

**PATIENT**

Katie Pierce

PRESENTING CLINICAL SIGNS

Black stool and vomiting.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

BREED

DSH

SEX

Spayed Female

The right kidney is normal in size (3.79 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

15 Years

The left kidney is normal in size (3.41 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**

10 Pounds

The right adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Spleen**

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

Amy Mayhew, LVT

Liver

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

SVS Imaging MI

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. Joe Hendricks

Gastrointestinal

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

INVOICE

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The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted. This is a subtle change.

DATE

2/7/23

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Soft stool is noted.

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svsimagingmi@gmail.com



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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.

SPECIES

Feline

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

BREED

DSH

There is no apparent lymphadenopathy noted in these images.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- **Gastritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.
- **Gastroenteritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. This is a subtle change.

AGE

15 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fecal exam if not recently evaluated, as well as a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function, and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.

WEIGHT

10 Pounds

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is medical management of gastroenteritis with an antiemetic, gastroprotectants including Sucralfate, a probiotic such as Visbiome or Provable +/- an antibiotic such as Metronidazole or Tylosin. However, if clinical signs don't rapidly improve and/or if they progress, gastroscopy/endoscopy is recommended for further evaluation of the gastric and duodenal mucosa as well as biopsies.

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Beth Johnson, DVM
DACVIM

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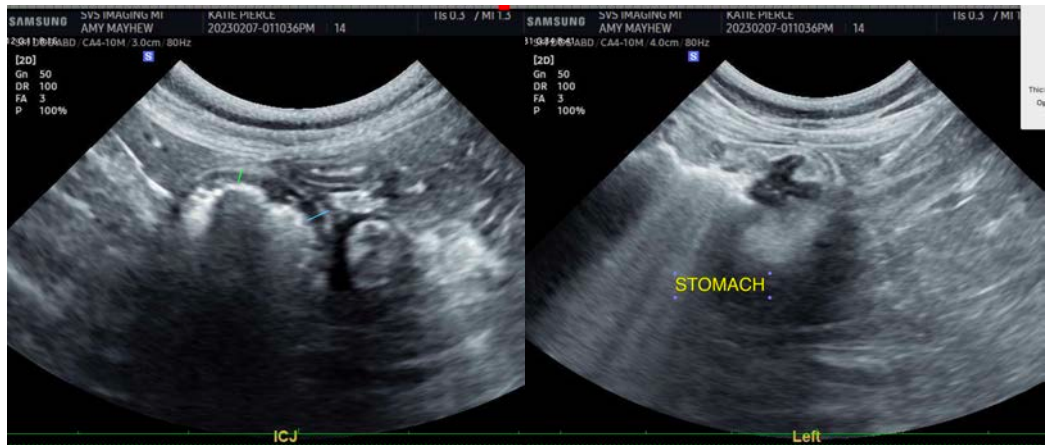
Dr. Joe Hendricks

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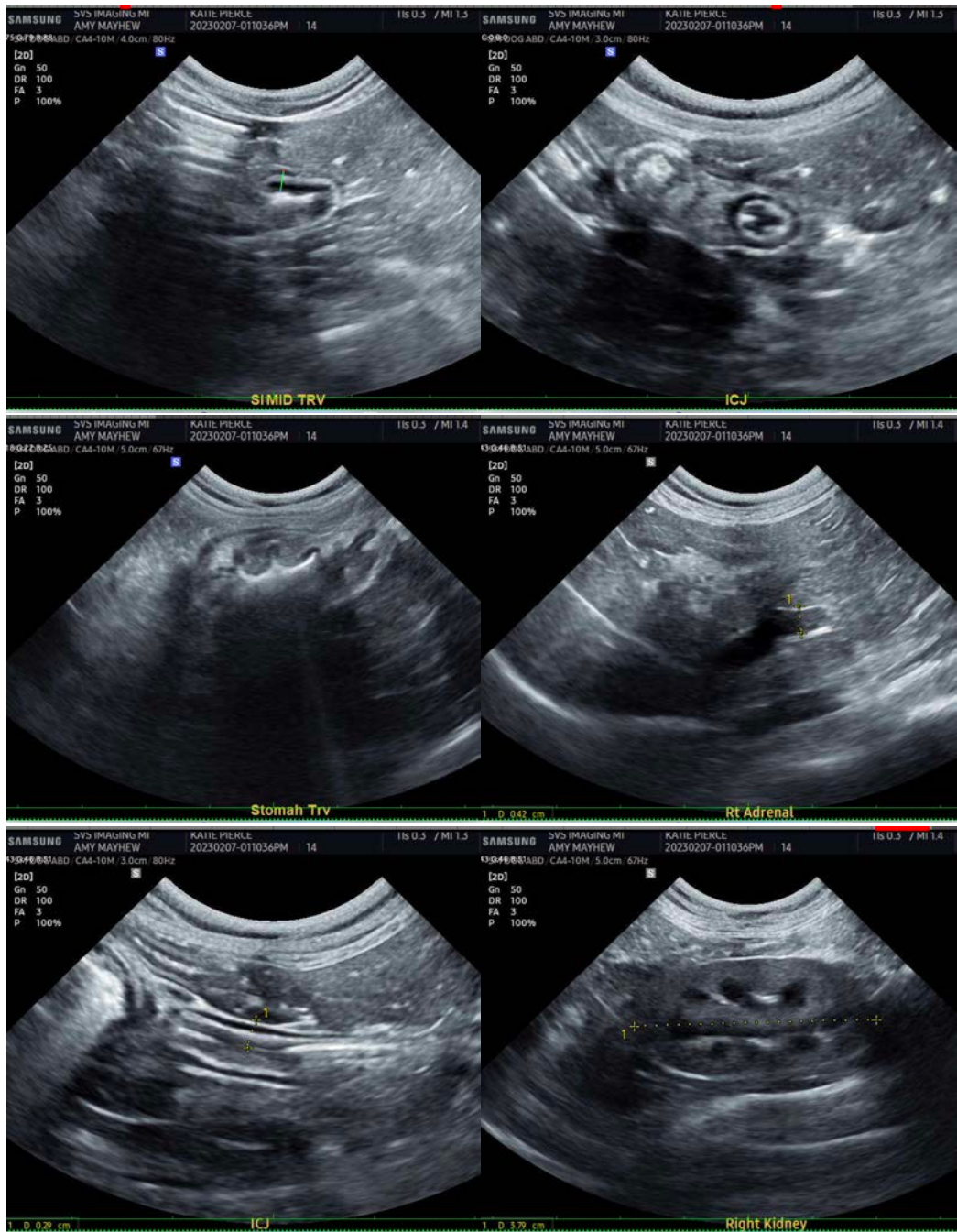
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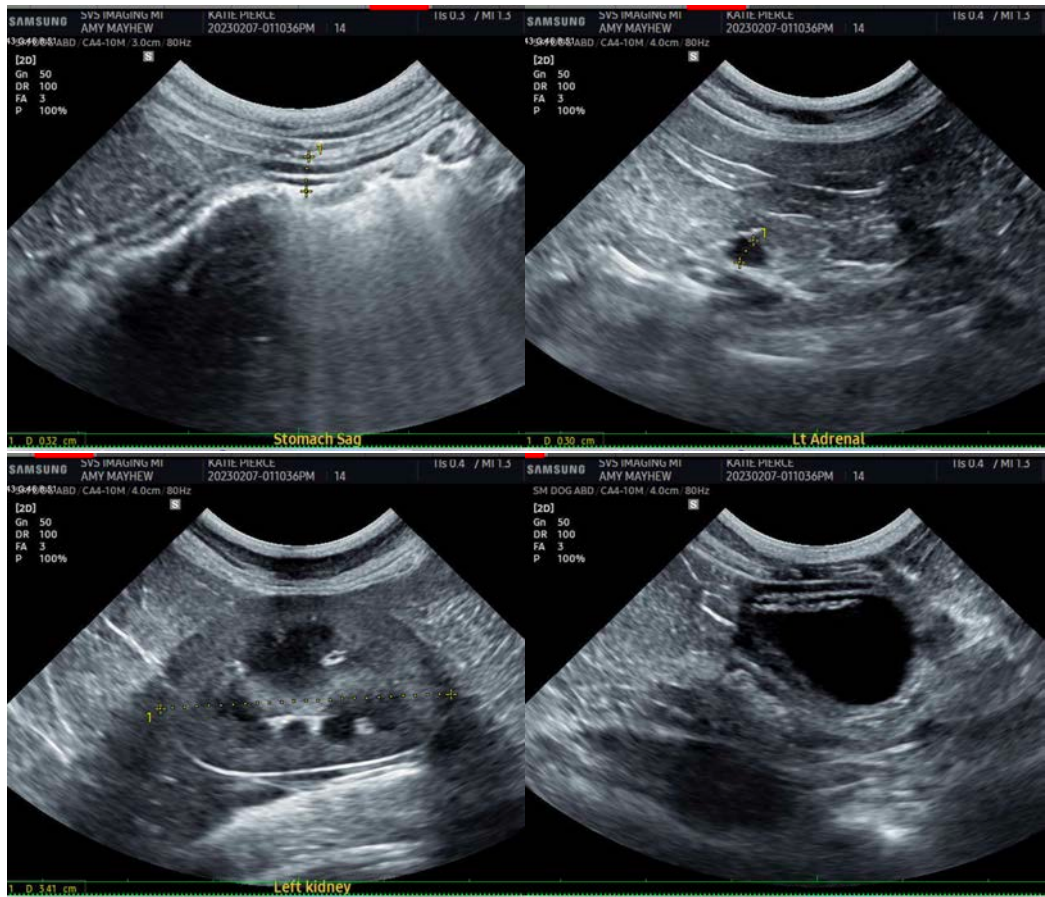
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com