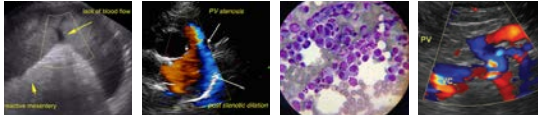




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Paco Pellman	Abnormal urination/FLUTD Currently on Amitriptyline 10mg Sid, Prazosin 0.5mg Bid Evaluate for inflammatory, renal, occult urolithiasis Labs and Radiographs attached
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder is subjectively moderately overdistended 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. There is no evidence of obstructive material present.
DSH	
<b>SEX</b>	The right kidney is normal in size (3.55 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.
Neutered Male	
<b>AGE</b>	The left kidney is normal in size (3.42 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.
2 Years 4 Months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
10.96 Pounds	The right adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.34 cm at the cranial pole and 0.29 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Denise Bruno, LVT, RDMS	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Brooklyn Heights VH	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Thomson	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.
<b>INVOICE</b>	The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.
40379	
<b>DATE</b>	
8/11/22	



**PATIENT**

Paco Pellman

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

**Pancreas**

**SPECIES**

Feline

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.

**BREED**

DSH

**Free Abdomen**

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

There is no apparent lymphadenopathy noted in these images.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Mildly subjectively overdistended urinary bladder
- Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

**AGE**

2 Years 4 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

10.96 Pounds

There is no visible ultrasonographic evidence of urolithiasis, infiltrative disease, etc. to explain this patient's reported urinary signs. Urinary signs can occasionally be caused by parasites such as capillarias. Given the patient's young age, a fecal exam and urinalysis cytology is warranted, followed by empirical deworming with a 5-day course of Panacur, even in the face of a negative fecal exam, as false positives can occur.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

If there are clinical signs of concurrent gastrointestinal disease such as decreased appetite, weight loss, diarrhea, etc., further evaluation of the gastrointestinal tract may be warranted in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function. However, without supporting clinical signs, the mild mucosal speckling is most likely normal patient variant or associated with prandial state.

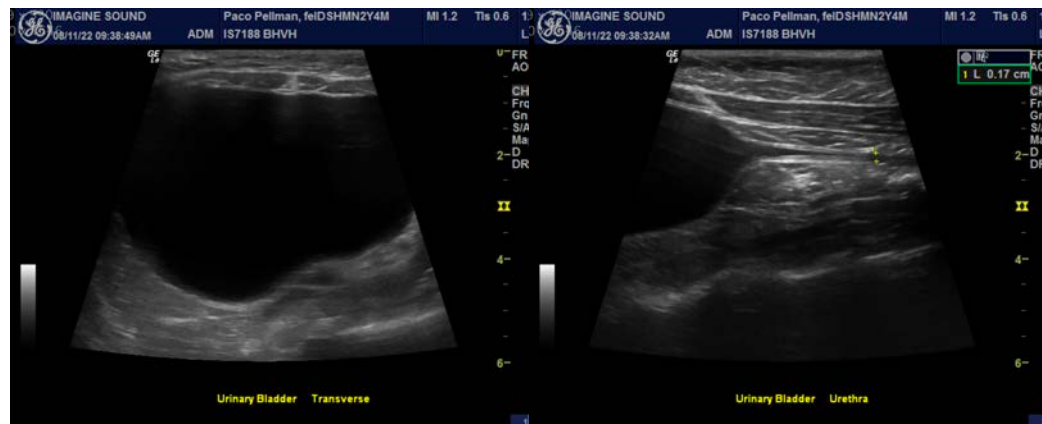
**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

Finally, if urinary signs persist beyond deworming, etc., transition to a urinary health diet such as Royal Canin SO or similar could be considered long-term.

**HOSPITAL NAME**

Brooklyn Heights VH



**REFERRING VET**

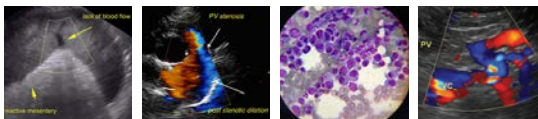
Dr. Thomson

**INVOICE**

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**DATE**

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**PATIENT**

Paco Pellman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years 4 Months

**WEIGHT**

10.96 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

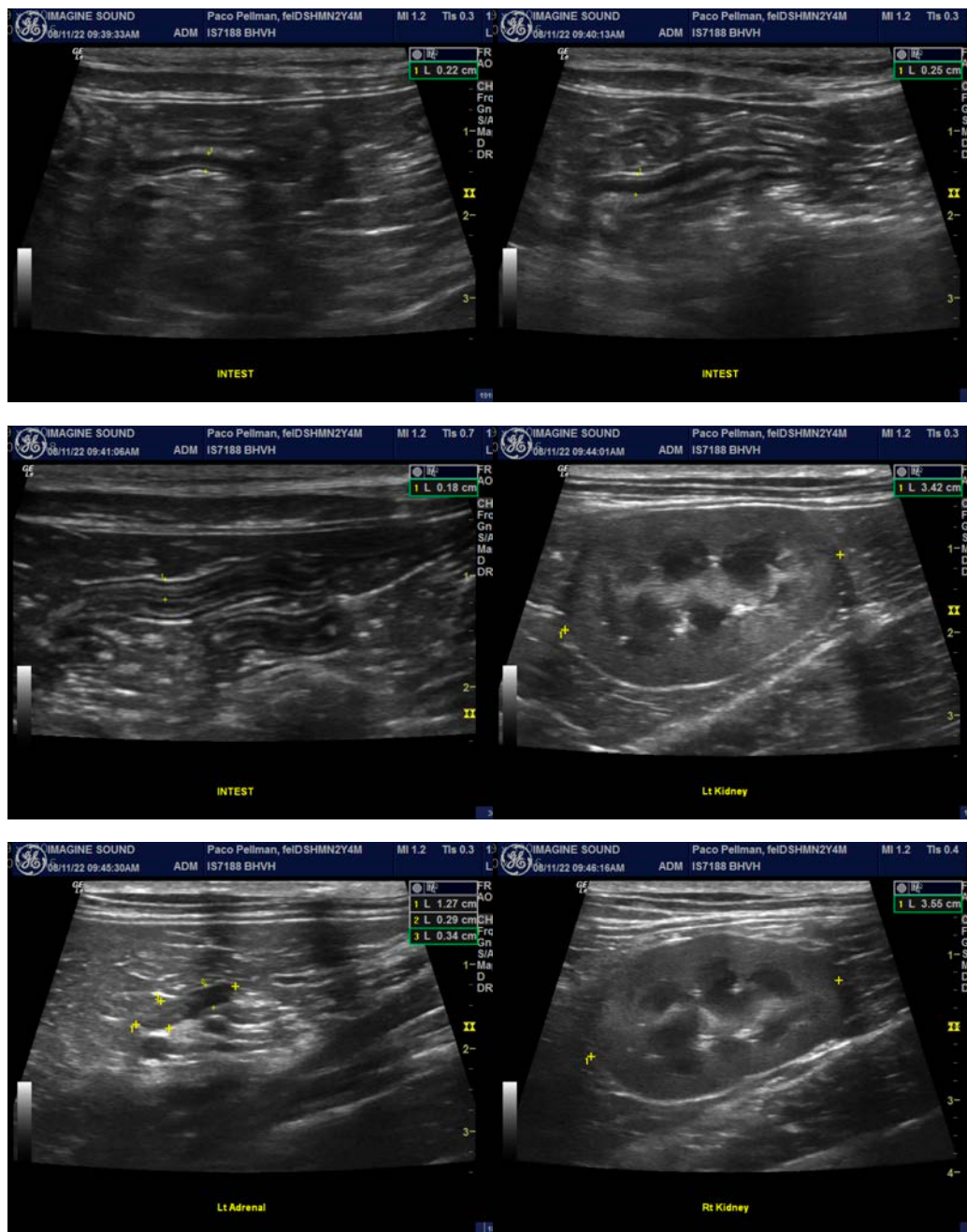
Dr. Thomson

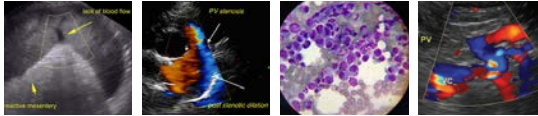
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**PATIENT**

Paco Pellman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

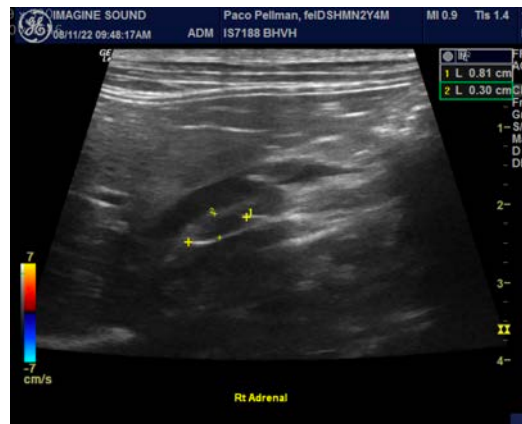
Neutered Male

**AGE**

2 Years 4 Months

**WEIGHT**

10.96 Pounds



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**  
Beth.Johnson@sonopath.com

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

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