



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bandi Johnson

SPECIES
Feline

BREED
DMH

SEX
Spayed Female

AGE
8.5 Years

WEIGHT
6.88 Pounds

Hx of chronic rhinitis, on Pred 2.5 mg 3 x/wk. Inappetence and mild fever past 5 days, minimal response to antibiotics, antacid, antinausea meds, appetite stimulants. Abdominal rads show dilation of distal colon with gas. This has been noted on previous rads as well. No hx of constipation or difficulty with defecation.

Abnormal PE/Chem/CBC/UA Results: Decreased body condition. Mildly elevated temp 103.4 Mild elevations in neutrophils, eosinophils, monocytes. UA and fecal pending. Chem, T4, pancreatic lipase normal. Chronic unilateral nasal congestion (seen by internist).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 2.94 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 0.30 cm. The right adrenal gland measured 0.39 cm.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour. The spleen measured 1.1 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was slightly echogenic.

Gastrointestinal

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. Reactive mesenteric lymph nodes noted in the mid abdomen, measuring up to 0.78 cm.

Pancreas

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

INTERPRETED BY

Dr. Judy Schroeder

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

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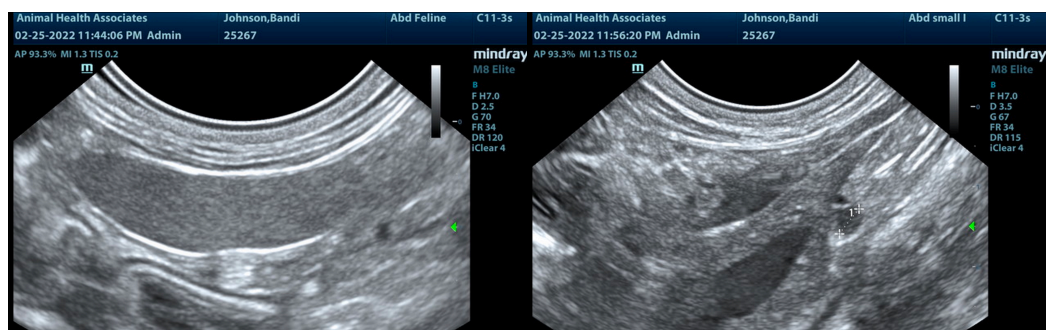
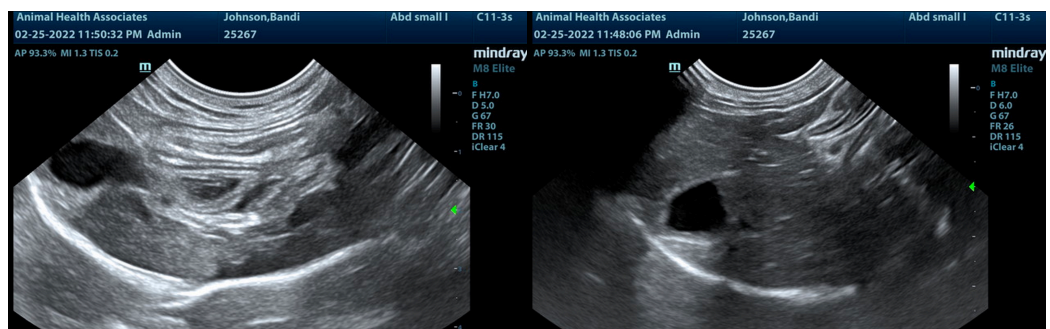
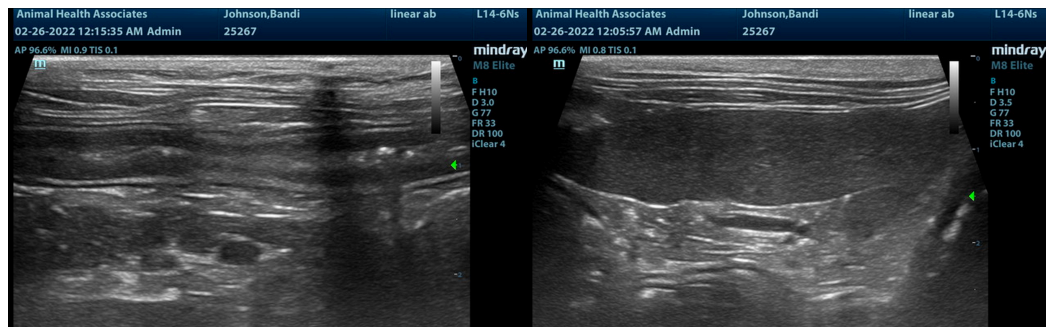
Dr. Judy Schroeder

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis
- Reactive abdominal lymphadenopathy
- Chronic interstitial nephrosis renal pattern
- Enlarged, slightly scalloping spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and lymph nodes with cytology would be ideal. Prednisolone may be suppressing a more significant presentation. However, infectious agents such as toxoplasmosis and bartonella should be considered. Enrofloxacin/Clindamycin combination recommended from an empirical standpoint.



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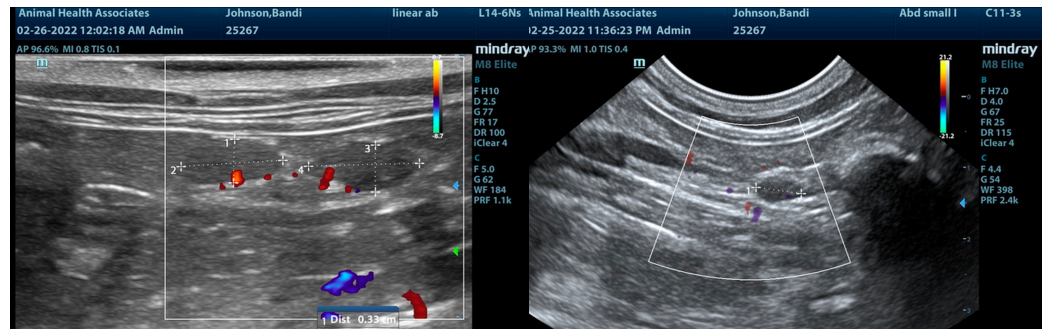
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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