



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Matilda Staynor	Chronic history of intermittent vomiting, worse last 4 days. Recent liquid diarrhea 1 week, with some mucus. Appetite good (fed hydrolyzed diet for possible chicken sensitivity causing ear dermatitis.)
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Discomfort in cranial abdomen and initial scan of abdomen (AFAST) on July 11th showed dilated gas filled structure occupying cranial right abdomen, suspected cecal or colonic. CBC, chem, T4 normal, fPLi normal, fecal negative; FeLV/FIV neg. Rads show normal abdominal patterns other than increased gas in proximal colon.
<b>BREED</b>	
DSH	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Spayed Female	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.
<b>AGE</b>	
8 Years	The right kidney is normal in size (3.51 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>WEIGHT</b>	
5.2 kg	The left kidney is normal in size (3.46 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>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.27 cm at the cranial pole and 0.22 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	
Dr. Nigel Gumley	The area of the left adrenal gland is examined without evident adrenal gland pathology.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Cedarview AH	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Nigel Gumley	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.
<b>INVOICE</b>	
43815	The gallbladder is non-distended in size. It is bilobed, which is most often an incidental anatomic variant in cats. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
<b>DATE</b>	
7/13/23	



**PATIENT** *Gastrointestinal*

Matilda Staynor

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.

**SPECIES**

Feline

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

**BREED**

DSH

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

**SEX**

Spayed Female

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**AGE**

8 Years

**Free Abdomen**

**WEIGHT**

5.2 kg

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

There is no apparent lymphadenopathy noted in these images.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**ULTRASONOGRAPHIC FINDINGS**

- Relatively unremarkable/normal abdomen without an ultrasonographically visible explanation for this patient's gastrointestinal signs present in these images. Having said that, a normal ultrasound doesn't rule out maldigestive or malabsorptive gastrointestinal disease and/or parasitic or infectious etiologies, etc.

**IMAGING PERFORMED BY**

Dr. Nigel Gumley

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Cedarview AH

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.

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

**REFERRING VET**

Dr. Nigel Gumley

In the meantime, in addition to the hydrolyzed protein diet reportedly already in place, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Provable in addition to medically managing the nausea as needed.

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Ultimately, pending results of the above, further evaluation of the upper and lower gastrointestinal tract via endoscopy/colonoscopy or an exploratory laparotomy for biopsies may be necessary.

**DATE**

7/13/23



**PATIENT**

Matilda Staynor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

5.2 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Nigel Gumley

**HOSPITAL NAME**

Cedarview AH

**REFERRING VET**

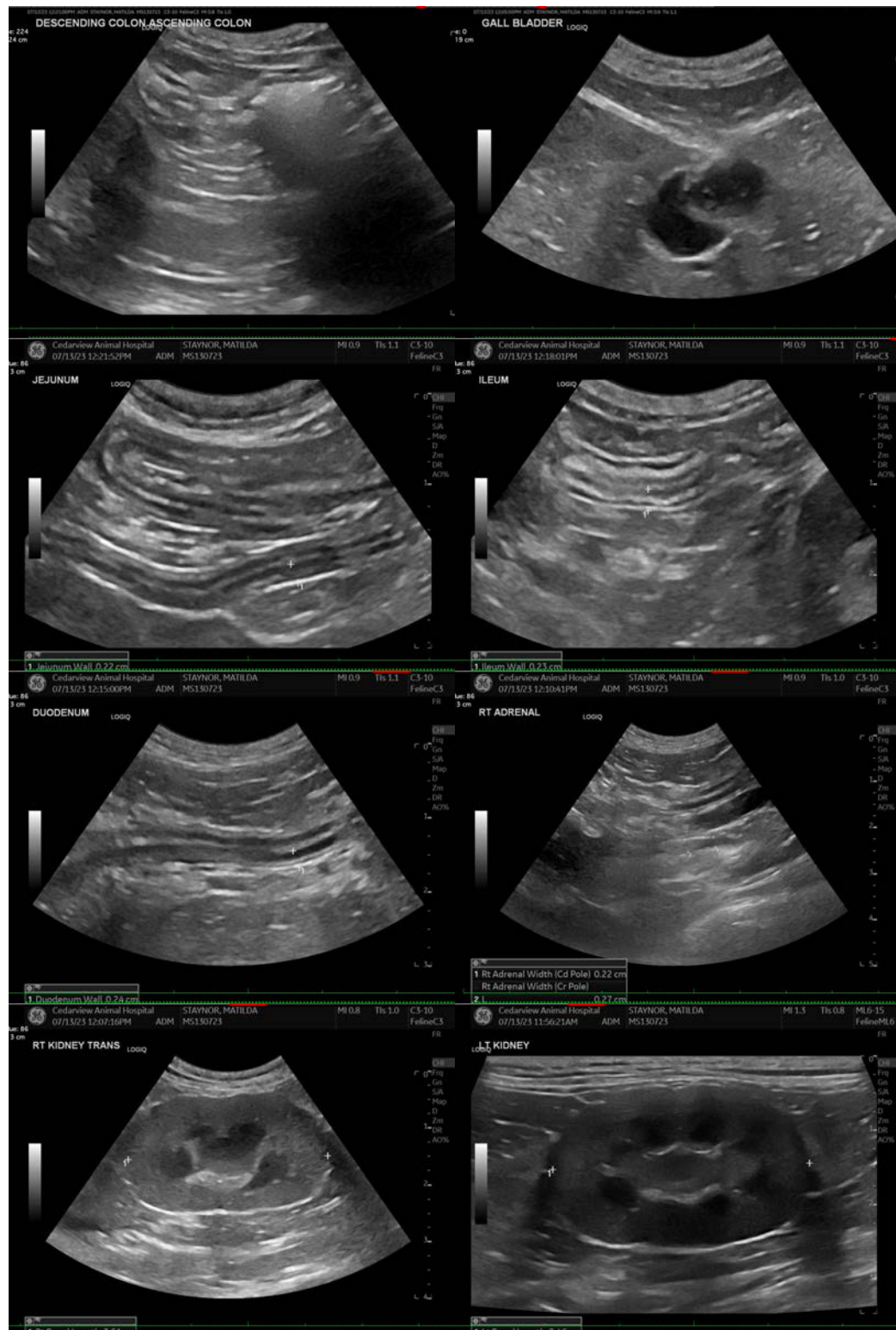
Dr. Nigel Gumley

**INVOICE**

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**DATE**

7/13/23





**PATIENT**

Matilda Staynor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

5.2 kg

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Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

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**REFERRING VET**

Dr. Nigel Gumley

**INVOICE**

43815

**DATE**

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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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