



PATIENT PRESENTING CLINICAL SIGNS

Zhara Gillner hematuria/urinary incontinence for two weeks, not responding to treatment meds: transdermal methimazole, amitriptyline
Abnormal PE/Chem/CBC/UA Results: please see attached labs

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Norwegian Forest Cat

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.

SEX

Spayed Female

The right kidney is normal in size (3.95 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

14 Years

The left kidney is normal in size (3.9 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

6 kg

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.31 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Kelly Reschny

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

HOSPITAL NAME

Cat Hospital of
Burlington

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.

REFERRING VET

Dr. O'Connor

The visible gallbladder in these images is small and non-distended with no pathology in the area of the gallbladder.

Gastrointestinal

INVOICE

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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.

DATE

5/19/22

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



PATIENT

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contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

SPECIES

Feline

Pancreas

The left pancreas is prominent in appearance with a mildly coarse echotexture, and it is hypoechoic to surrounding tissue. The body of the pancreas is more hyperechoic in appearance with an oblong hypoechoic structure measuring 0.73 cm x 1.4 cm within the hyperechoic body of the pancreas, differentials for which include a pancreatic nodule versus lymph node versus other.

BREED

Norwegian Forest Cat

Free Abdomen

SEX

Spayed Female

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy (see pancreatic description).

PRIMARY FINDINGS

AGE

14 Years

- Coarse, hypoechoic left pancreas with a hyperechoic pancreatic body containing a hypoechoic nodule – differentials include chronic pancreatitis, potentially nodular regeneration. Acute on chronic smoldering pancreatitis cannot be ruled out, and lymphadenopathy versus a pancreatic nodule cannot be ruled out. Infiltrative neoplasia cannot be ruled out, but is considered less likely.

WEIGHT

6 kg

SECONDARY FINDINGS

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of bacteria in this patient's recent urinalysis obtained free catch, recommendations are to obtain sterile urine sample via cystocentesis and resubmit for urinalysis. If bacteriuria is still present, consider urine culture to rule out urinary tract infection as a cause of the hematuria.

IMAGING PERFORMED BY

Kelly Reschny

Other therapeutic considerations could include slightly more aggressive medical management of the hypothyroidism, given the persistently increased T4 despite current management. Pancreatic changes are considered incidental. However, further evaluation of the pancreas could include submission of a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory and/or a fine needle aspirate of the nodule/lymph node described above, if patient's coagulation status is appropriate.

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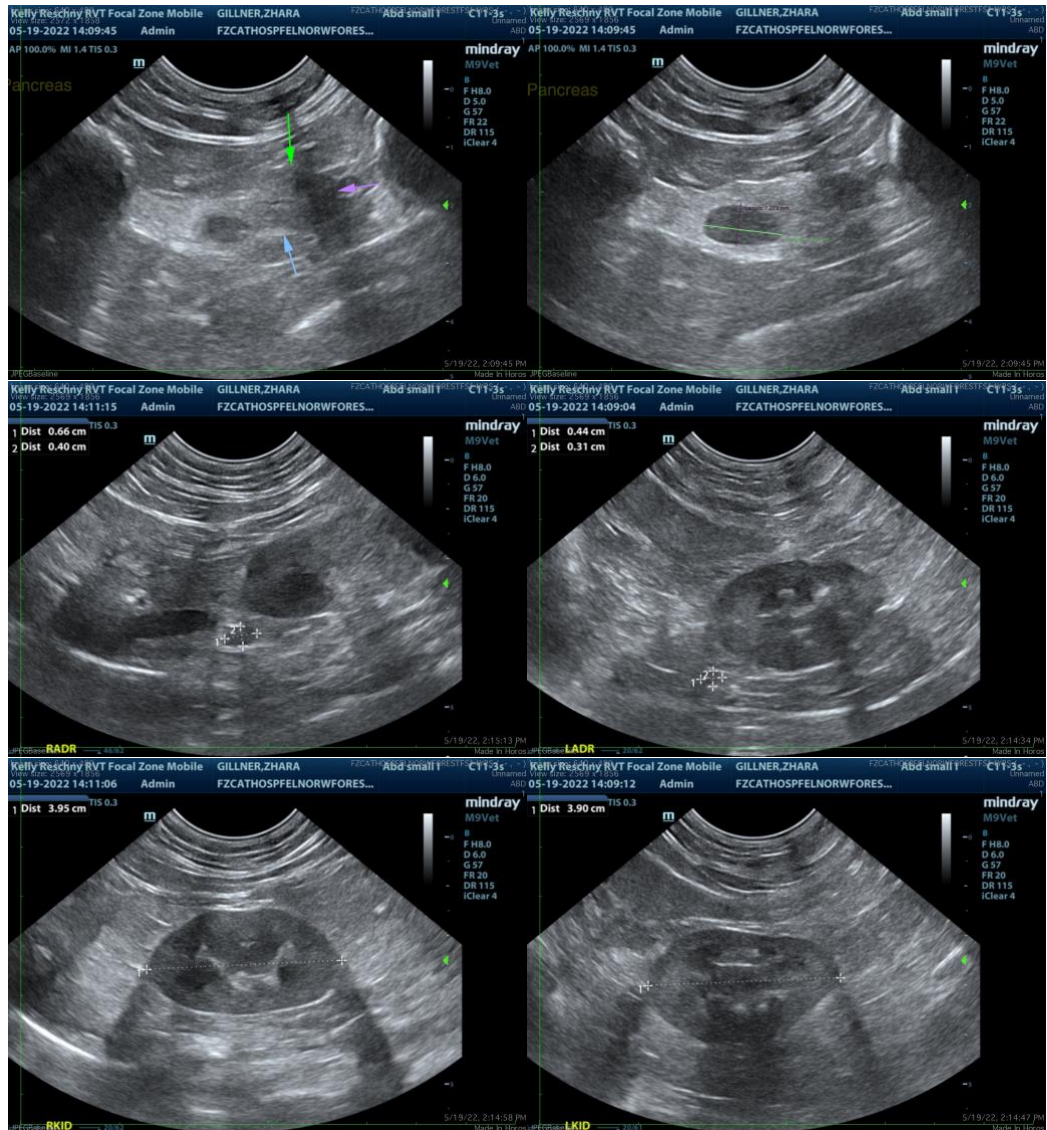
Dr. O'Connor

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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
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