

**PATIENT PRESENTING CLINICAL SIGNS**

Oscar Wilde Stuvier owners moved recently, now vomiting every day. Still has appetite but not keeping food down

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline 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.

**SEX** 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 measures 3.59 cm. The right kidney measures 3.26 cm.

**AGE Adrenal Glands**

16 Years The right adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT** The left adrenal gland is normal in size (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY Spleen**

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 Liver**

Kelly Reschny 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** Tansley Woods AH 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 Gastrointestinal**

Dr. Guatto The body of the stomach has a mildly thick wall with some early/suspected loss of mural detail noted in some views. The stomach measures up to 0.80 cm thick. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas.

**INVOICE** 41112 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** 9/8/22



**PATIENT** Oscar Wilde Stuvier  
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 observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

**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

**PRIMARY FINDINGS**

- Acute pancreatitis
- Mildly thickened gastric wall with some hypoechoic loss of mural detail present – This finding could be a benign change secondary to the reported pancreatitis with an edematous gastric wall or focal gastritis secondary to the pancreatitis. However, infiltrative disease cannot be ruled out.

**AGE**

16 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

4 kg

- Urinary bladder debris
- Age related kidney changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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.

**IMAGING PERFORMED BY**

Kelly Reschny

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas as well as the gastric wall is recommended ultrasonographically as clinical signs improve. If gastric wall changes remain persistent, a fine needle aspirate of the gastric wall could be considered to look for evidence of infiltrative disease such as infiltrative neoplasia.

**HOSPITAL NAME**

Tansley Woods AH

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.

**REFERRING VET**

Dr. Guatto

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**PATIENT**

Oscar Wilde Stuvier

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

4 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Tansley Woods AH

**REFERRING VET**

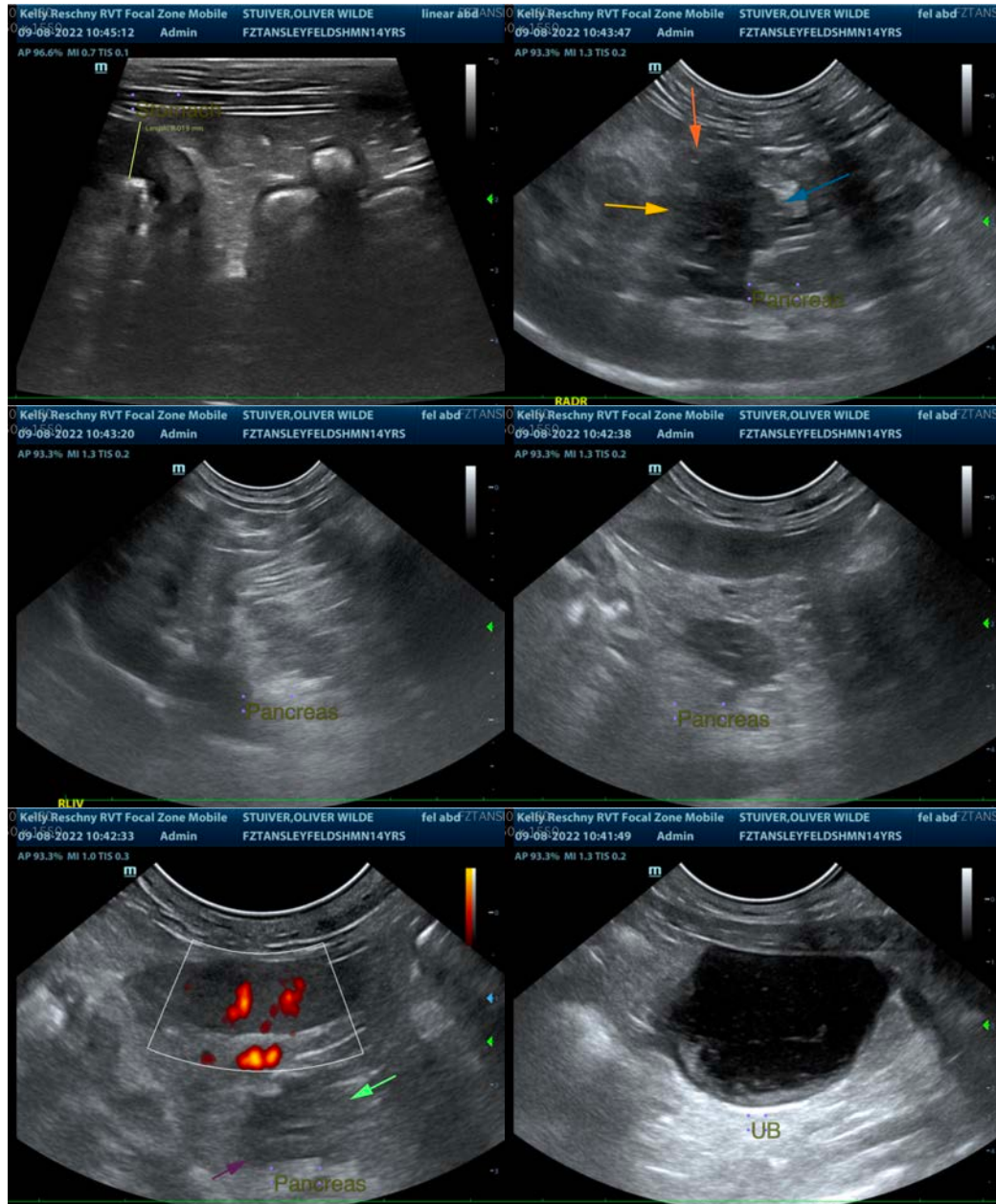
Dr. Guatto

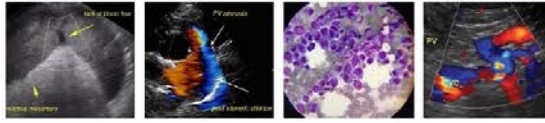
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**PATIENT**

Oscar Wilde Stuvier

**SPECIES**

Feline

**BREED**

DSH

**SEX**

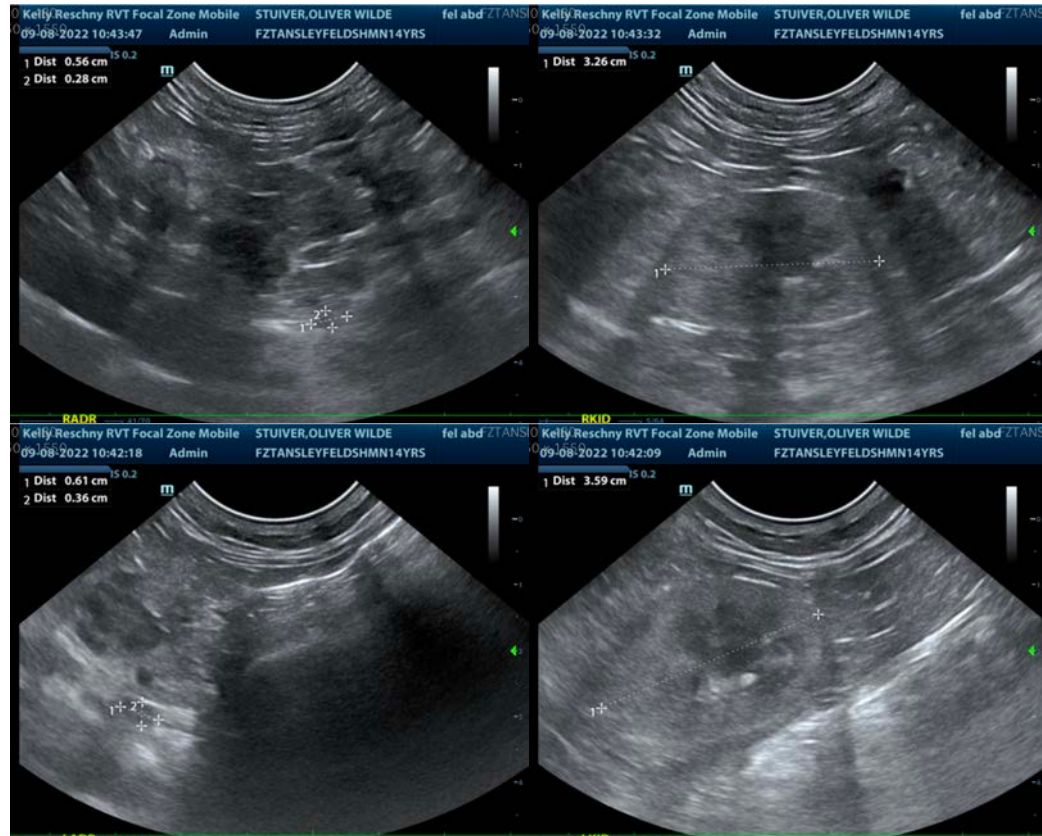
Neutered Male

**AGE**

16 Years

**WEIGHT**

4 kg



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

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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**  
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