



PATIENT PRESENTING CLINICAL SIGNS

Diane Horcover

History of acute vomiting overnight, difficulty urinating, was obstructed 2 weeks ago, diarrhea. Has been on Cerenia, Gabapentin, Metronidazole and some sedation for the scan.
Abnormal PE/Chem/CBC/UA Results: Slightly increased Blood Glucose.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

Urinary bladder is subjectively mildly distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate to large amount of echogenic nonshadowing suspended debris, as well as mineral/sand dependent debris and suspect small shadowing cystoliths conglomerated together dependently. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface without visible evidence of obstructive mineral within the trigone or proximal urethra.

SEX

Spayed Female

AGE

7 Years

Left kidney is normal in size (4.02 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

6.2 kg

Right kidney is normal in size (4.35 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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.45 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

Spleen

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

Hamilton Regional EC

Liver

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.

REFERRING VET

Dr. Vercaigne

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.

INVOICE

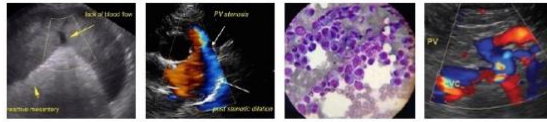
21462

Gastrointestinal

DATE

3/6/23

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT

Diane Horcover

The visible small intestines are normal in wall thickness and layering. 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.

SPECIES

Feline

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

DSH

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

SEX

Spayed Female

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

AGE

7 Years

- A large amount of urinary bladder debris with some sand/mineral debris and small clumped cystoliths suspected. There is no evidence of obstructive mineral within the trigone or proximal urethra, however, a mucus plug or other debris obstruction and/or a more distal obstruction than could be appreciated ultrasonographically cannot be ruled out.

WEIGHT

6.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of urinary obstruction, combined with the reported stranguria at this time, a sedated or anesthetized urinary catheter placement may be indicated, at which time, a bladder flush to try to obtain some of the mineral and/or small cystoliths, as well as a sterile urine sample is recommended. Recommendations are to submit the mineral if obtained for stone analysis, as well as to submit the sterile urine for urinalysis and culture to help guide medical management.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is not an ultrasonographically visible explanation for this patient's gastrointestinal signs, however, that doesn't rule out occult pancreatic or gastrointestinal disease, therefore considerations could include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function, especially if gastrointestinal signs persist beyond resolution of the suspected partial urinary obstruction.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Regional EC

In the meantime, empirical deworming with a 5-day course of Panacur is also recommended.

REFERRING VET

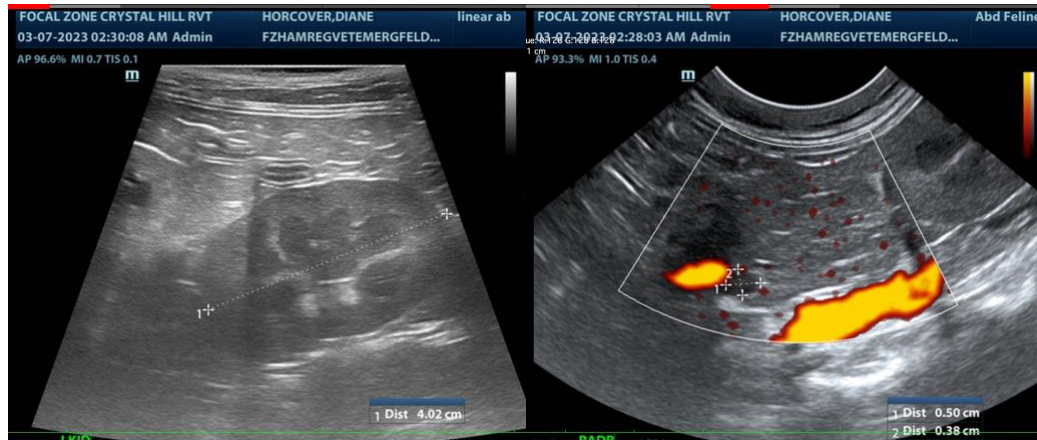
Dr. Vercaigne

INVOICE

21462

DATE

3/6/23





PATIENT

Diane Horcover

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

6.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamiltn Regional EC

REFERRING VET

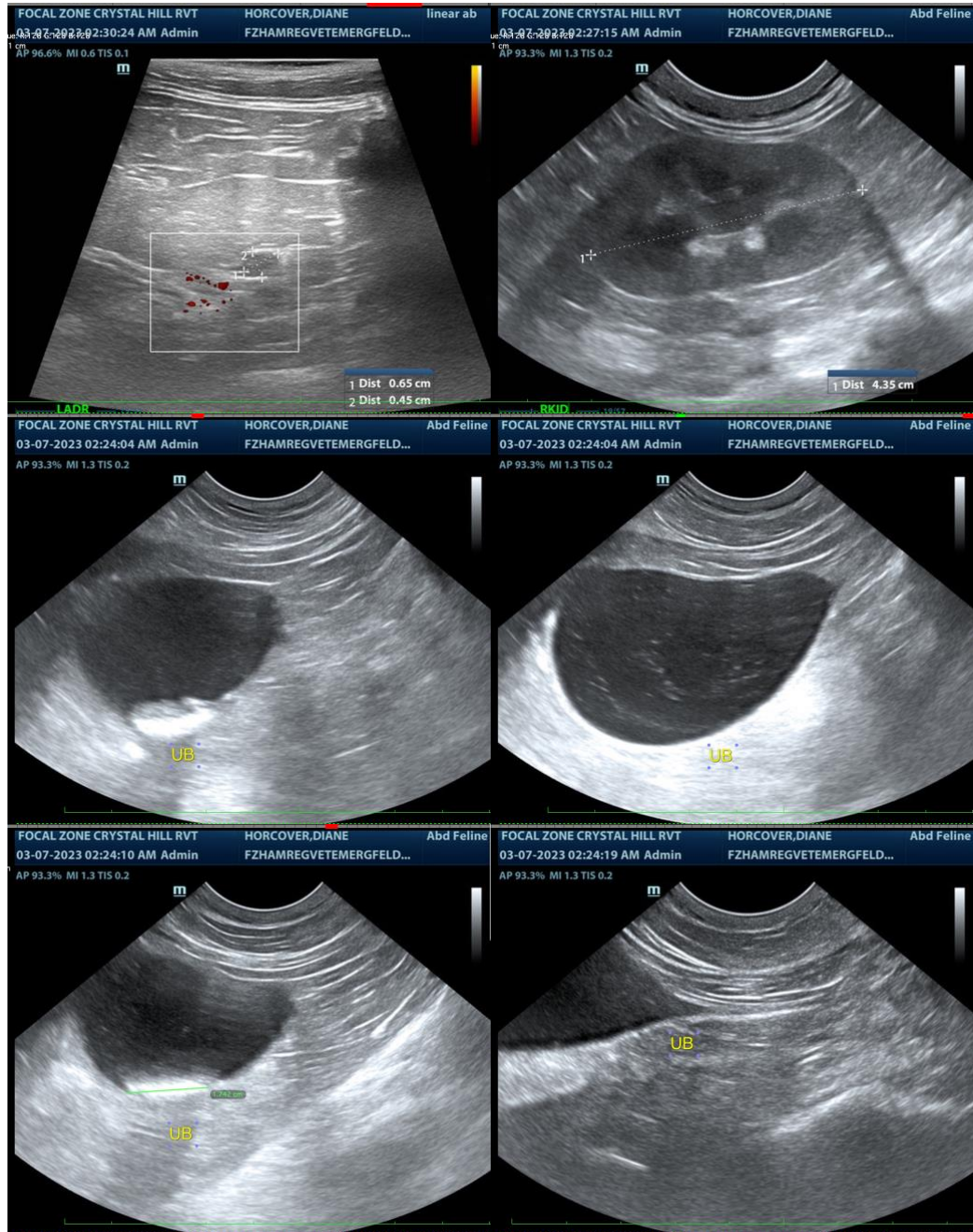
Dr. Vercaigne

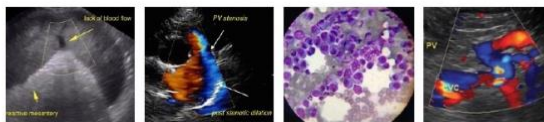
INVOICE

21462

DATE

3/6/23





PATIENT

Diane Horcover

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

6.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hamilt Regional EC

REFERRING VET

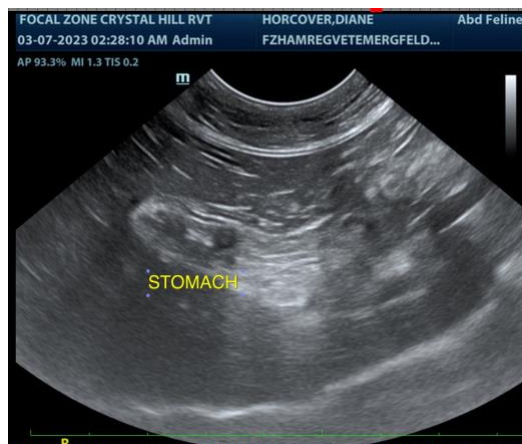
Dr. Vercaigne

INVOICE

21462

DATE

3/6/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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