



PATIENT

Zoey Mummert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Jack Reese

INVOICE

41716

DATE

9/28/22

PRESENTING CLINICAL SIGNS

Several week history of decreased appetite, significant decrease in activity level at home. No vomiting, diarrhea, litterbox habits unchanged. Initial exam 9/8/22 revealed no significant abnormalities on PE. Bloodwork showed hemoconcentration, very mild elevation in amylase. Responded well to Convenia, Cerenia, SQ fluids at that time. Owner reports improved at home, but signs recurred last week. Owner presented to local ER that diagnosed UTI (mild signs of inflammation) and possible mild constipation. Convenia was repeated, and owner sent home with lactulose and gabapentin. Owner had confused medications at home and had given multiple doses of 300mg gabapentin - presented due to extreme lethargy (last dose was Friday 9/23) - had improved and was eating by Monday, but lethargy and hiding has continued. Recommended abdominal U/S as next step.

Abnormal PE/Chem/CBC/UA Results: HCT 62.5% (30-52) RBC 11.71 (6.54 - 12.20) K+ 3.4 (3.5-5.8) GGT 6 (0-4) Amylase 1,943 (500-1,500)

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 very mild 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 (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, mineral or infarcts observed.

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, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.43 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.

The left adrenal gland is normal in size (0.32 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.

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.



PATIENT	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.
Zoey Mummert	
SPECIES	Gastrointestinal
Feline	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. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
BREED	
DSH	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.
SEX	
Spayed Female	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
AGE	Pancreas
5 Years	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.
WEIGHT	Free Abdomen
12.5 Pounds	There is no evidence of free peritoneal effusion noted in these images.
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Mild urinary bladder debris Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
Dr. Jack Reese	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Given the reported history of a suspect urinary tract infection, if clinical signs persist, a urine culture is recommended a week to 10 days after finishing antibiotics, or after antibiotics are out of the patient's system to ensure full clearance of the suspect UTI.
Willow Run VC	Empirical deworming with a 5-day course of Panacur is recommended.
REFERRING VET	Given that the appetite has reportedly returned to more normal, but lethargy and hiding have continued, further evaluation of potential pain sources or home stressors i.e., conflict with another pet, behavioral etiologies, etc. could be considered.
Dr. Jack Reese	
INVOICE	Additionally, if clinically indicated and in the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs are most consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).
41716	
DATE	Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State
9/28/22	



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University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.

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If gastrointestinal signs return including decreased appetite, 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.

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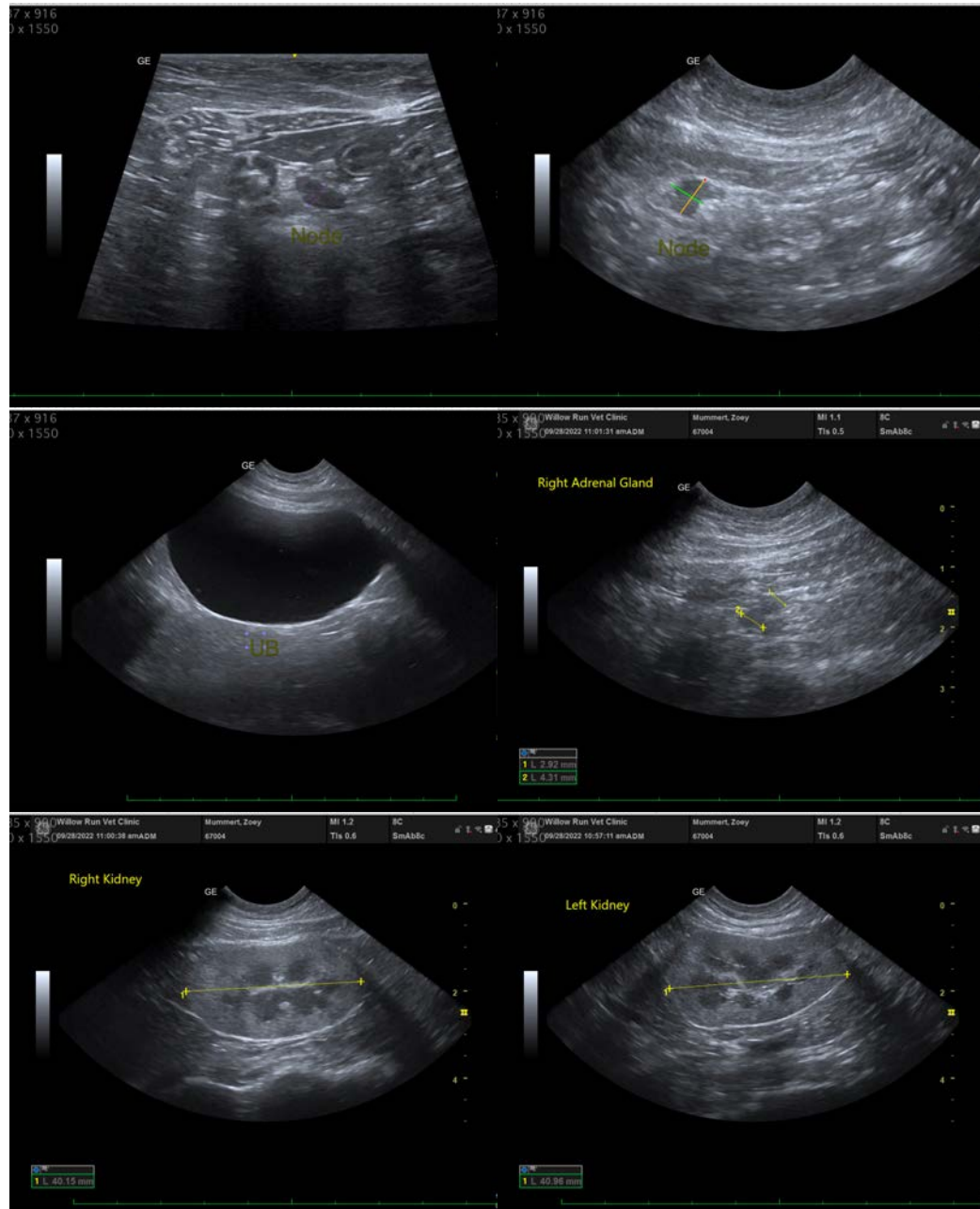
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com

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