



PATIENT

Jo Wetzel

PRESENTING CLINICAL SIGNS

Jo vomits about twice a week and this has been going on for quite a while, per owner. She has a history of a mass in her trachea/esophagus that not longer causes her a problem . She is not on any medications currently.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

Left kidney is normal in size (3.84 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

10 years

Right kidney is normal in size (4.18 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

17.1 lbs

Adrenal Glands

Left adrenal gland is normal in size (0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The region of the right adrenal gland was evaluated with no evidence of pathology.

IMAGING PERFORMED BY

M Kermendy CVT

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Wauwautosa VC

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Oakes

Gastrointestinal

INVOICE

95778

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

DATE

2/2/22

The small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.



PATIENT Colon is normal in wall thickness (< 0.2 cm) and layering.

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Pancreas

SPECIES

Feline

Pancreas is prominent in size and diffusely hypoechoic to the surrounding tissue. The visible capsule remains smooth and normal in contour. There is no pancreatic duct dilation. There is evidence of hyper reactive/inflamed peri-pancreatic mesentery.

BREED

Domestic Shorthair

Free Abdomen

Prominent, normal shaped hypoechoic mesenteric lymph nodes are appreciated.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Primary Findings

Urinary bladder sediment (feline) – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

WEIGHT

17.1 lbs

Feline thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

Mild acute pancreatitis.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Likely reactive mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

M Kermendy CVT

Recommendations for this patient given the bowel and pancreatic changes include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin for further assessment of gastrointestinal function and pancreas. Given the urinary bladder changes urinalysis is recommended if not already performed combined with urine culture if indicated based on urinalysis results. In the meantime, empirical therapy could include a diet change beginning with a low fat diet and if that does not alleviate clinical signs transitioning to a hydrolyzed or novel protein diet is recommended. Ultimately if clinical signs persist biopsies of the bowel being sure to include ileum if possible may be necessary to diagnose the underlying infiltrative bowel disease and alleviate clinical signs. Other recommendations given the reported historical esophageal or tracheal mass could include thoracic radiographs or thoracic CT +/- tracheoscopy or esophagoscopy.

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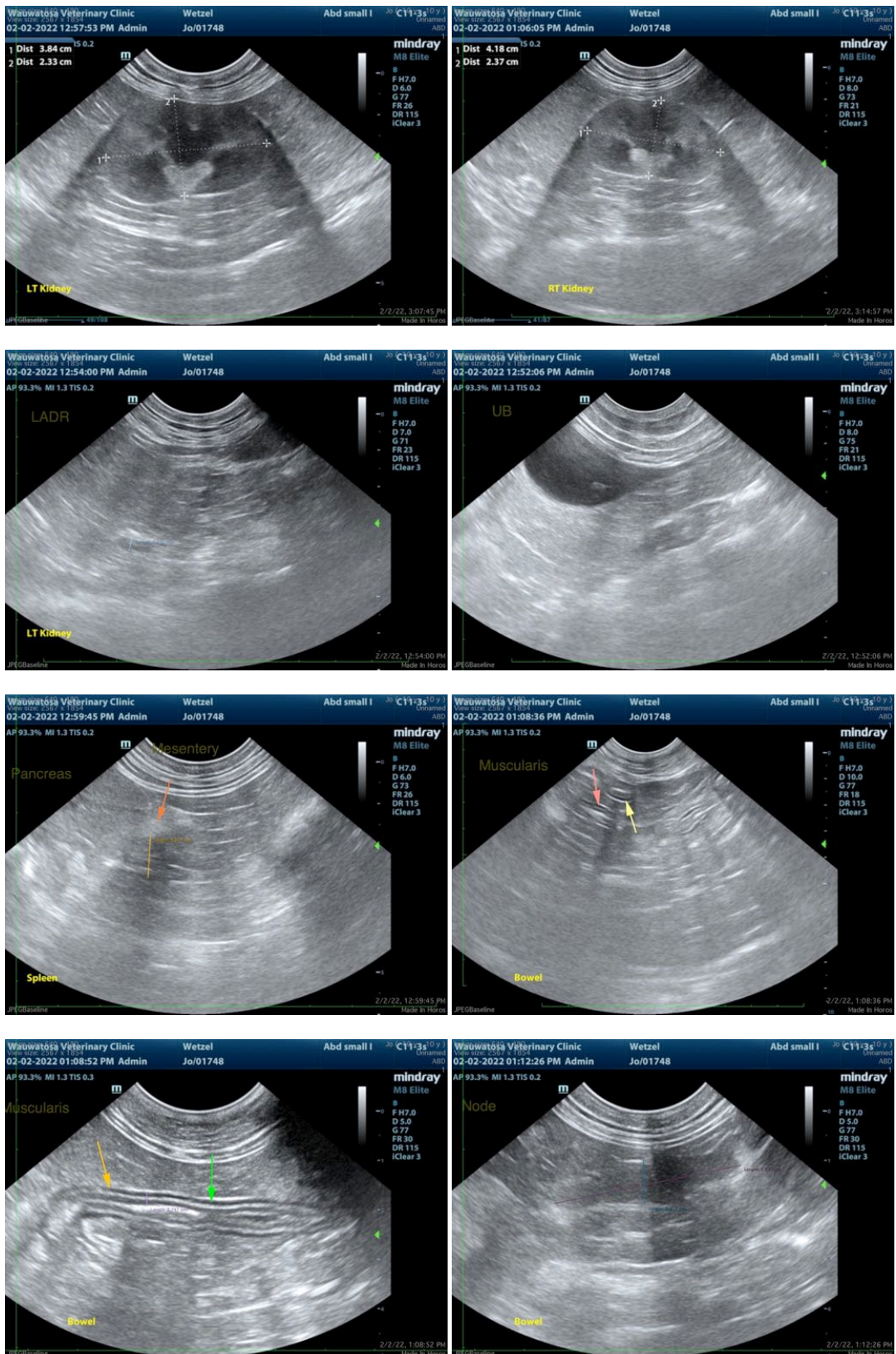
Dr. Oakes

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PATIENT

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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.

SPECIES

Feline

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.

BREED

Domestic Shorthair

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

SEX

Spayed Female

AGE

10 years

WEIGHT

17.1 lbs

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**IMAGING
PERFORMED BY**

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