



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lilikoi Wiesner	History: Single episode of vomiting 15 minutes after running into a partially assembled wire rack previous evening. Appeared uncomfortable overnight, additional episode of vomiting in the car en route to appointment
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Febrile on initial presentation (104.3°F), temperature subsequently declined, was WNL at the time of discharge. No external wounds found, sensitivity noted on palpation of the mid abdomen, NAF otherwise. Chemistry showed elevated ALT=174 (20-100) U/L, glucose=224 (70-150) mg/dL, other parameters, CBC WNL No significant findings on whole body radiographs
Feline	
<b>BREED</b>	
Domestic Shorthair	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Spayed Female	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.
<b>AGE</b>	
3 years	
<b>WEIGHT</b>	
8.8 lbs	Left kidney is normal is size (3.7 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.
<b>INTERPRETED BY</b>	Right kidney is normal is size (3.9 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.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr. Green	Left adrenal gland is normal in size (0.3 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
<b>HOSPITAL NAME</b>	The region of the right adrenal gland is examined without evident pathology.
Healing Spirit	
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Green	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.
<b>INVOICE</b>	<b>Liver</b>
31177	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
<b>DATE</b>	
6/22/22	



**PATIENT**

homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Lilikoi Wiesner

**SPECIES**

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.

Feline

**Gastrointestinal**

**BREED**

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

Domestic Shorthair

**SEX**

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.

Spayed Female

**AGE**

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

3 years

**Pancreas**

**WEIGHT**

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.

8.8 lbs

**INTERPRETED BY**

**Free Abdomen**

Beth Johnson, DVM  
DACVIM

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Dr. Green

**Primary Findings**

**HOSPITAL NAME**

Feline urinary bladder debris.

Healing Spirit

Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.

**REFERRING VET**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Green

**INVOICE**

1. 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 ration is recommended.
2. Medical supportive care of acute gastritis/gastroenteritis with anti-emetics, gastroprotectants, etc. is recommended acutely with the top differential being acute clinical signs/behavioral changes following the reported accidental trauma in this cat. If clinical signs and/or liver enzyme changes etc. persist long term then further intervention will be recommended

31177

**DATE**

6/22/22



**PATIENT**

Lilikoi Wiesner

depending on what clinical signs, abnormalities, etc. persist. There are no ultrasonographic abnormalities at this time beyond the urinary bladder debris and mild gastritis to explain the reported clinical signs.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

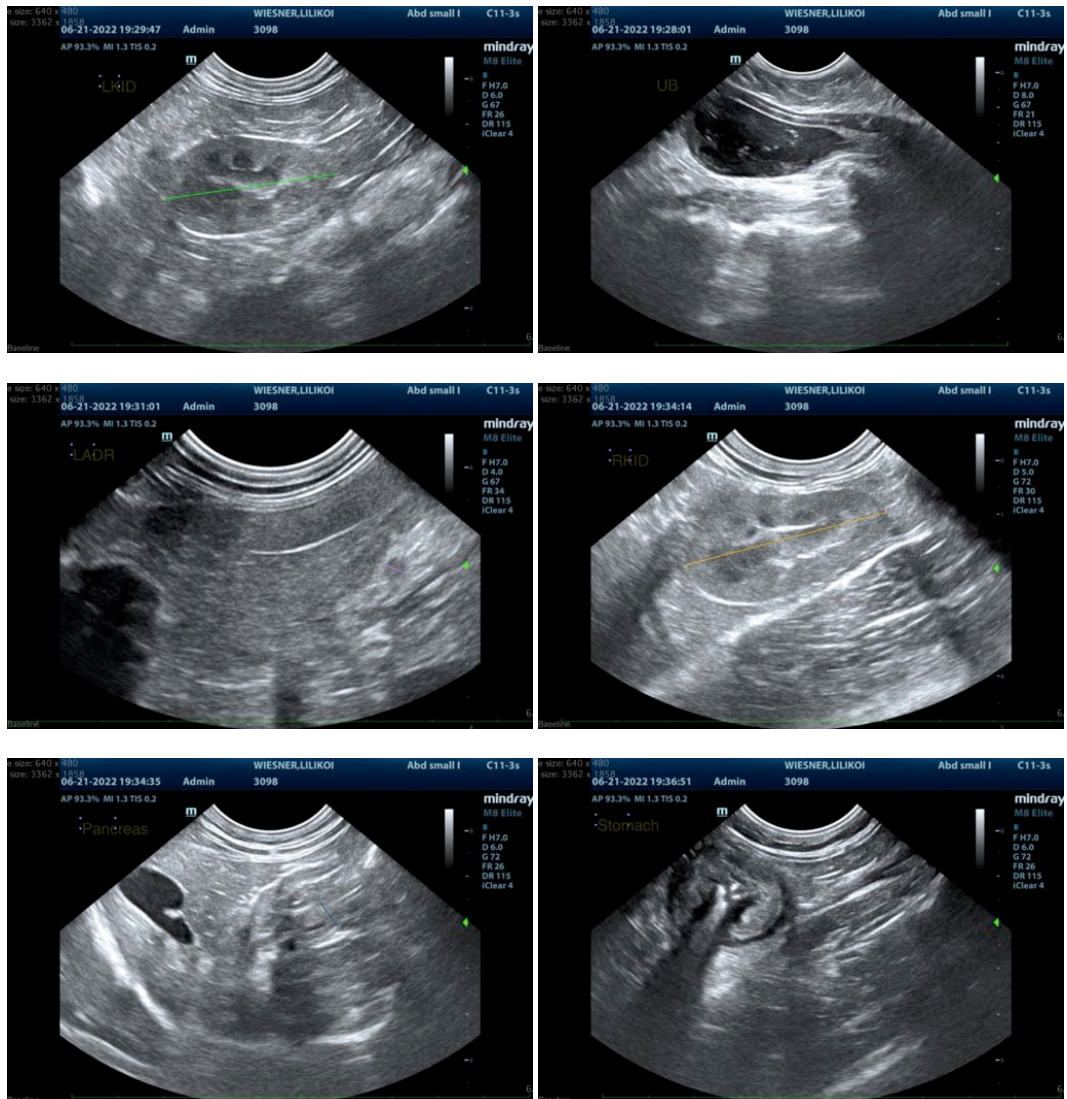
Dr. Green

**INVOICE**

31177

**DATE**

6/22/22



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



**PATIENT**

Lilikoi Wiesner

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Green

**INVOICE**

31177

**DATE**

6/22/22