



PATIENT PRESENTING CLINICAL SIGNS

Ginger Davis
SPECIES History: Was given kitten by a friend - kitten was urinating outside of the box. O reports she brought urine sample in twice to rDVM. Was told suspicious for UTI and was given Clavamox. (Started Clavamox on 7/12). rDVM recommended cysto and UA- Pt would not tolerate so rDVM recommended sedation. O unable to get Pt in for this due to schedule (O a traveling nurse). Pt is using the little box at times, but then will go outside of the box. O notes urine is dark, but unsure about blood. Pt has been sneezing since O got her (July 4th). O noticed discharge after a sneeze last night and crusting around nares. E/D well. Seems to be feeling better. Energy level is good.

Feline

BREED

DSH

SEX

Intact Female

AGE

12 weeks

WEIGHT

4.9 lb

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Amy Hess

HOSPITAL NAME

Petmedic
Urgent Care VC

REFERRING VET

Amy Hess

INVOICE

13880

DATE

7.27.23

> Abnormal PE/Chem/CBC/UA Results: PE-crusting both nostrils, clear lung sounds, large bladder with some discomfort, able to express well CBC- HCT 32.4, WBC 17.7K, Lymph 10.5K, PLT 140K Chem- wnl Lytes-CI 114 UA-SG >1050, pH 6.5, inactive sediment Radiographs- mild increased bronchial pattern FELV/FIV- negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 3.30 cm) (right kidney 3.40 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Poorly visualized but appear to be of normal shape, echogenic appearance and size.

Spleen

Normal size (measuring 0.40 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Small amount of ingesta within the stomach.



PATIENT *Pancreas*

Ginger Davis Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Normal mesenteric lymph nodes.

BREED No ascites evident.

DSH *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

SEX

ULTRASONOGRAPHIC FINDINGS

Intact Female

AGE *Primary Findings*

12 weeks • None

WEIGHT *Secondary Findings*

4.9 lb • None

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Remo Lobetti, BVSc,
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Normal ultrasound examination of the abdomen with no obvious etiology for the presenting clinical signs evident.

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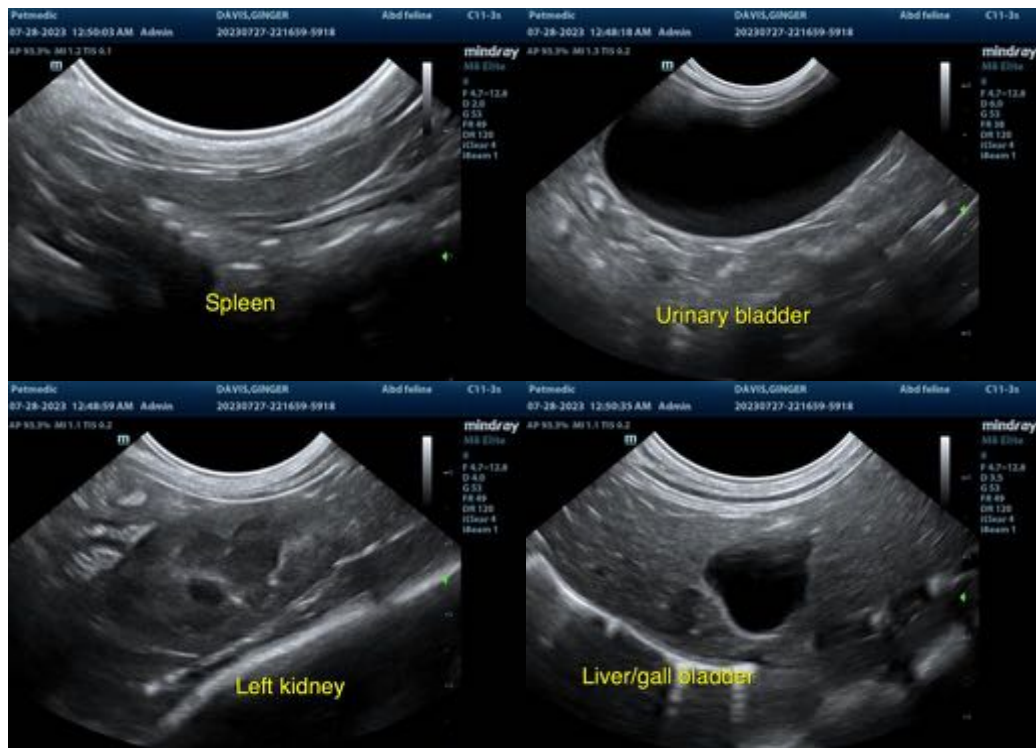
Amy Hess

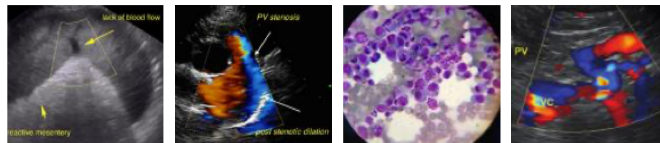
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PATIENT

Ginger Davis

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

SPECIES

Feline

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.

BREED

DSH

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com

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