



PATIENT PRESENTING CLINICAL SIGNS

Albus Goncharov

SPECIES

Feline

BREED

Maine Coon x

SEX

Neutered Male

AGE

1 Year

WEIGHT

6.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Gardiner

INVOICE

44582

DATE

8/10/23

Was seen 7/25/23 for lethargy and decreased appetite. Declined work up at that time and elected to monitor. Was seen at another clinic 8/6/23 for vomiting and anorexia, heavy breathing, hiding. Started with vomiting and anorexia on 8/5/23. PE - crackles and wheezes heard, Snap fPL normal. Rads revealed mild unstructured interstitial and bronchial pattern, mildly rounded cardiac silhouette. Uniform distention of the small intestine. Owners got a new kitten and Albus has been eating the kitten's food. New kitten also sneezing and has ocular discharge. Cerenia was given 8/6/23 and Sulcrate given once in clinic yesterday.

Abnormal PE/Chem/CBC/UA Results: Rad report - Pulmonary pattern is somewhat exuberant for the age of the patient and is suggestive of Chronic lower airway disease. Equivocal cardiomegaly is suspected to be a normal variation of sedation if used but compensated cardiomyopathy cannot be excluded. Uniform distention of small intestine in the cranial abdomen could indicate aerophagia or functional ileus. CBC - WNL, T4 normal, ALP less than 10

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.

The right kidney is normal in size (3.97 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.

The left kidney is normal in size (4.11 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

The right adrenal gland is normal in size (0.59 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.



PATIENT *Liver*

Albus Goncharov

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.

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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.

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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.

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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.

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

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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.

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Free Abdomen

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

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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.

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ULTRASONOGRAPHIC FINDINGS

- Reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. This may be a normal patient age variant.
- Urinary bladder debris

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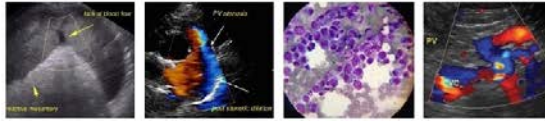
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive ultrasonographically visible explanation for this patient's gastrointestinal signs in these images currently. Recommendations are to further evaluate/workup and treat, if possible, the reported respiratory disease while monitoring for persistent or progressive gastrointestinal signs.

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In the meantime, given the patient's young age and the reported addition of a new kitten to the house, comprehensive infectious disease testing could be considered, as could empirical deworming with a 5-day course of Panacur.



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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.

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