

**WEIGHT**

13 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's azotemia and high albumin, dehydration is possible, and a urine specific gravity is necessary to determine prerenal versus renal azotemia. Therefore, Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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DACVIM

Rehydration and supportive symptomatic care is recommended at this time in the form of fluids, antiemetics, potentially an appetite stimulant, etc. If straining to defecate has been reported or clinically constipation matches this patient's status, enema, stool softener, etc. could be considered. Otherwise, if clinical signs persist, recheck fasted imaging is recommended.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

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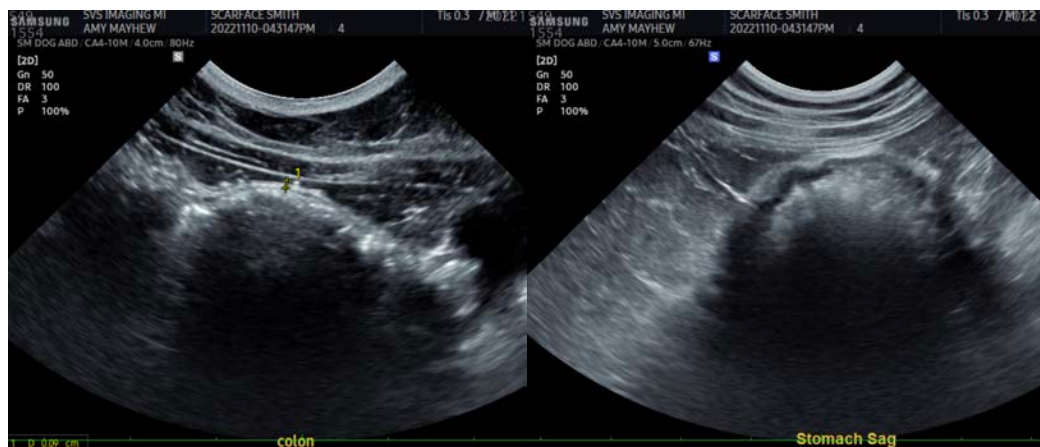
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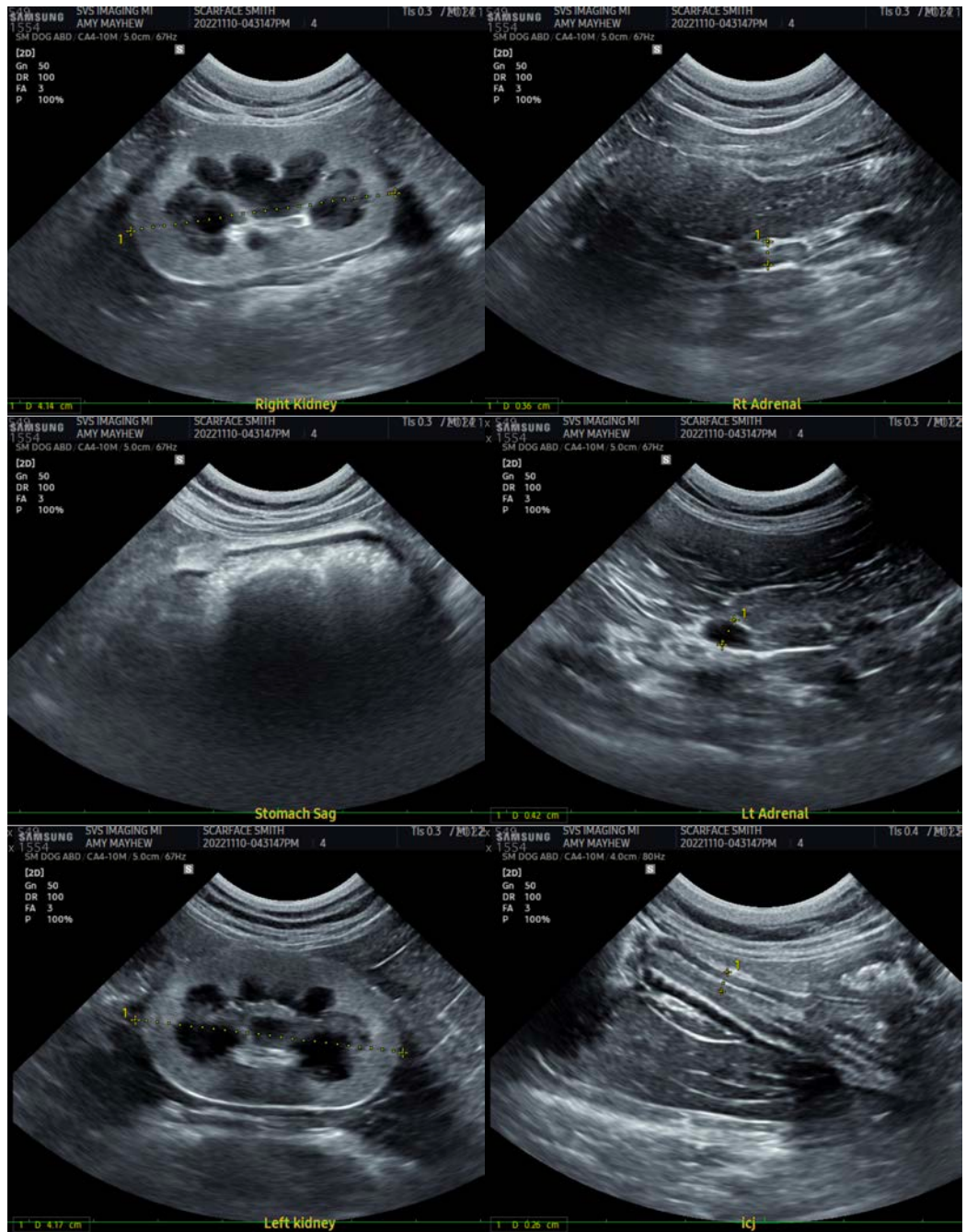
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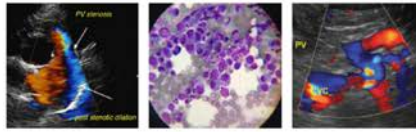
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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SVS Mobile Imaging MI 734 - 637 - 7711  
svsimagingmi@gmail.com



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Beth.Johnson@sonopath.com

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