



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Casey Doogan	5yo FS Siberian Nasal discharge and congestion present. Mild gingivitis. Abdominal palpation comfortable with prominent kidneys. B12 inj, pre appt gabapentin 2 hours prior to U/S Are there signs of an underlying chronic enteropathy to account for the intermittent vomiting, inappetence, and weight loss?
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: SDMA 14, Creat 150, Urea 17.5, Phos 1.8 B12 - 703 UA - 1.021, 1+ protein, 30-50/hpf RBC FeLV/FIV - negative Spec fPL - negative
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Siberian Forest Cat	<b>Urinary System</b>
<b>SEX</b>	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.
Spayed Female	Kidneys are bilaterally uniformly enlarged/swollen with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. The pyelectasia is much more significant on the left than the right. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery. The right kidney measures 3.87 cm. The left kidney measures 4.18 cm.
<b>AGE</b>	
5 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
2.93 kg	The right adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Crystal Hill	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Headon Forest AH	
<b>REFERRING VET</b>	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.
Dr. Van Monjou	<b>Gastrointestinal</b>
<b>INVOICE</b>	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.
42667	
<b>DATE</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
11/9/22	



**PATIENT**

Casey Doogan

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.

**SPECIES**

Feline

***Pancreas***

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.

**BREED**

Siberian Forest Cat

***Free Abdomen***

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

**SEX**

Spayed Female

There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

5 Years

- **Pyelonephritis** – These changes are most consistent with chronic pyelonephritis. Chronic scarring and fibrosis and/or chronic nephrolith passage can also result in these pelvic dilation changes. Early infiltrative disease cannot be ruled out but is considered less likely. The pyelectasia is much more significant on the left than the right. A left ureteral or lower urinary tract obstruction not visible in these images at this time (i.e., ureterolith, etc.) cannot be definitively ruled out.

**WEIGHT**

2.93 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urine culture is recommended if not recently evaluated. If urine culture is negative, direct sampling of the renal pelvis with ultrasound guided pyelocentesis, for cytology and culture, could be considered if a representative sample cannot be obtained via cystocentesis. A blood pressure is also recommended if not recently evaluated.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

There is no visible ultrasonographic evidence of underlying gastrointestinal disease. However, it can't be ruled out with a normal ultrasound. Therefore, recommendations include working up and managing the suspected pyelonephritis/emerging kidney disease, and if clinical signs persist, further evaluation of the gastrointestinal tract at that time.

**IMAGING PERFORMED BY**

Crystal Hill

In the meantime, empirical deworming with a 5-day course of Panacur and potentially transition to a hydrolyzed protein diet could be considered.

**HOSPITAL NAME**

Headon Forest AH

Additionally, management of the rhinitis is important, as rhinitis often leads to decreased appetite and consequently weight loss in cats.

**REFERRING VET**

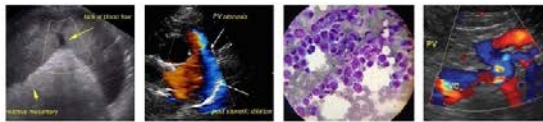
Dr. Van Monjou

**INVOICE**

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**DATE**

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**PATIENT**

Casey Doogan

**SPECIES**

Feline

**BREED**

Siberian Forest Cat

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

2.93 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Headon Forest AH

**REFERRING VET**

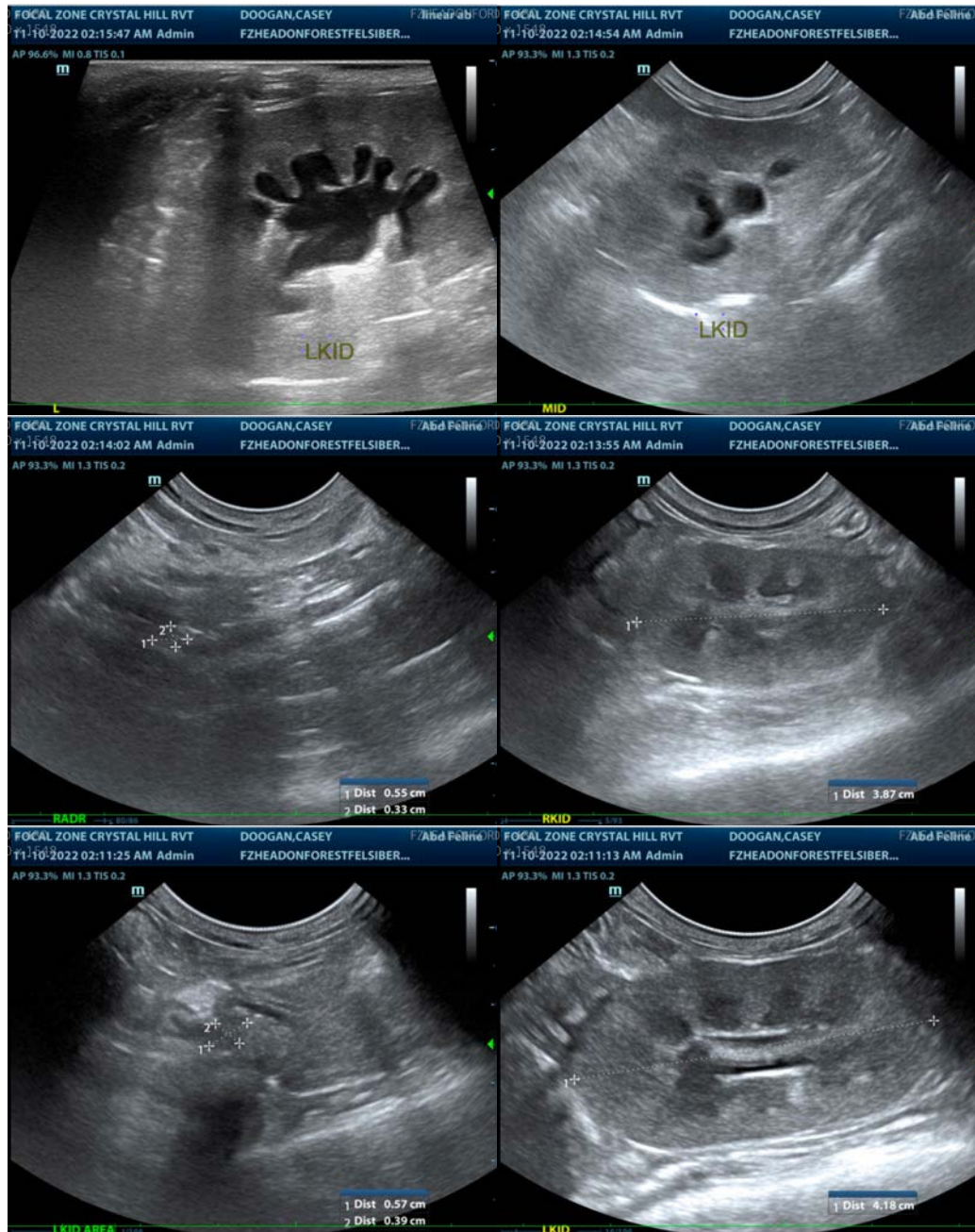
Dr. Van Monjou

**INVOICE**

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**DATE**

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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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