



PATIENT

Pearl Baron

SPECIES

Feline

BREED

Maine Coon

SEX

Female

AGE

2 Years

WEIGHT

9.8. Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Vet Clinic

REFERRING VET

Dr. Megan Bray

INVOICE

47268

DATE

5/10/23

PRESENTING CLINICAL SIGNS

Exposure to tritrichomonas and giardia. In an ~30 cats in client's home. Used for breeding. P has been vomiting and owner has found cellophane and plastic in the vomit. Still eating and drinking well. Has diarrhea but that isn't a new development. Likely at this am.

Abnormal PE/Chem/CBC/UA Results: P was comfortable on PE and abdominal palpation. Did have to give a low dose of Telazol to complete the scan, p was reactive around R kidney/duodenum area even with sedation. CBC/Chem were normal besides a very mild stress hyperglycemia and fPL was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.9 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.

The left kidney is normal in size (4.4 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

The right adrenal gland is normal in size (0.34 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.

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.

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.

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.

Gastrointestinal

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. The pylorus contains a small, subtle echogenic interface with some distal progressively shadowing material that may represent normal gas and ingesta, but could also represent a hairball density or similar fluid absorbing foreign material.



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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 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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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

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Free Abdomen

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

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The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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The distal uterus is mildly fluid distended. This finding should be interpreted in combination with heat cycle schedule, and clinical signs.

ULTRASONOGRAPHIC FINDINGS

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- This patient's stomach and bowel appear to contain normal ingesta/chyme and some gas. However, there is a focal area believed to be within the pylorus where there is some distal progressive shadowing, as can be seen with a hairball or other similar fluid absorbing foreign material. There is no gastric distention to suggest obstruction, but a partial obstruction cannot be definitively ruled out.

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- Chronic active pancreatitis
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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- **Mild fluid distention of the distal uterus** – This finding should be interpreted in combination with heat cycle schedule as well as any clinical signs to support uterine disease, such as vaginal discharge, discomfort, CBC changes, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given this patient's reported exposure to parasitic and infectious diseases, a fecal exam is recommended if not recently evaluated.

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A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

Additionally, other considerations could include:

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.

In the meantime, supportive/symptomatic medical management of gastrointestinal signs are recommended in the form of antiemetics +/- gastroprotectants, fluid therapy if indicated, etc., empirical



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deworming with a 5-day course of Panacur, and an additional 12-24 hours of fasting, at which time if clinical signs persist, recheck imaging should be considered to help further differentiate normal ingesta and gas versus hairball or other foreign material.

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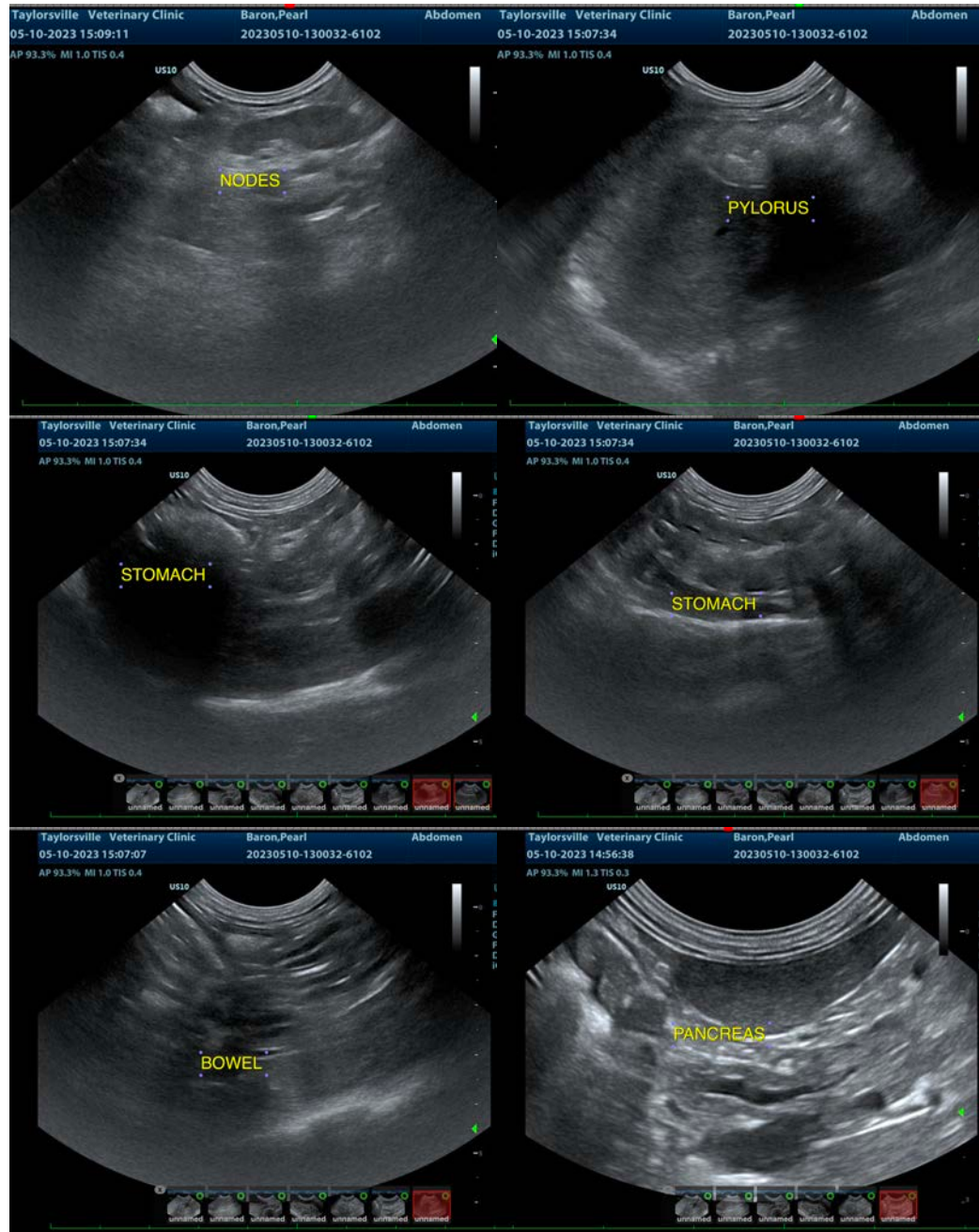
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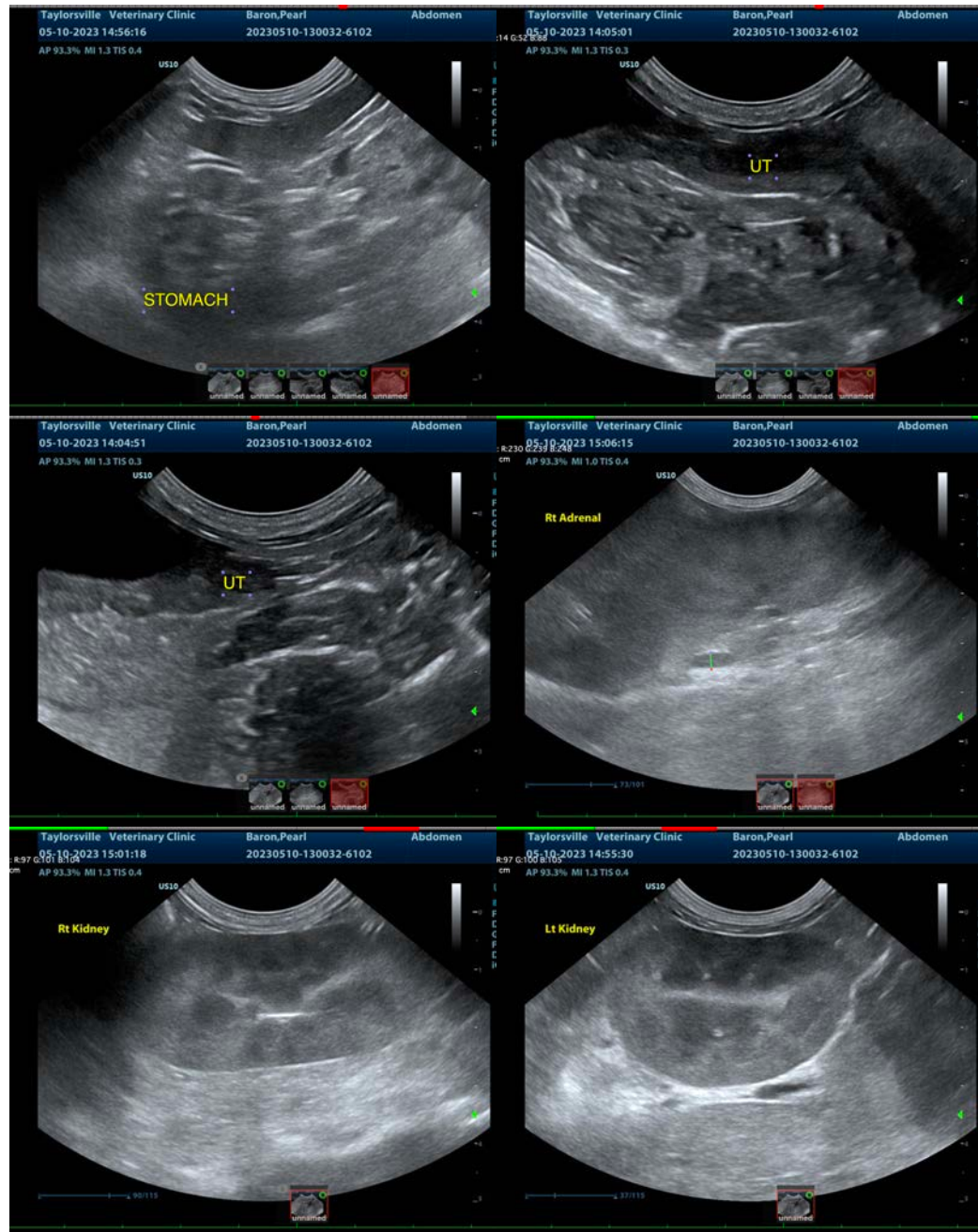
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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