



PATIENT PRESENTING CLINICAL SIGNS

Mia Krauss
History of FUS symptoms, stress once moved to new location. She was previously in/out and when kept indoors seemed to start. Intermittent symptoms of pollakiuria, dysuria/vocalizing. UA results repeatedly hematuria but to varying degrees, sometimes pyuria. Sterile culture negative. CD-stress diet and amitriptyline helpful for symptoms but still has hematuria even though clinically/behaviorally improved. Abnormal PE/Chem/CBC/UA Results: PE is normal, except overweight BCS 7/9. See attached UA results.

SPECIES

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

Spayed Female

Urinary bladder is adequately 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.

AGE

5 years

Left kidney is normal is size (4.06 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

17 lbs

Right kidney is normal is size (4.11 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 (0.3 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized, but the area is examined without evident pathology.

IMAGING PERFORMED BY

Dr. Lincoski

Spleen

Spleen is not visualized in these images.

HOSPITAL NAME

University Drive VH

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. Lincoski

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.

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PATIENT	<i>Gastrointestinal</i>
Mia Krauss	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.
SPECIES	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, foreign material or infiltrative disease.
Feline	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Domestic Shorthair	
SEX	<i>Pancreas</i>
Spayed Female	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.
AGE	
5 years	
WEIGHT	<i>Free Abdomen</i>
17 lbs	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	PRIMARY FINDINGS:
IMAGING PERFORMED BY	Inflammatory bowel disease (IBD) - This finding has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No concurrent lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probably, but lymphoma cannot be definitively ruled out without tissue sampling.
Dr. Lincoski	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	If there are any gastrointestinal signs in this patient including unexplained weight loss, diarrhea, intermittent vomiting, etc. then recommendations include:
University Drive VH	<ol style="list-style-type: none"> 1. 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. 2. There are no ultrasonographically visible causes of this patient's recurrent lower urinary tract signs. 3. Given the history of a negative culture feline lower urinary tract disease or sterile cystitis seems a probable diagnosis.
REFERRING VET	
Dr. Lincoski	
INVOICE	Recommendations include increasing hydration; however, possible with some options being a water fountain is preferable for some cats or switching to a canned food or adding water to the food. Other recommendations can be found at the indoor cat initiative, which is a website put out by the Ohio State Veterinary college.
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PATIENT

Mia Krauss

Given the recurrent crystalluria a transition in diet could also be tried in case a different crystal prevention diet could be more effective in this specific patient. Examples could include Royal Canin Urinary SO versus other.

SPECIES

Feline

Finally while unlikely this is infectious given the patient's age and a lack of bacteruria empirical antibiotics could be tried with monitoring for improvement which would indicate a deep infection in the wall or the kidneys that is not being diagnosed via urine sampling.

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

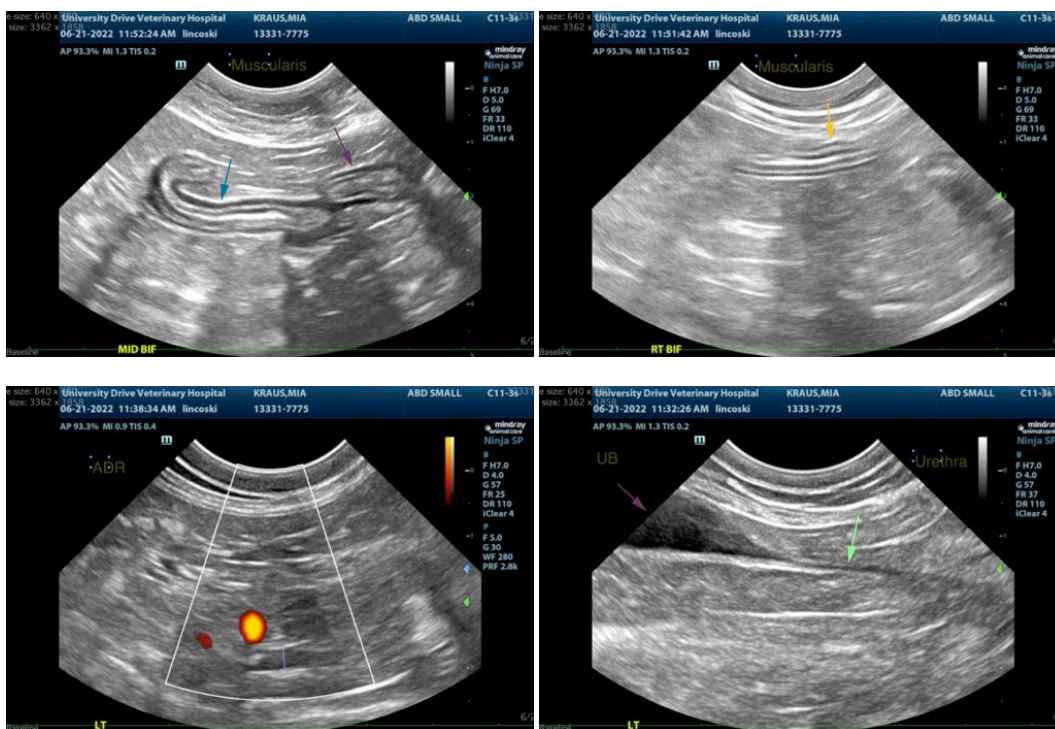
5 years

WEIGHT

17 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM



IMAGING PERFORMED BY

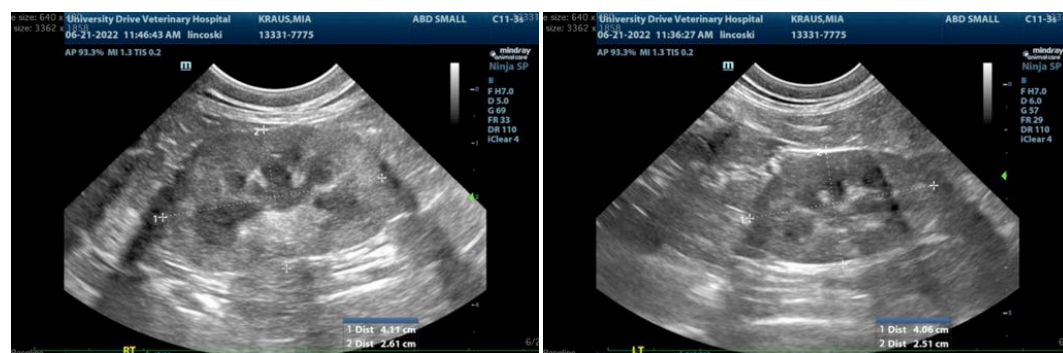
Dr. Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski



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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.

DATE

6/20/22

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.



PATIENT

Beth Johnson, DVM DACVIM

Mia Krauss

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SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

5 years

WEIGHT

17 lbs

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DACVIM

**IMAGING
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