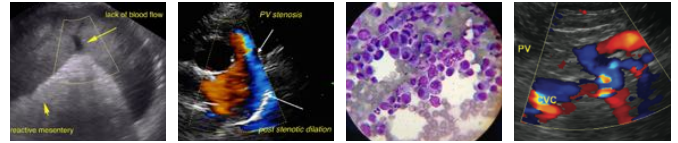




PATIENT	PRESENTING CLINICAL SIGNS
Harry Poore	History: Poor appetite on and off for the past week. One episode of vomiting 5 days ago. Lethargic on and off as well. Abnormal PE/Chem/CBC/UA Results: Grade IV/VI systolic murmur with occasional VPCs, proBNP SNAP test normal. ALT 268, otherwise NSF
SPECIES	
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Domestic Shorthair	Urinary System
SEX	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.
Neutered male	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 4.2 cm. The right kidney measured 4.0 cm.
AGE	
14 years	
WEIGHT	Adrenal Glands
12.7 lbs	The adrenal glands are unable to be well visualized in these images.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	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	Liver
Dr. DeNuzio	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	REFERRING VET
Kings VH	Dr. DeNuzio
INVOICE	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.
39656	Gastrointestinal
DATE	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.
9/27/22	



PATIENT	There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Harry Poore	
SPECIES	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 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.
Feline	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Domestic Shorthair	
SEX	Pancreas 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.
Neutered male	
AGE	Free Abdomen There is no evidence of free peritoneal effusion noted in these images.
14 years	
WEIGHT	There is no apparent lymphadenopathy noted in these images.
12.7 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	Primary Findings Age related renal changes. Urinary bladder debris.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. DeNuzio	There is no ultrasonographically visible explanation for this patient's clinical signs or increased ALT in these images.
HOSPITAL NAME	<ol style="list-style-type: none"> Given the decreased appetite and intermittent vomiting 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. Given the mildly increased ALT and reportedly new heart murmur T4 and free T4 is recommended to rule out hyperthyroidism. 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. In the meantime, recommendations include supportive/symptomatic therapy in the form of anti-emetics in case the decreased appetite is subclinical nausea and appetite stimulant. Ultimately, to prevent hepatic lipidosis a feeding tube may be necessary if an appetite stimulant
REFERRING VET	
Dr. DeNuzio	
INVOICE	
39656	
DATE	
9/27/22	



PATIENT

does not result in improved appetite.

Harry Poore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. DeNuzio

HOSPITAL NAME

Kings VH

REFERRING VET

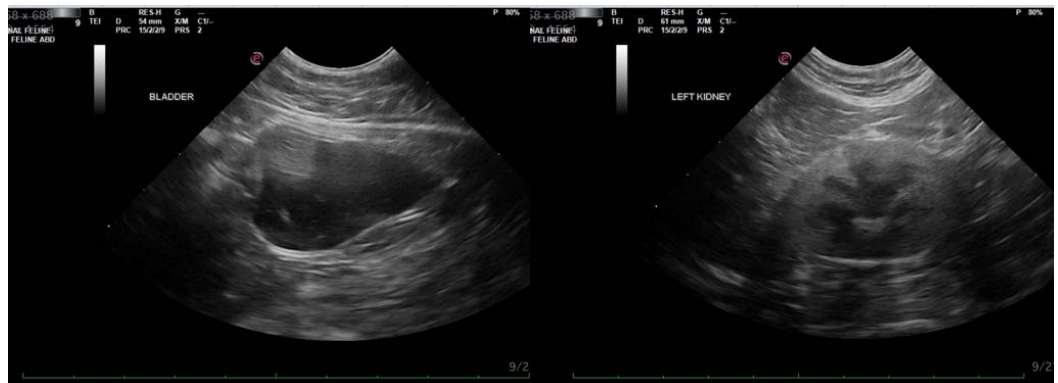
Dr. DeNuzio

INVOICE

39656

DATE

9/27/22



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