



**PATIENT**

Cocoa Sharma

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

6.9 lbs

**PRESENTING CLINICAL SIGNS**

History: Cocoa is a 8.8 yo FS DSH 6.9# Sedated with Butorphanol Hx chronic rhinitis since young and O is unable to medicate. Has had nasal flushes, cultures in the past. Multiple doses of convenia. O is unable to administer antivirals or oral antibiotic therapy. Presented yesterday for lethargy, anorexia, hunched posture, dehydration. Severe upper resp congestion and discharge. 2 pound weight loss. Bloodwork- HCT 34%, WBC 24,000 (H), Neutrophils 20,840 (H), BG 181 (H) r/o stress, Creat 0.8 (L), K 3.3 (L), TP 10.7 (H), Glob 8.1 (H), t4 1.8 (N). UA pending. Rads - hyperinflated lungs, and mild bronchointerstitial pattern caudal lung fields, evidence of hypovolemia (small CVC). Current hospitalized on unasyn, fluid therapy, cerenia, B vitamins. AUS to further investigate weight loss and anorexia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile and gravity dependent debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 4.02 cm. The left kidney measured 3.93 cm.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.84 cm in length and 0.38cm at the caudal pole. The right adrenal gland measured 0.84 cm in length and 0.37 cm at the caudal pole.

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

**INTERPRETED BY**

Dr Brittany Sinclair, BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Pennridge AH

**REFERRING VET**

Dr. Heller

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***Gastrointestinal***

Cocoa Sharma

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SPECIES**

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Domestic Shorthair

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SEX**

***Pancreas***

Spayed female

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**AGE**

8 years

***Lymph Nodes***

**WEIGHT**

6.9 lbs

No clinically significant lymphadenopathy or abnormalities noted.

***Free Abdomen***

**INTERPRETED BY**

No masses or free fluid were noted.

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

**Primary Findings**

Dr. Carpenter

1. Normal GI tract
2. Normal pancreas
3. Urinary bladder debris

**HOSPITAL NAME**

Pennridge AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

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There is no intra-abdominal cause of reported inappetence and weight loss apparent in this study. Upper respiratory congestion from herpes viral infection or other URI can be a cause of decreased appetite secondary to congestion and lack of olfaction or can be a secondary sign of stress from primary underlying disease. Empiric treatment with anti-viral eye drops (Cidofovir drops), treatment with humidified air, lysine supplementation (anecdotal benefit) and saline or cerenia/saline nasal drops or anesthetized nasal flush may be of benefit to help clear congestion. If clinically warranted FeLV/FIV testing may be considered. While the spleen is ultrasonographically normal and upper respiratory infection is the likely cause of elevated globulins, splenic aspirate could be considered to investigate for occult neoplasia if clinically warranted.

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Continue to correlate clinical significance of urinary bladder debris with semi-annual bloodwork/urinalysis findings and clinical signs.



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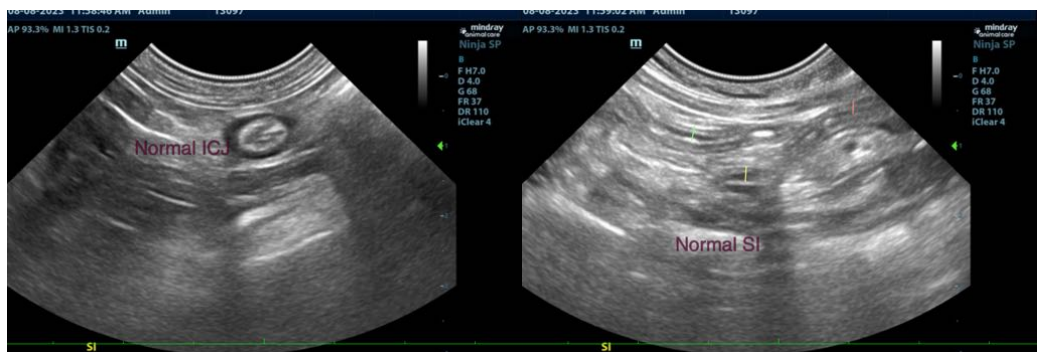
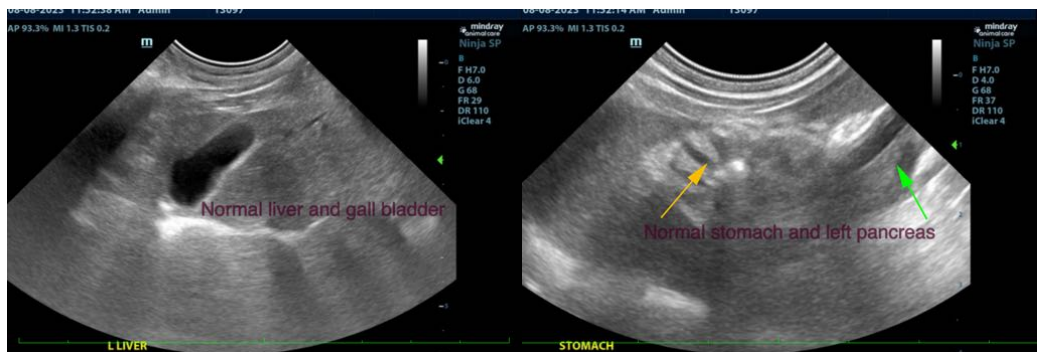
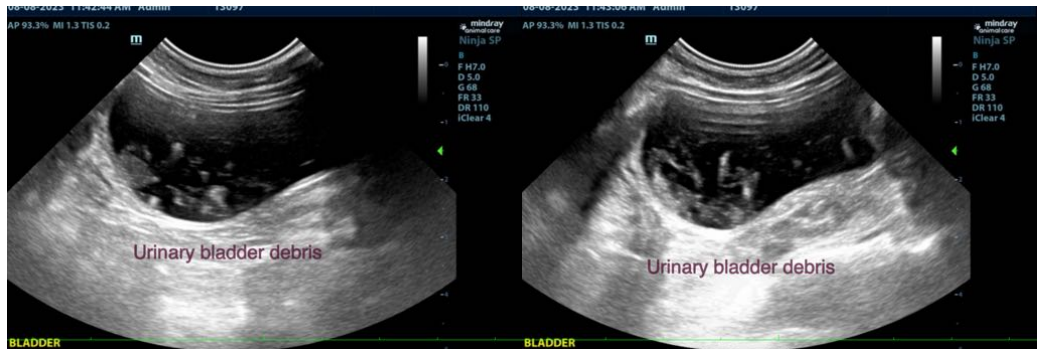
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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