



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Charles Da Costa	Not eating well since early February. PE shows mild dental disease, mild weight loss but was otherwise unremarkable. No meds currently.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: SDMA 16(0-14) Creatinine 221 (80-203) T4 normal. No rads.
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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. Additionally, there is mineral/sand debris along the dependent wall. 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.
Neutered Male	
<b>AGE</b>	The right kidney is normal in size (4.52 cm), shape and echogenicity. Moderate pyelectasia noted at 0.54 cm. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed.
15 Years	
<b>WEIGHT</b>	The left kidney is normal in size (3.7 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.
5.8 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	The left adrenal gland is normal in size (0.47 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Crystal Hill	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Snelgrove VS	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Gunsinger	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.
<b>INVOICE</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.
45151	
<b>DATE</b>	<b>Gastrointestinal</b>
2/15/23	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.



<b>PATIENT</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.
Charles Da Costa	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
<b>BREED</b>	<b><i>Pancreas</i></b>
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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Neutered Male	There is no evidence of free peritoneal effusion noted in these images.
<b>AGE</b>	There is no apparent lymphadenopathy noted in these images.
15 Years	
<b>WEIGHT</b>	<b>PRIMARY FINDINGS</b>
5.8 kg	<ul style="list-style-type: none"> <li>• <b>Right kidney pyelectasia</b> – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.</li> <li>• <b>Gastric Hairball</b> – similar density soft foreign material cannot be ruled out. This appears to be a post-prandial study with ingesta throughout the bowel. Therefore, normal ingesta/gas can't be ruled out and this finding should be interpreted in combination with clinical signs and change in appearance over time, etc.</li> </ul>
<b>INTERPRETED BY</b>	<b>SECONDARY FINDINGS</b>
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> <li>• Urinary bladder debris including suspected mineral/sand debris</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Crystal Hill	If not recently evaluated, a 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>HOSPITAL NAME</b>	In the meantime, supportive/symptomatic medical management of possible urinary tract infection, even pyelonephritis, is recommended with fluid therapy, broad-spectrum antibiotics, and symptomatic management of gastrointestinal signs, including antiemetics in case of subclinical nausea, gastroprotectants, appetite stimulants, etc.
Snelgrove VS	
<b>REFERRING VET</b>	If clinical signs persist, primarily decreased appetite, further evaluation of the reported dental disease is recommended.
Dr. Gunsinger	
<b>INVOICE</b>	<b>DATE</b>
45151	2/15/23
	Finally, if clinical signs persist, especially if vomiting begins, recheck ideally fasted imaging of the stomach is recommended to help further evaluate possible foreign material in the stomach (i.e., hairball) versus normal ingesta, etc.



**PATIENT**

Charles Da Costa

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

5.8 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

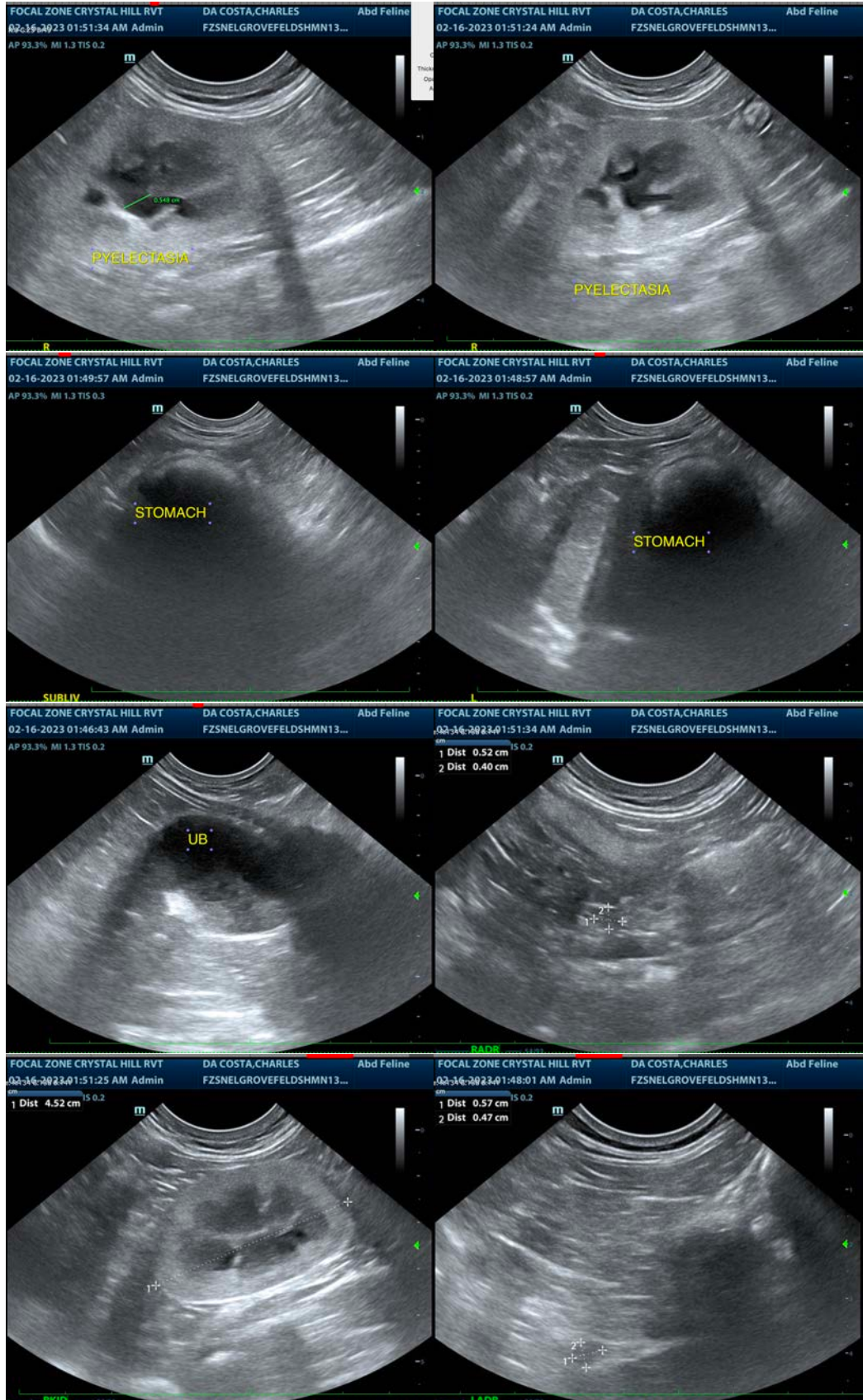
Dr. Gunsinger

**INVOICE**

45151

**DATE**

2/15/23





**PATIENT**

Charles Da Costa

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

5.8 kg

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Crystal Hill

**HOSPITAL NAME**

Snelgrove VS

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Dr. Gunsinger

**INVOICE**

45151

**DATE**

2/15/23



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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