



PATIENT PRESENTING CLINICAL SIGNS

Domino Gray

History: ongoing inappropriate urination. Treated for recurrent UTIs, C&S was neg. Ongoing V on multiple different diets (Urinary SO + HP current). Resolves when Sulcrate is given Radiographs: Thickened intestines? large amount of fecal material in colon; small bladder, superimposed by colon; possible area of radio-opacity in bladder? or colon? hard to tell. Rest appears fine

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Blood work: NSF except Na: 170

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

AGE

10 Years

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.1 cm in length. The right kidney is 3.7 cm in length.

WEIGHT

4 kg

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.3 mm at the caudal pole. The right adrenal gland height 2.9 mm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 8.8 mm.

IMAGING PERFORMED BY

Kelly Reschny

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME

Governors Road AH

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

REFERRING VET

Dr. Farooq

Gastrointestinal

The stomach is empty. The gastric wall exhibited normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

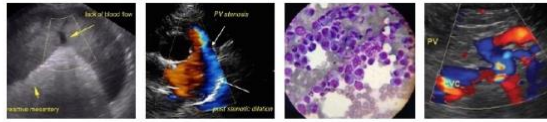
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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.6 mm. The jejunal wall measures up to 2.0 mm. Intestinal motility appears normal.

DATE

12/19/22

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



PATIENT

Pancreas

Domino Gray

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Feline

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- A normal feline abdomen

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years

There is no apparent explanation for the inappropriate urination on today's ultrasound. It is possible that this is a behavioral issue, which may improve with modifications to the litter box, as well as possible anxiolytic medication. If inflammation has been noted on urinalysis, then it is also possible that the symptoms are due to idiopathic cystitis.

WEIGHT

4 kg

There is also no finding to explain the ongoing vomiting. If there has been no improvement on the hydrolyzed protein diet, additional considerations would include:

INTERPRETED BY

Eric Lindquist, DMV
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- A broad-spectrum deworming, such as Fenbendazole
- A GI panel to further assess small intestinal health and pancreatic function
- If there is no response to dietary trials and deworming, and the GI panel is normal, then biopsies may be necessary to definitively rule out infiltrative bowel disease.

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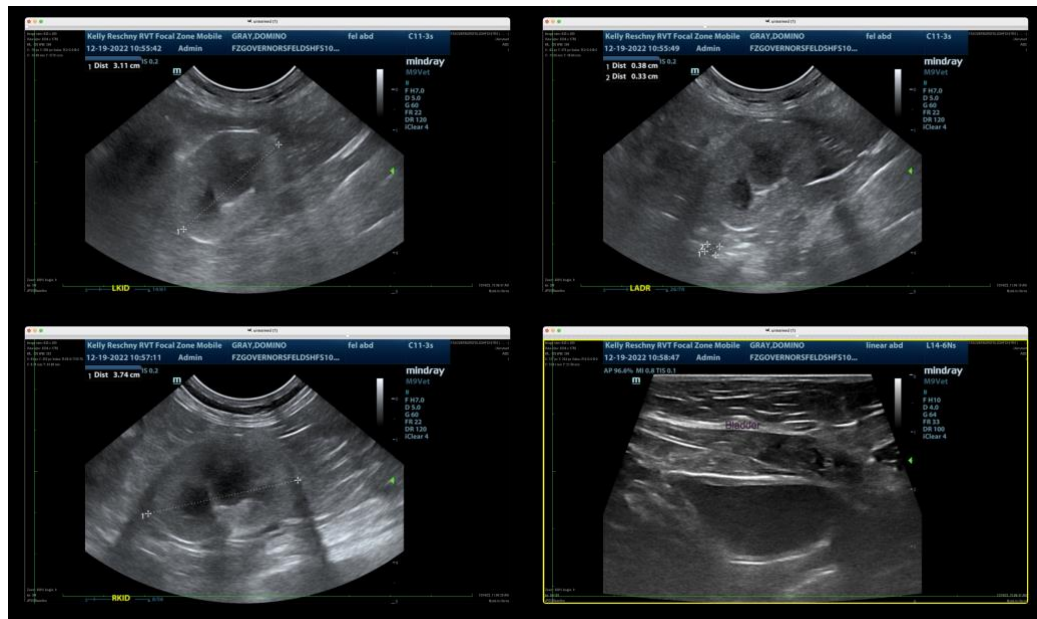
Dr. Farooq

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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.

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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