



PATIENT

Sadie AC Paw

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 years

WEIGHT

15 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torch Lake

REFERRING VET

Dr. Waffle

INVOICE

95837

DATE

2/7/22

PRESENTING CLINICAL SIGNS

Hx of urinary incontinence. Been treated with PPA and they noticed improvement. Previous vet recommended ultrasound
Abnormal PE/Chem/CBC/UA Results: BCS 9/9 Skin fold dermatitis of perivulvar skin folds. HR - WNL MM- pink<2 RR - WNL Bloodwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Kidneys are bilaterally normal in size (left kidney measured 3.97 cm and the right kidney measures 4.11), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.46 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.47 cm thick), shape and contour. Corticomedullary structure is unremarkable.

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.

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.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach 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. Pyloric outflow tract appears patent.



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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The small intestinal lumen 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.

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

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Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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Free Abdomen

Lymph nodes are normal with no observed enlargement.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

Urinary bladder sediment – 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.

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Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the reported urinary incontinence and visible urinary bladder debris include urinalysis and urine culture if indicated based on urinalysis results, if not already pending as well as further evaluation of the kidneys in the form of a serum chemistry panel with electrolytes. If not included in the reportedly pending lab work a total T4 is also recommended.

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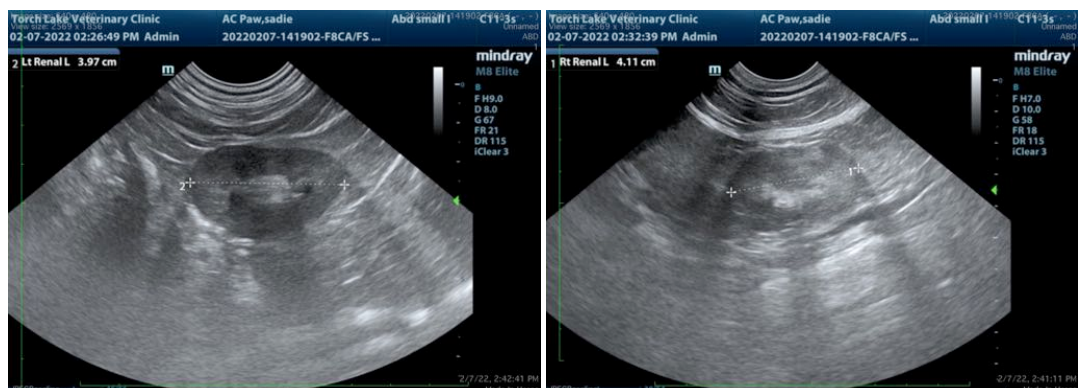
Dr. Waffle

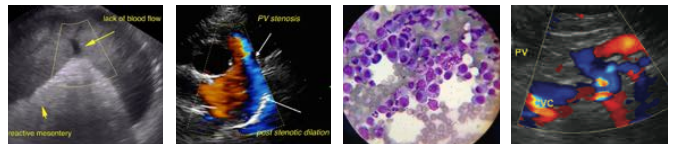
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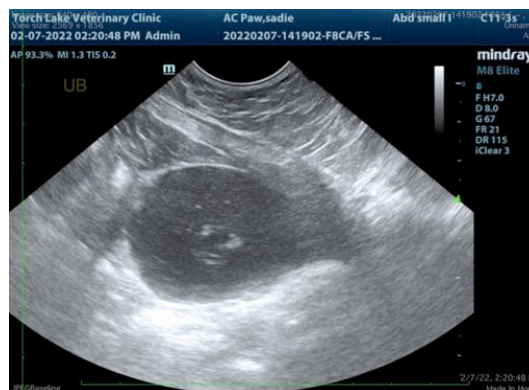
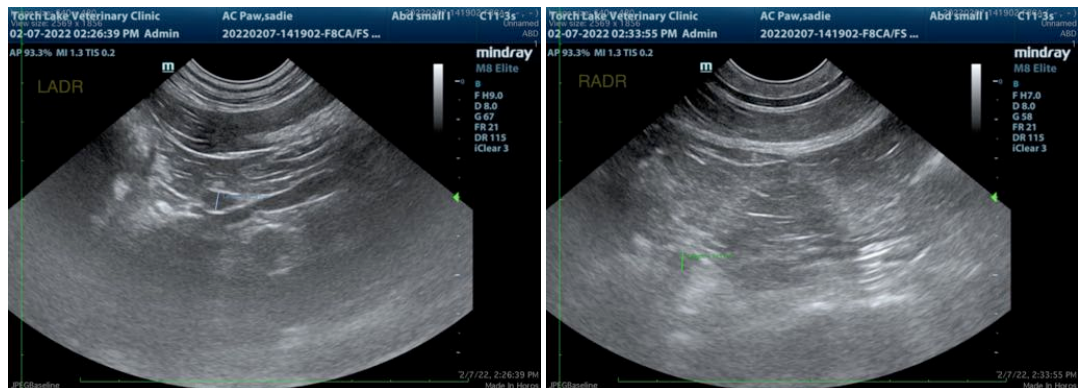
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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