



**PATIENT**

Sophie Gray

**SPECIES**

Feline

**BREED**

Russian Blue

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

6.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Rachel Runnels, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Susan Mervin

**INVOICE**

19030

**DATE**

12/5/22

**PRESENTING CLINICAL SIGNS**

History: Sophie is still very painful, and gas distended in her abdomen. Owner doesn't think that she is vomiting but did find some vomit in the bedroom with hair. Sophie ate a small amount of canned food this a.m. She continues to strain to defecate and urinate with minimal production. Losing weight - was 6.2 lbs a few days ago, and now 5.9 lbs.

Abnormal PE/Chem/CBC/UA Results: Her blood work is stable for her. Radiographs-food from stomach has moved. More gas and food/other material centrally. US-odd pattern in stomach (strips of food?, mass?) Omentum is bright and Sophie is painful in the area of her pancreas. Unable to visualize source of issue.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 2.86 cm. The right kidney measured 3.43 cm. Small cortical cysts were noted bilaterally.

**Adrenal Glands**

Left adrenal gland is normal in size (0.31 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

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.

**Liver**

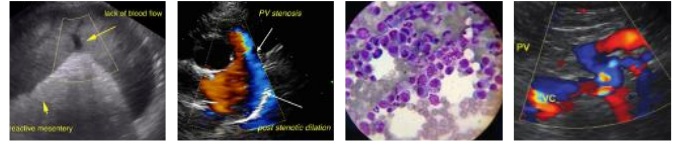
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

**Gastrointestinal**



<b>PATIENT</b>	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Sophie Gray	
<b>SPECIES</b>	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 non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.
Feline	
<b>BREED</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. In the area of the ileoceccocolic junction, either a loop of colon or potentially the cecum is mildly distended with anechoic fluid and a mildly enhanced hyperreactive mesenteric area surrounds the dilated loop.
Russian Blue	
<b>SEX</b>	<b><i>Pancreas</i></b>
Spayed Female	Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
15 Years	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
6.2 Pounds	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Chronic active pancreatitis</li> <li>• An echogenic fluid filled bowel loop mid abdomen, believed to either be colon or potentially cecum and the area is surrounded by mildly enhanced mesenteric fat suggestive of some colitis/typhlitis. There is no evidence of obstruction, a mass, lymphadenopathy, etc. noted in these images at this time.</li> </ul>
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Secondary Findings</b>
Rachel Runnels, RVT	<ul style="list-style-type: none"> <li>• Chronic kidney disease with bilateral cortical cysts – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.</li> <li>• Urinary bladder debris</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
SVS Imaging KC	There is not an ultrasonographically visible cause for this patients straining to urinate and defecate in these images at this time. Recommendations include a recheck 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.
<b>REFERRING VET</b>	
Dr. Susan Mervin	
<b>INVOICE</b>	Given the concurrent weight loss, 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, as well as a fecal exam if not recently evaluated.
19030	
<b>DATE</b>	T4 and free T4 are recommended if not recently evaluated.
12/5/22	



**PATIENT**

Sophie Gray

Given this patient's history, it could be that the chronic kidney disease has led to some dehydration, which has led to constipation and the consequent straining to defecate, decreased appetite and weight loss. Therefore, if that matches the clinical picture, i.e., straining to defecate with formed feces versus chronic diarrhea, then hydration in the form of in-hospital diuresis or at-home subcutaneous fluid therapy, as well as management of constipation with enemas, stool softeners, etc., could be tried.

**SPECIES**

Feline

If this scenario does not clinically match, especially if the stool is chronically diarrhea versus stool consistent with constipation, then further investigation of the GI tract, in the form of upper and lower endoscopy/colonoscopy with biopsies may be warranted.

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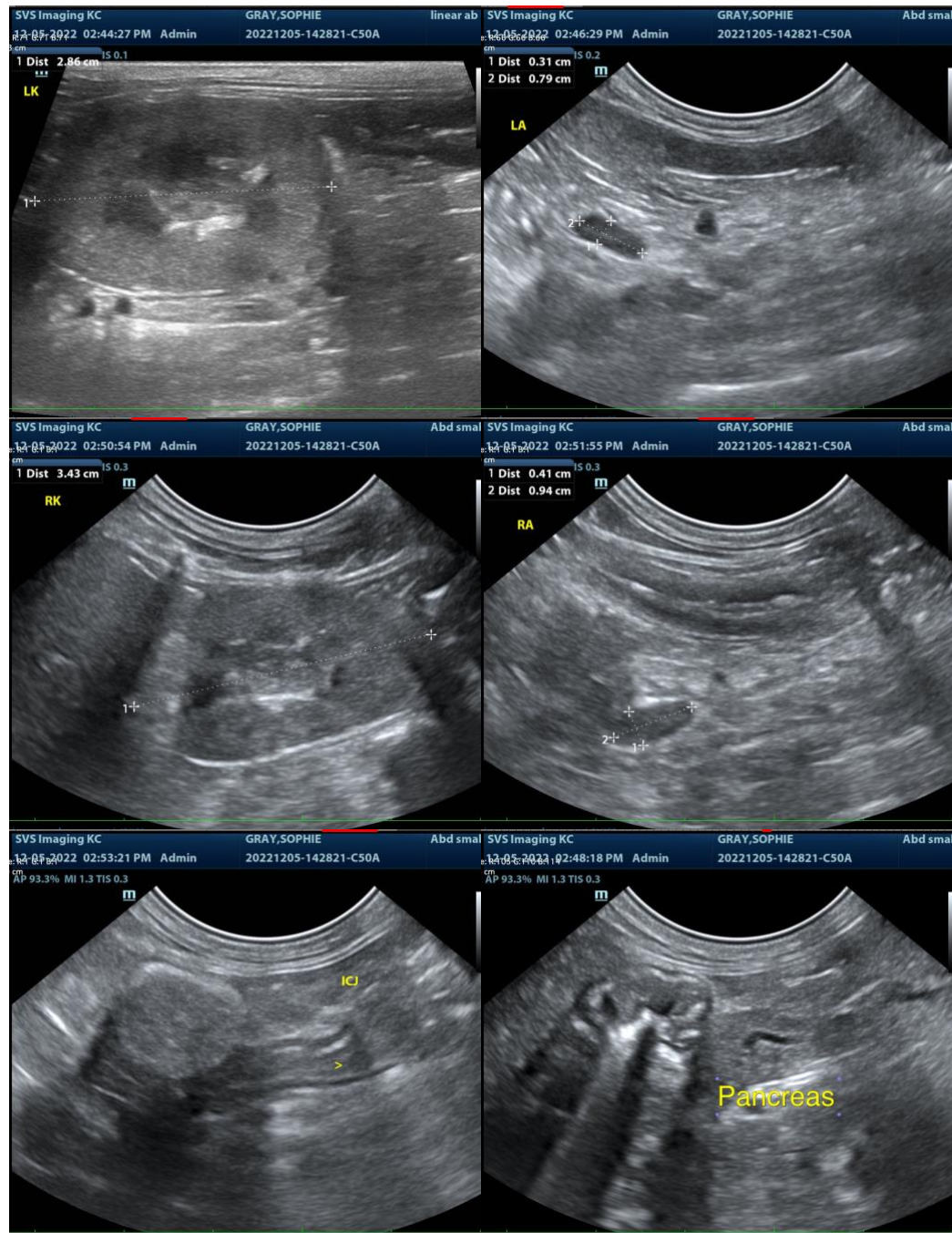
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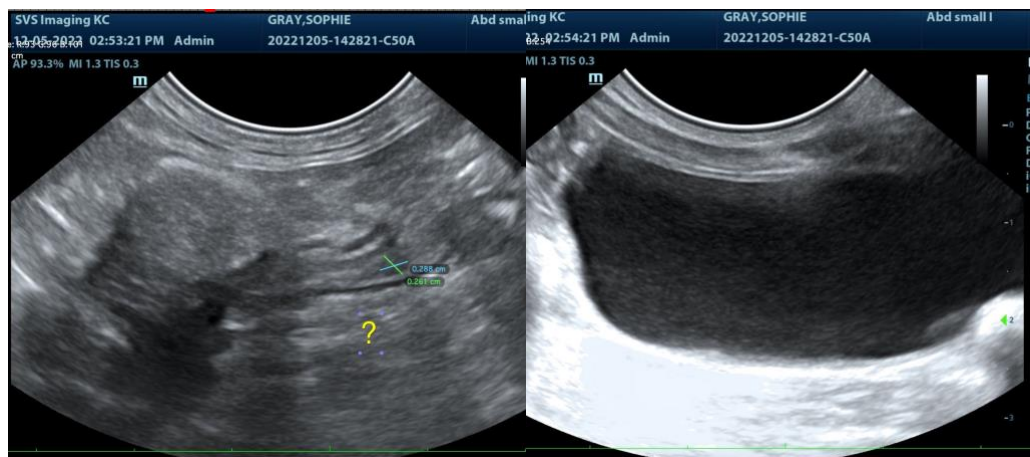
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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