



**PATIENT**

Diamond Anderson

**PRESENTING CLINICAL SIGNS**

Acute onset vomiting, anorexia, lethargy today afebrile mild abdominal pain caudal abdomen

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended 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.

**BREED**

DSH

The right kidney is normal in size (3.5 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.

**SEX**

Spayed Female

The left kidney is normal in size (3.3 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.

**AGE**

1 Year

**Adrenal Glands**

The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

9.5 Pounds

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

**Spleen**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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.

**IMAGING PERFORMED BY**

Dr. Gudrun Gunther

**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.

**HOSPITAL NAME**

New Frontier AMC

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.

**REFERRING VET**

Dr. Gudrun Gunther

**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.

**INVOICE**

40037

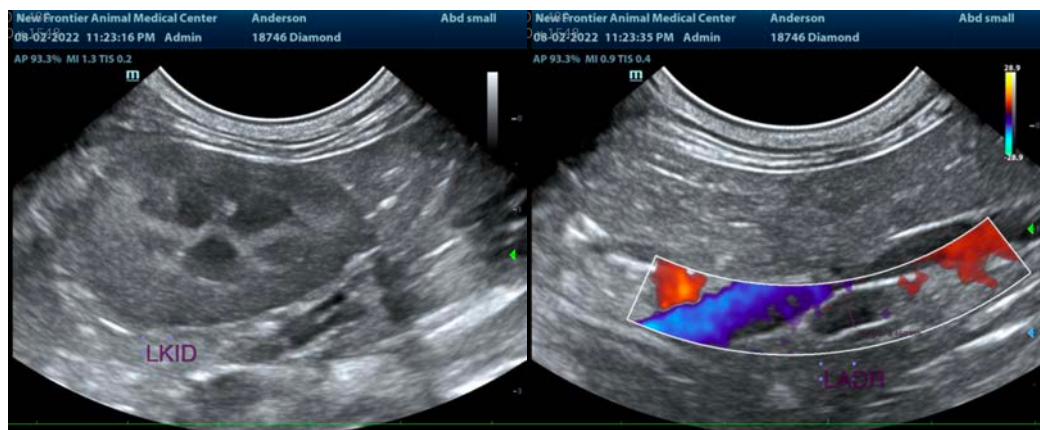
The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**DATE**

8/2/22



<b>PATIENT</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Diamond Anderson	
	<b>Pancreas</b>
<b>SPECIES</b>	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.
Feline	
	<b>Free Abdomen</b>
<b>BREED</b>	There is no evidence of free peritoneal effusion noted in these images.
DSH	
	The mesenteric and pancreaticoduodenal 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.
<b>SEX</b>	
Spayed Female	
	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<ul style="list-style-type: none"> <li>Reactive mesenteric and pancreaticoduodenal lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.</li> <li>Otherwise, unremarkable/normal abdomen with no visible cause of the acute gastrointestinal signs, including no evidence of foreign material or obstructive pattern in these images.</li> </ul>
1 Year	
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
9.5 Pounds	Given this patient's young age, recommendations include a potential infectious disease or parasitic workup with a fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease, followed by empirical deworming with a 5-day course of Panacur.
<b>INTERPRETED BY</b>	In the meantime, transition to a bland, easy to digest diet and supportive symptomatic care of gastrointestinal signs is recommended. If clinical signs do not improve and/or progress, recheck imaging at that time is warranted.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	
Dr. Gudrun Gunther	
<b>HOSPITAL NAME</b>	
New Frontier AMC	
<b>REFERRING VET</b>	
Dr. Gudrun Gunther	
<b>INVOICE</b>	
40037	
<b>DATE</b>	
8/2/22	





**PATIENT**

Diamond Anderson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

9.5 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Gudrun Gunther

**HOSPITAL NAME**

New Frontier AMC

**REFERRING VET**

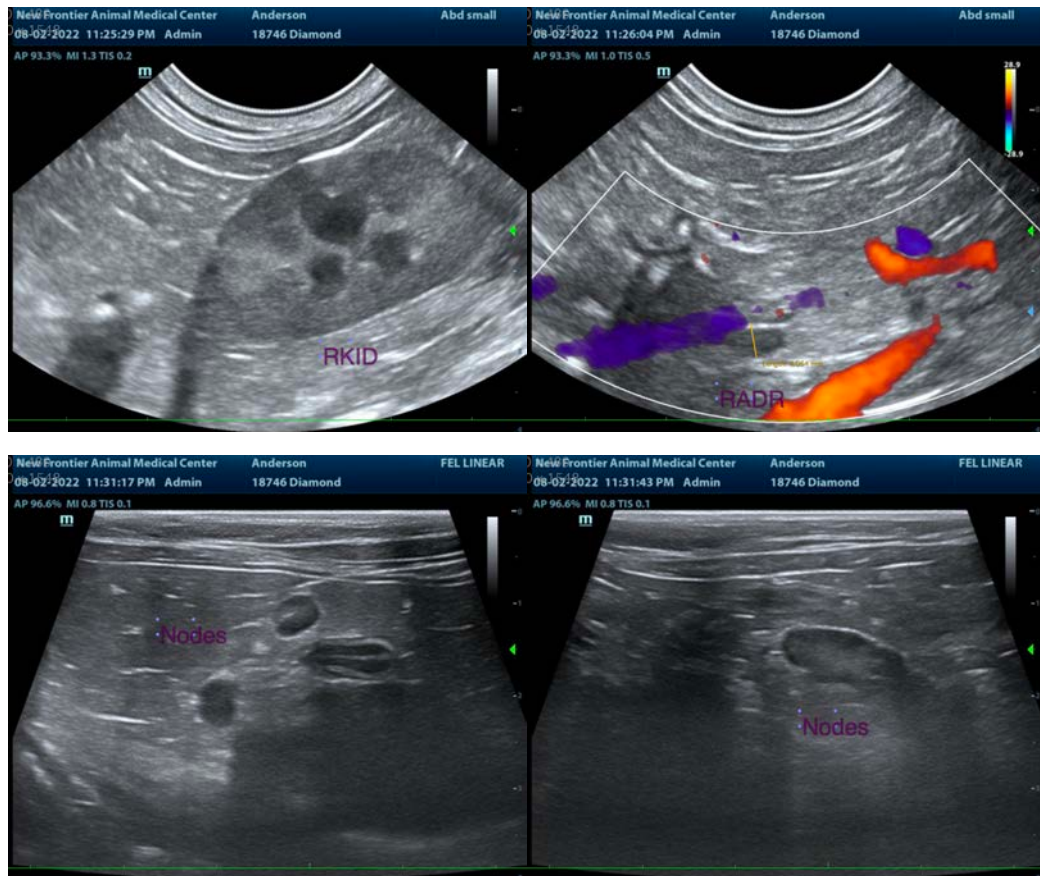
Dr. Gudrun Gunther

**INVOICE**

40037

**DATE**

8/2/22



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