

**DATE PRESENTING CLINICAL SIGNS**

7/19/22

On Friday P started exhibiting signs sneezing continuously where his nose started to bleed. P was very lethargic and declined fast. P went to rDVM on Saturday and was given fluids, onsiar, and doxycycline. P had a fever on presentation. P has not been interested in food since Saturday. Today P went rDVM because P was not improving and BW showed: - ALT: 512 - Tbili: 1.2 - K: 3.4 - Urinalysis: pending P's housemate Shifu died over the weekend from similar clinical signs and bw findings.

**PATIENT**

Jebediah Evans

**SPECIES**

Feline

Current Medications: Buprenorphine.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder is mildly subjectively overdistended. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. However, the urinary bladder contains a large amount of echogenic, amorphous debris without evidence of acoustic shadow. No cystoliths or masses are observed.

**AGE**

9/15/20

The right kidney is normal in size (3.98 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**

8.7 Pounds

The left kidney is normal in size (4.05 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.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

The left adrenal gland is normal in size (0.56 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**Animal Emergency  
Hospital**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.

**REFERRING VET**

Dr Roper

**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.

**INVOICE**

39657

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. Pyloric outflow tract appears patent.

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.

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

### ***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.

### ***Free Abdomen***

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

There is no apparent lymphadenopathy noted in these images.

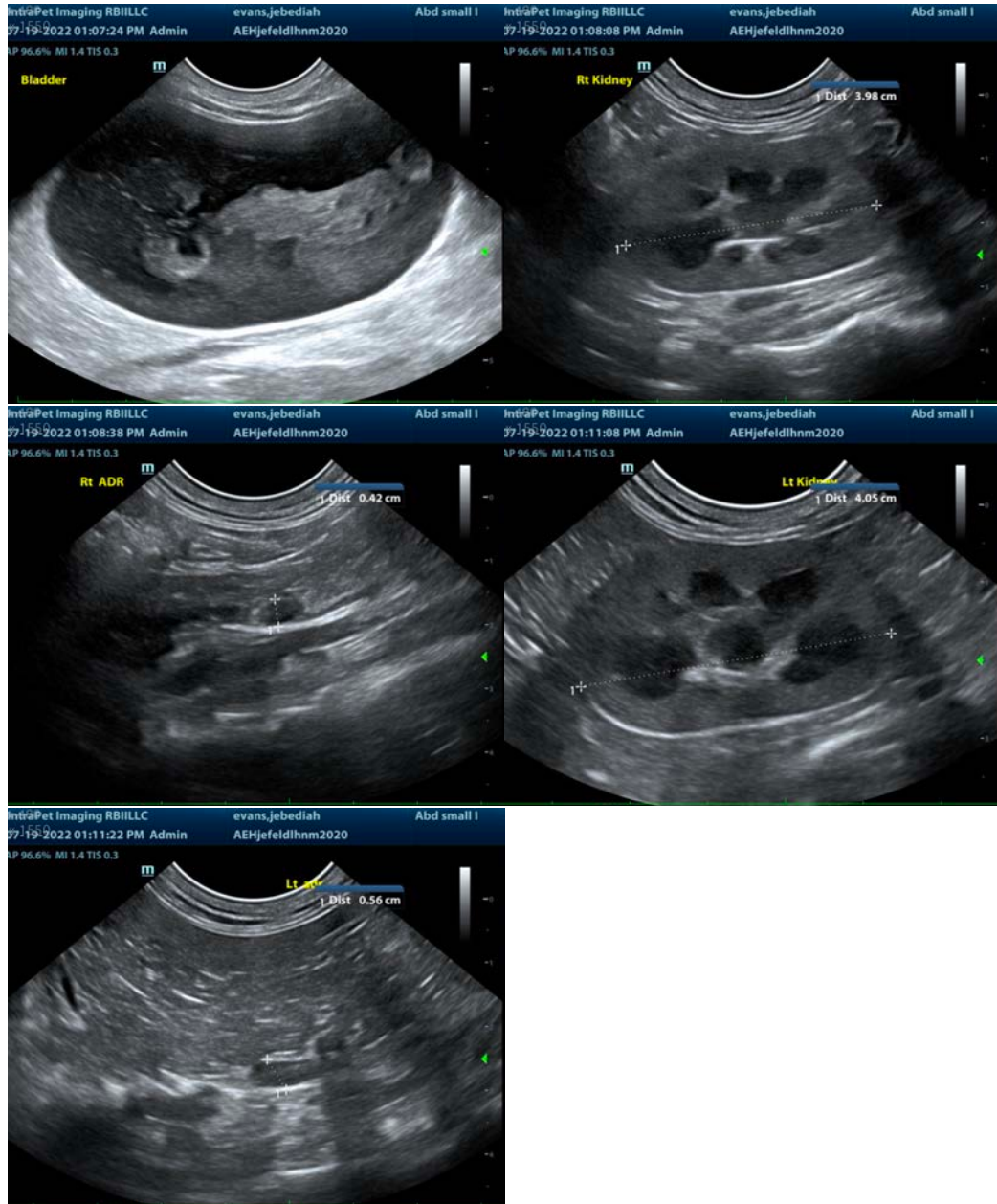
## **ULTRASONOGRAPHIC FINDINGS**

- Large amount of amorphous echogenic urinary bladder debris – differentials include exfoliated cells, mucus, crystals, or potentially blood clots.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include:

- 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 ratio is recommended.
- Given this patient's original presenting complaint of epistaxis combined with the suspicion for blood clots in the urinary bladder, coagulation status evaluation with platelet count and coagulation panel is recommended.
- There is no definitively visible explanation for this patient's increased ALT in these images. However, given the similar illness and subsequent death of the housemate, infectious and/or toxic diseases are at the top of the differential list and should be evaluated/ruled out.



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.

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