



**PATIENT PRESENTING CLINICAL SIGNS**

Strummer Aiese Patient has lost 2 lbs within 6 months. Current meds: Flovent PRN when asthma flares up.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Na 160.

Feline

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

**BREED** The exam is significantly limited reportedly based on patient temperament and lack of available sedation. Therefore, subtle pathology could be missed.

DSH

**SEX**

**Urinary System**

Neutered Male

The left kidney measures at 3.32 cm.

**AGE**

The right kidney is difficult to fully visualize in these images.

14-year-old

**Adrenal Glands**

**WEIGHT**

The adrenal glands are unable to be visualized in these images.

9.8lbs

**Spleen**

**INTERPRETED BY**

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.

Beth Johnson, DVM  
DACVIM

**Liver**

**IMAGING PERFORMED BY**

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.

Kelly Vazquez

**HOSPITAL NAME**

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.

Animal General on  
Hudson

**Gastrointestinal**

**REFERRING VET**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction or foreign material. Pyloric outflow tract appears patent.

Dr. Daniel Tierney

**INVOICE**

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick, and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material. This change is very subtle and very mild and difficult to fully interpret based on the images, as described above. Additionally, more significant bowel changes could be masked by patient's current steroid therapy for reported asthma. Therefore, making further evaluation of gastrointestinal tract health still available.

10136

**DATE**

3/22/2023

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**


**PATIENT**

Strummer Aiese

If not recently evaluated urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

**SPECIES**

Feline

If not recently evaluated ruling out hyperthyroidism with a T4 and free T4 is recommended.

**BREED**

DSH

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. These recommendations are assuming that the weight loss is in the face of a good/normal appetite. If, however, decreased appetite is believed to be contributing to the weight loss, an additional differential is respiratory disease contributing to a decreased appetite, given this patients history of asthma. In which case potentially more regular or more aggressive therapy of that may be warranted.

**SEX**

Neutered Male

**AGE**

14-year-old

**WEIGHT**

9.8lbs

**INTERPRETED BY**

 Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

 Animal General on  
Hudson

**REFERRING VET**

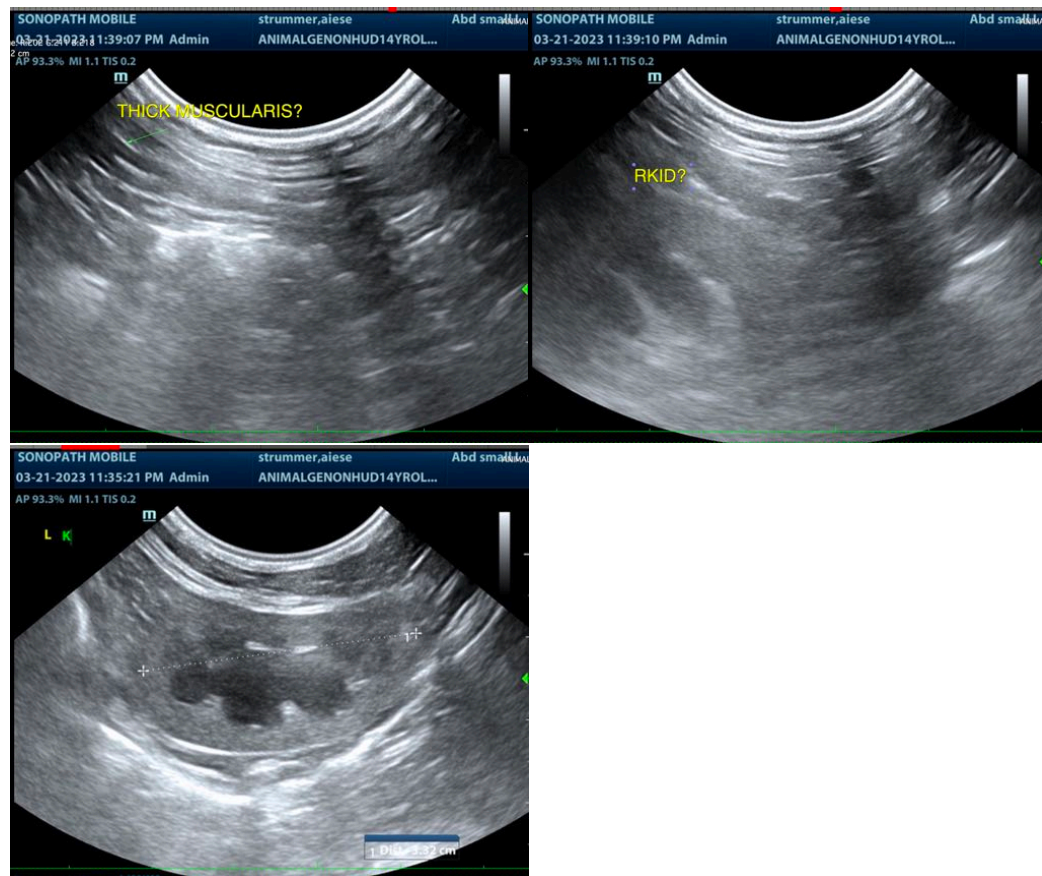
Dr. Daniel Tierney

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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



**PATIENT**

Strummer Aiese

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

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14-year-old

**WEIGHT**

9.8lbs

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