



PATIENT

Black Cat Atkins

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

12.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

16488

DATE

7/6/22

PRESENTING CLINICAL SIGNS

History: Cat presented urinary obstruction. Cat treated and doing well. However, cat has history of diarrhea on and off. Owner also notes that cat got round worms a lot(?) (As noted from other vet) Cat is indoors only. Loose stool clears up when dewormed(?) Bloodwork done today all WNL. Ultrasound done for further workup

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. There is a large amount of echogenic debris, including mineral debris/sand settled along the dependent inner wall.

Left kidney is normal is size (4.6 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.

Right kidney is normal is size (5.0 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

Left adrenal gland is normal in size, shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size, shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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

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.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT	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.
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SPECIES	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Feline	Pancreas
BREED	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.
DSH	Free Abdomen
SEX	There is no evidence of free peritoneal effusion noted in these images.
Neutered Male	The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
AGE	ULTRASONOGRAPHIC FINDINGS
4 Years	<ul style="list-style-type: none"> • Large amount of urinary bladder debris/sand • Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
12.8 Pounds	<ul style="list-style-type: none"> • 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. <p>Pending urinalysis results, transition to a urinary health diet, such as Royal Canin Urinary SO or similar, could also be considered.</p> <ul style="list-style-type: none"> • Given the reported history of diarrhea when positive for round worms, a monthly purge dewormer in the form of a heart worm prevention that also treats gastrointestinal parasites, could be considered if not already in place. Other considerations could include 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 and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease, to further investigate possible underlying bowel disease, making this patient more susceptible to recurrent parasite infection.
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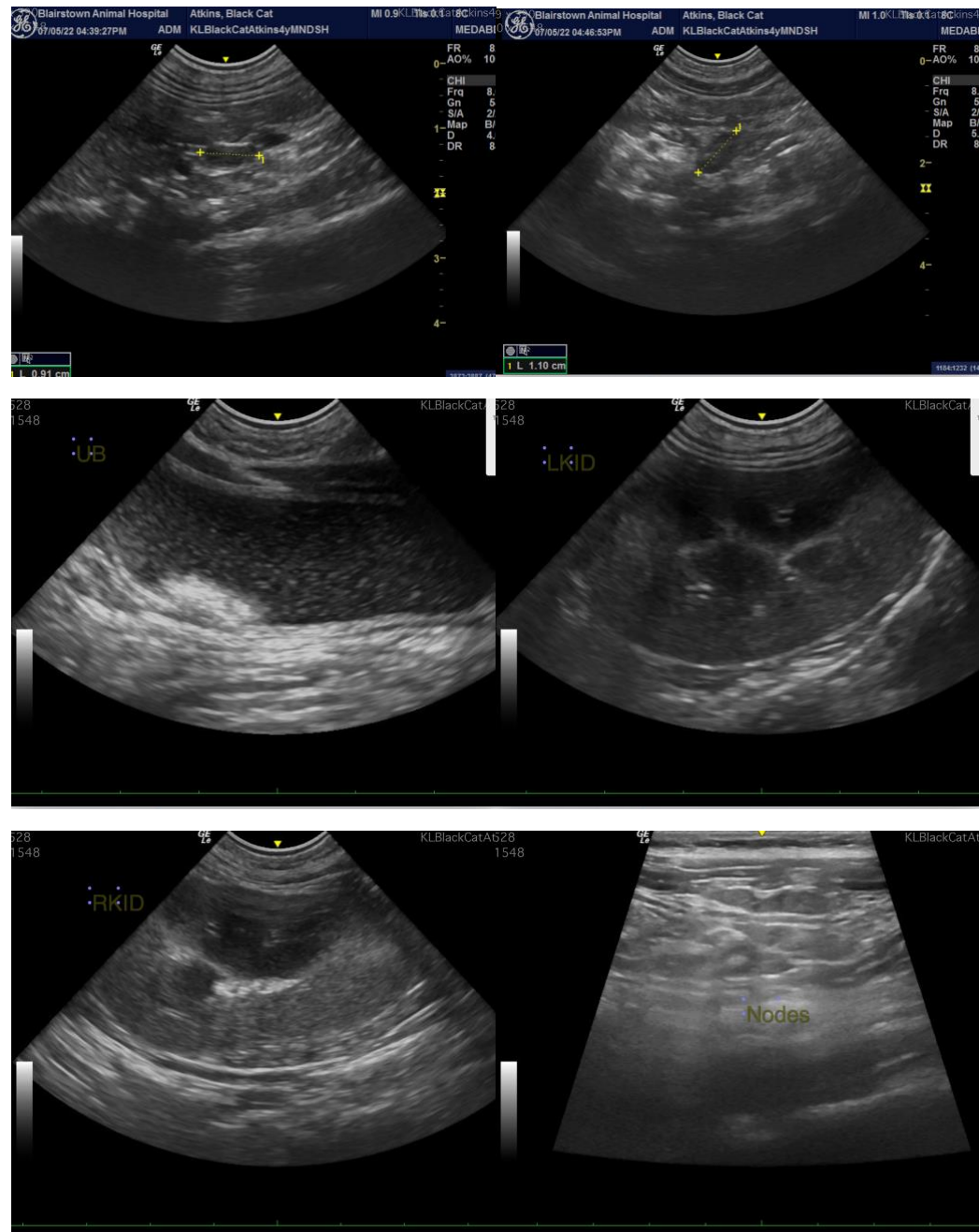
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Beth.Johnson@SonoPath.com

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