



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Annie Tanner  
**SPECIES** History: Patient vomiting 1-2x daily. Seen at ER 7/17/23 for head tilt, crying, sneezing, yellow nasal discharge; Nystagmus & GIV/VI heart murmur noted - RX'D Clavamox for URI Patient had progress exam 8/9/23 here, still head shaking/scratching ears resulting in brief ataxia. No audible murmur, history of vomiting that increased w/ Clavamox. Treated ears w/ enrofloxacin paste, administered Convenia & Cerenia for URI. After visit patient still vomiting daily 1/2x, prescribed sucralfate & gabapentin.  
**Feline**  
**BREED** Abnormal PE/Chem/CBC/UA Results: 7/17/23 Elevations: GLU 268, GLOB 5.3 Decreased: BUN 15, K 3.1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**Female Spayed**  
**AGE** The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 2.00 cm with a lightly shadowing, lightly mineralized density (measuring 5.00 mm x 7.00 mm).  
**12 years, 10 mos**

**WEIGHT** Both kidneys are dystrophic with areas of cortical collapse and cortical mineralizations that were nonobstructive at the time of this sonogram. These changes are consistent with previous infarcts or stone passage. The left kidney measured 2.50 cm in length. The right kidney measured 2.70 cm in length.  
**7.56 lbs**

**INTERPRETED BY** The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

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DABVP (Canine and  
Feline)

**Adrenal Glands**

Both adrenal glands were visualized and normal in size, ovoid shape and homogenous parenchyma. There was no visible capsular expansion or pericapsular inflammation. The left adrenal gland measured 3.00 mm in width. The right adrenal gland measured 4.00 mm in width.

**IMAGING PERFORMED BY**

Melissa DaSilva

**Spleen**

The spleen was normal in size (8.00 mm in width) with a smooth capsule contour. There were multifocal, discrete, small hypoechoic nodules throughout the parenchyma. There was no capsular distortion or vascular deviation associated with these nodules. The splenic vasculature at the hilus showed no evidence of thrombus and good vascularity with power doppler.

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Christine Coyle

**Liver/Gallbladder**

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

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**Gastrointestinal**

The stomach was mildly filled with suspected ingesta. The small intestine walls were mildly thickened throughout with a mild prominence of the muscularis layer. Wall layering was maintained throughout. The visible colon wall was normal in thickness and layering. There were no visible masses, nodules or inflammation visible in or near the GI tract.

**DATE**

8.16.23



**PATIENT** *Pancreas*

Annie Tanner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

12 years, 10 mos

**WEIGHT**

7.56 lbs

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*Pancreas*

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.

*Free Abdomen*

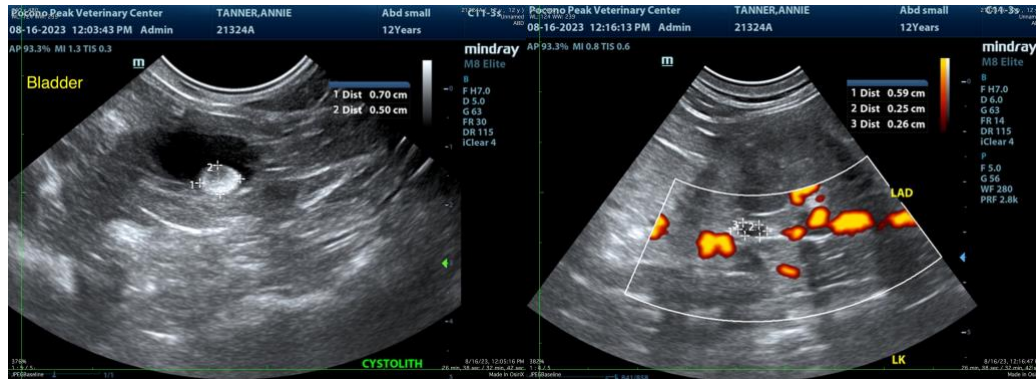
**ULTRASONOGRAPHIC FINDINGS**

- Bilateral dystrophic kidneys with multiple renoliths
- Micronodular splenic pattern – likely immune stimulation
- Diffuse, mild intestinal wall thickening with maintained layering
- Lightly shadowing singular bladder stone or conglomeration of multiple small stones in the bladder – may be medically-resolvable.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This clinical and sonographic presentation is most consistent with IBD, although low-grade small cell lymphoma cannot be ruled out, though it is not expected given the lack of weight loss. FIP can present this way as well at times. Treatment for IBD is recommended. Consider trying a hydrolyzed protein diet and high-potency probiotic such as Visbiome or Fortiflora SA, in addition to potential steroid trial.

The kidneys in the cat have significant changes that should be monitored. Both kidneys are subnormal in size and show evidence of previous passage of renoliths. The lightly shadowing stone in the bladder may be medically resolvable. A urinary diet is highly recommended, as is closely following this cat's renal values.





**PATIENT**

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**SPECIES**

Feline

**BREED**

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**SEX**

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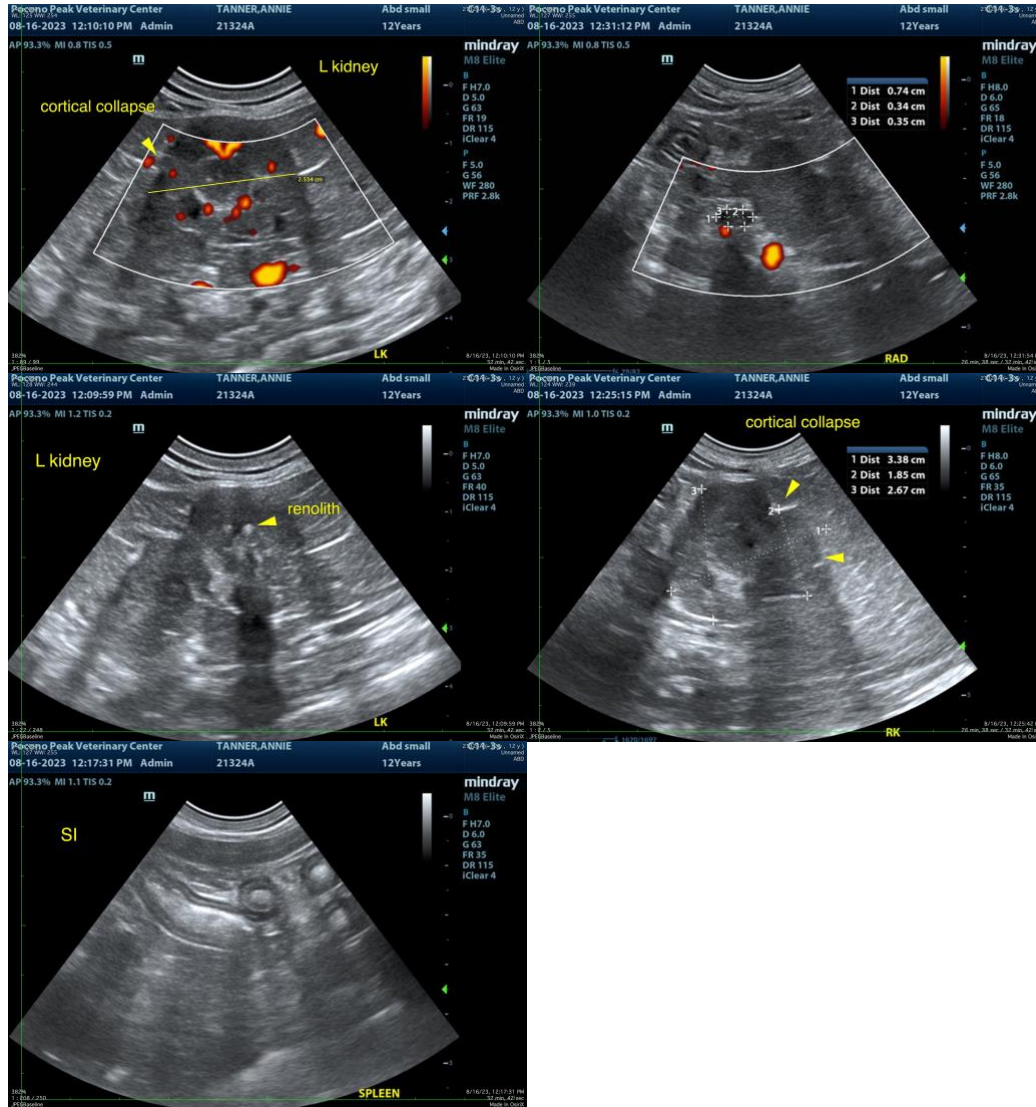
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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