



**PATIENT PRESENTING CLINICAL SIGNS**

Chicken Scala Not eating, vomited 2 days ago, has history of pancreatitis.  
Abnormal PE/Chem/CBC/UA Results: Low K. 3.1.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **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.

**BREED**

DSH

**SEX**

Spayed Female

The right kidney is normal in size (3.26 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.

**AGE**

4 Years

The left kidney is normal in size (3.32 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**

**WEIGHT**

8.4 Pounds

The right adrenal gland is normal in size (0.52 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.27 cm at the cranial pole and 0.20 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY Spleen**

Beth Johnson, DVM  
DACVIM

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 Liver**

Kelly Vazquez

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**

Animal General on the Hudson

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**

Dr. Vivian Ng

**Gastrointestinal**

**INVOICE**

43619

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

**DATE**

12/21/22

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



**PATIENT**

Chicken Scala

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**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**

DSH

**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**

4 Years

- Unremarkable/normal abdomen without an obvious visible cause for the patient's reported vomiting.
- The stomach is full of what appears consistent with normal ingesta. However, if this finding is inconsistent with patient's last meal, foreign material cannot be definitively ruled out.

**WEIGHT**

8.4 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive/symptomatic medical management of the inappetence and vomiting is recommended with antiemetics, gastroprotectants, fluid therapy if necessary, and fasting for another 12-24 hours with recheck imaging fasted recommended if clinical signs persist.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Given the chronicity/recurrence of clinical signs/history of pancreatitis, etc., 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.

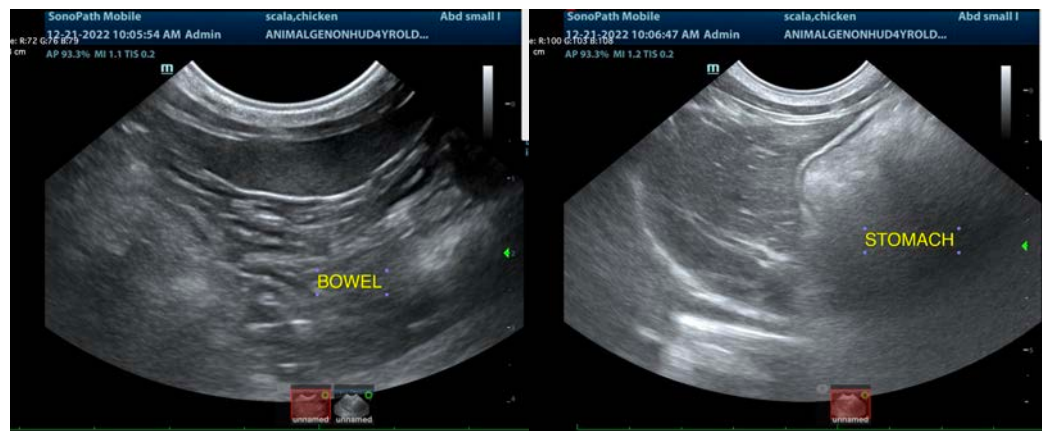
**IMAGING PERFORMED BY**

Kelly Vazquez

Additionally, when this acute episode has resolved and patient is eating, empirical deworming with a 5-day course of Panacur is recommended, as is transition based on trial and error response to a new diet, beginning possibly with a hydrolyzed protein diet.

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**PATIENT**

Chicken Scala

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

8.4 Pounds

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**REFERRING VET**

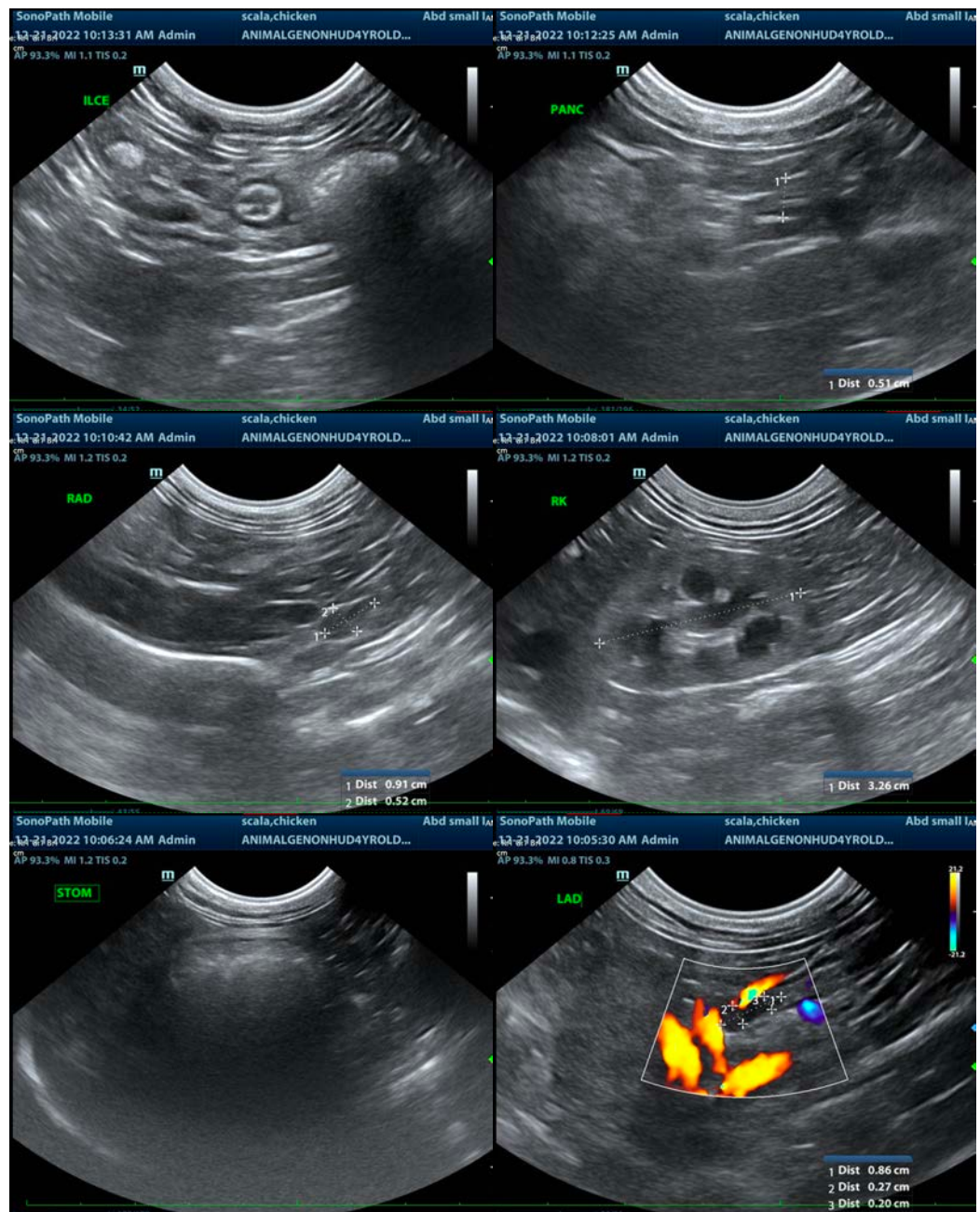
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**PATIENT**

Chicken Scala

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

8.4 Pounds

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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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