



PATIENT	PRESENTING CLINICAL SIGNS
Craig Cartelli	Vomiting. Is on gabapentin 100 mg bid, budesonide 1 mg sid
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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. 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.
DSH	
SEX	
Neutered Male	The right kidney is normal in size (4.13 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	
10 Years	The left 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.
WEIGHT	
18.7 Pounds	Adrenal Glands
INTERPRETED BY	The right adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	The left adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Diane McFadden	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.
HOSPITAL NAME	Liver
Advanced Vet Care	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypochoic 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.
REFERRING VET	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.
Dr. Gad	Gastrointestinal
INVOICE	
46147	
DATE	
3/23/23	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, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



PATIENT

Craig Cartelli

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Subjectively the colon appears mildly more distended than normal with firm stool.

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

SEX

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

Neutered Male

There is no apparent lymphadenopathy noted in these images.

AGE

10 Years

Medial to the spleen there is a discrete round hyperechoic density consistent with a lipogranuloma, bates body, other benign incidental lesion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18.7 Pounds

- Possibly a subjectively dilated colon with firm stool – This finding should be interpreted in combination with any clinical signs of constipation, as it may be a completely normal variant.
- Urinary bladder debris

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this patient has any clinical history or clinical signs of constipation such as firm dry stools or straining to defecate, etc., then that could be contributing to the vomiting, and medical management of constipation is recommended. However, if not, further diagnostic recommendations include ruling out hyperthyroidism via a T4/free T4, and given this patient's Budesonide history, I suspect there has been a history of suspected inflammatory bowel disease, and if that's the case, and clinical signs are not being controlled via Budesonide, 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. The Budesonide may be masking gastrointestinal changes on the ultrasound.

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Advanced Vet Care

Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

REFERRING VET

Dr. Gad

If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Other supportive therapeutic considerations could include fiber supplementation, especially with large bowel diarrhea and/or a probiotic.

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Additionally, 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 ratio is recommended.



PATIENT

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SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Advanced Vet Care

REFERRING VET

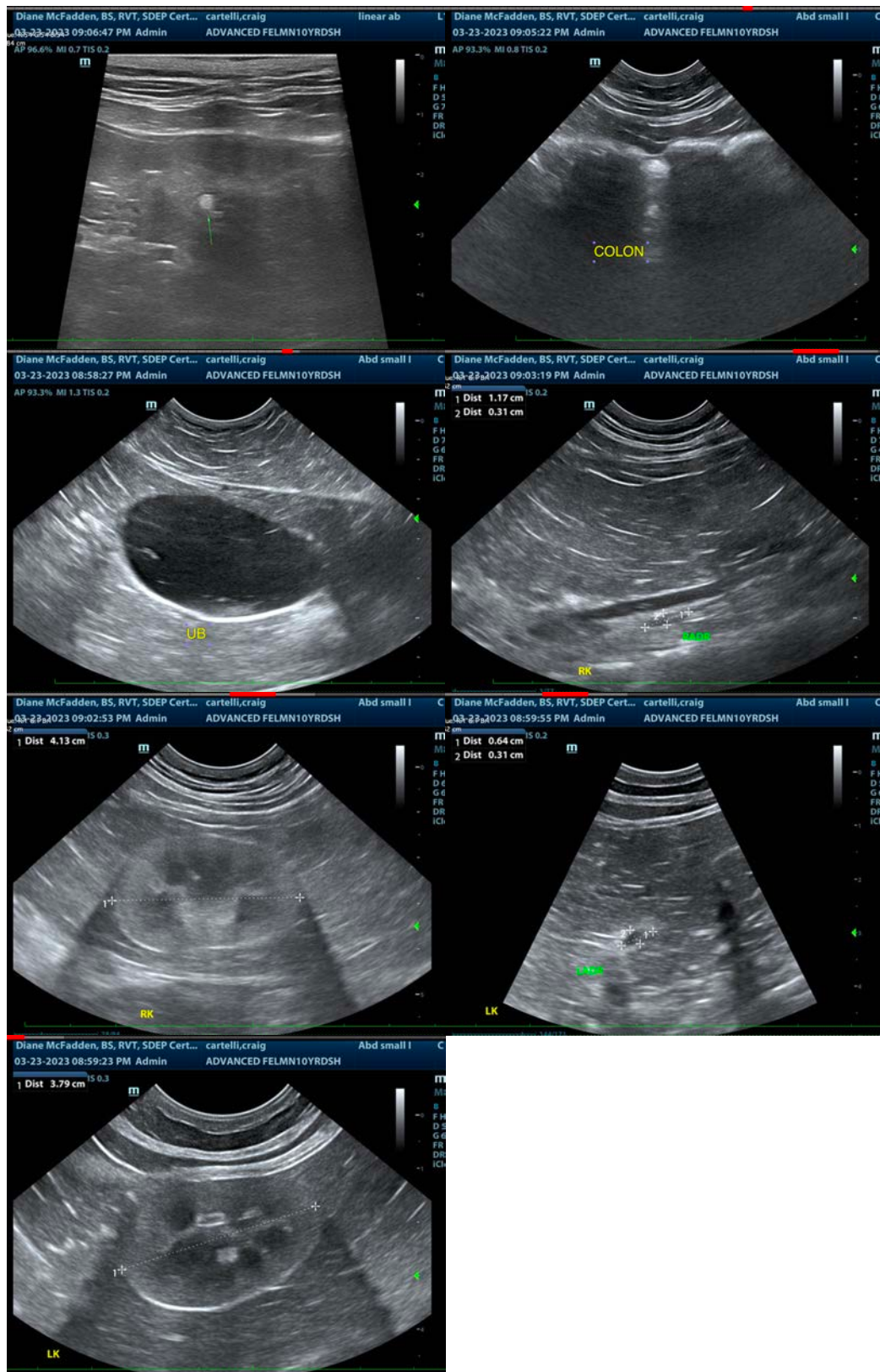
Dr. Gad

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PATIENT

Craig Cartelli

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

DSH

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Diane McFadden

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