

PATIENT PRESENTING CLINICAL SIGNS

Luna Nelson-Tischler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

9.44 Pounds

Patient presented for AUS to investigate chronic GI issues - mainly constipation, decreased appetite, and weight loss. no vomiting reported. - Pet was recently seen at north eugene banfield and treated with convenia, lactulose, and mirtazapine. since this visit, O reports that P is doing well and not having GI signs. P looked almost back to normal yesterday, eating ok, and more active. O reports that P previously did not like having her belly touched due to the constipation, but P is getting better about it now. O reports that P has been losing weight. P was NPO 8:30pm last night, defecated normally last night and urinated normally this morning. - pet is indoor only. diet not reported. - Mirtazapine q48hrs (last dose 3 days ago) and lactulose (last dose 3 days ago). Convenia (administered 8/8)
Abnormal PE/Chem/CBC/UA Results: - recent CBC Chem Lytes - WNL (CREA 1.7) - recent abdominal rads were normal except for tiny renoliths noted bilaterally. - recent fPL wnl - recent UA showed subclinical bacteriuria, no significant pyuria/hematuria. culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right kidney is normal in size (4.54 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney is normal in size (4.0 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The right adrenal gland is normal in size (1.25 cm long x 0.31 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.0 cm long x 0.27 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

BPH of South Eugene

REFERRING VET

Dr. Wright

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.

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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



PATIENT	homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Luna Nelson-Tischler	
SPECIES	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.
Feline	Gastrointestinal
BREED	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.
DSH	
SEX	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.
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.
9.5 Years	Pancreas
WEIGHT	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.
9.44 Pounds	
INTERPRETED BY	Free Abdomen
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Jenna Walsh, CVT	<ul style="list-style-type: none">• Urinary bladder debris• Non-obstructive dystrophic mineralization in both kidneys• Otherwise, unremarkable normal abdomen with no evidence of visible gastrointestinal disease
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
BPH of South Eugene	If this patient's reported weight loss can be attributed to the decreased appetite that was occurring when the patient was constipated, which has reportedly resolved, no additional follow up is necessary. However, if weight loss is ongoing, 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.
REFERRING VET	Additionally, given the reported constipation that has resolved with medical management, a diet transition to a higher fiber or colitis diet such as the Royal Canin colitis diet or similar could be considered, which may eventually allow tapering or weaning off of the lactulose.
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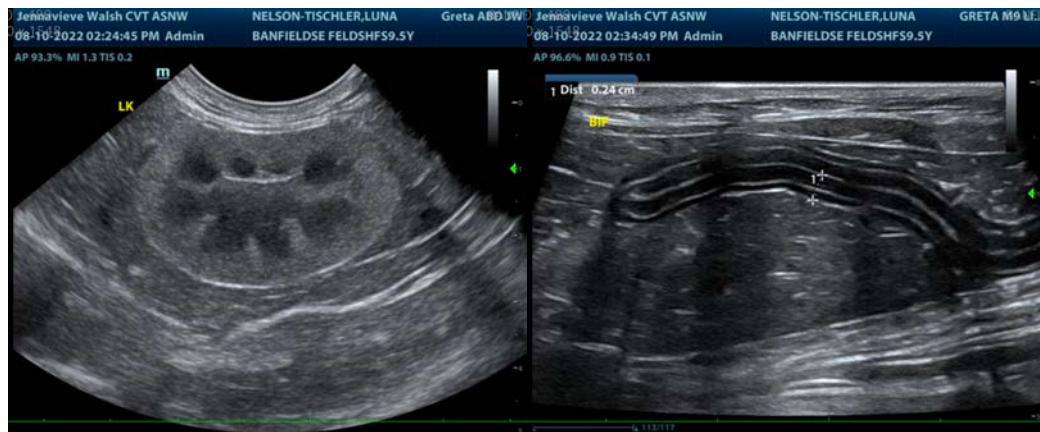
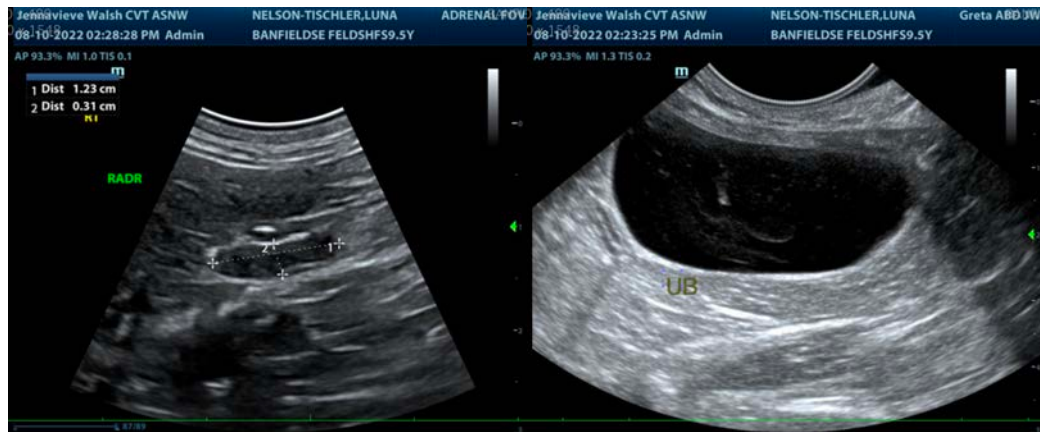
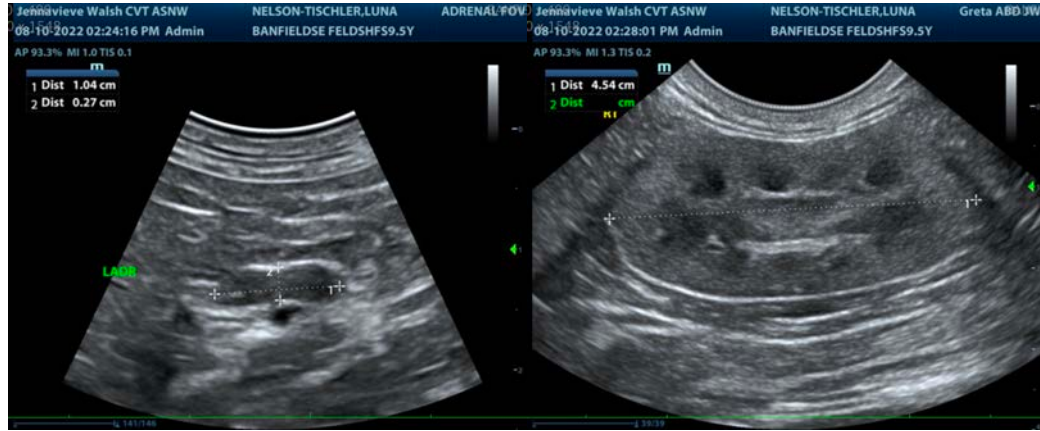
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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