



PATIENT PRESENTING CLINICAL SIGNS

Levi Ashburn Hx of not eating well and urine that was an orange color a couple of times. O has mirataz and SQ fluids that she will use as needed. Previous hx of some increased kidney enzymes that have now resolved. Abnormal PE/Chem/CBC/UA Results: Chem: WNL Lymphs: 682 T4: WNL UA: not run

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

BREED

DSH

Right kidney is normal in size (4.33 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

SEX

Neutered Male

Left kidney is normal in size (3.66 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

14 Years

Adrenal Glands

Right adrenal gland is normal in size (0.77 cm long x 0.46 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

9.4 Pounds

Left adrenal gland is normal in size (1.3 cm long x 0.5 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

REFERRING VET

Dr. Jenny Parrish

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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34229

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1/13/22



PATIENT

Levi Ashburn

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material. In the area of the ICCJ, there is an eccentric bowel thickening measuring 1.2 cm thick with complete loss of layering. There is a focal peritonitis in the area with cellular appearing free fluid, mesenteric adhesions, and mesenteric lymphadenopathy all noted.

SPECIES

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

BREED

DSH

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Neutered Male

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- Bowel mass with focal peritonitis and lymphadenopathy – most concerning for infiltrative neoplasia such as adenocarcinoma versus round cell neoplasia such as lymphoma. Given the concurrent diffuse muscularis thickening, lymphoma may be higher on the list of differentials.

WEIGHT

9.4 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include thoracic radiographs to further assess metastatic disease if not already performed, followed by either fine needle aspirate of the bowel mass and lymph nodes if patient's coagulation status is appropriate, or, given the focal peritonitis, there is some mild concern for bowel leakage/rupture, and surgical exploratory for resection and anastomosis may be more appropriate. Decision can be made based on fluid analysis if possible to obtain fluid, as well as patient status and owner's wishes.

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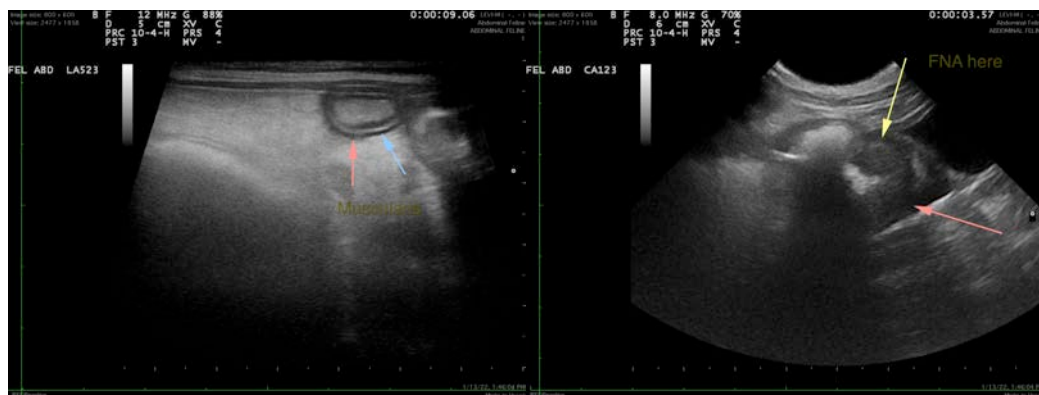
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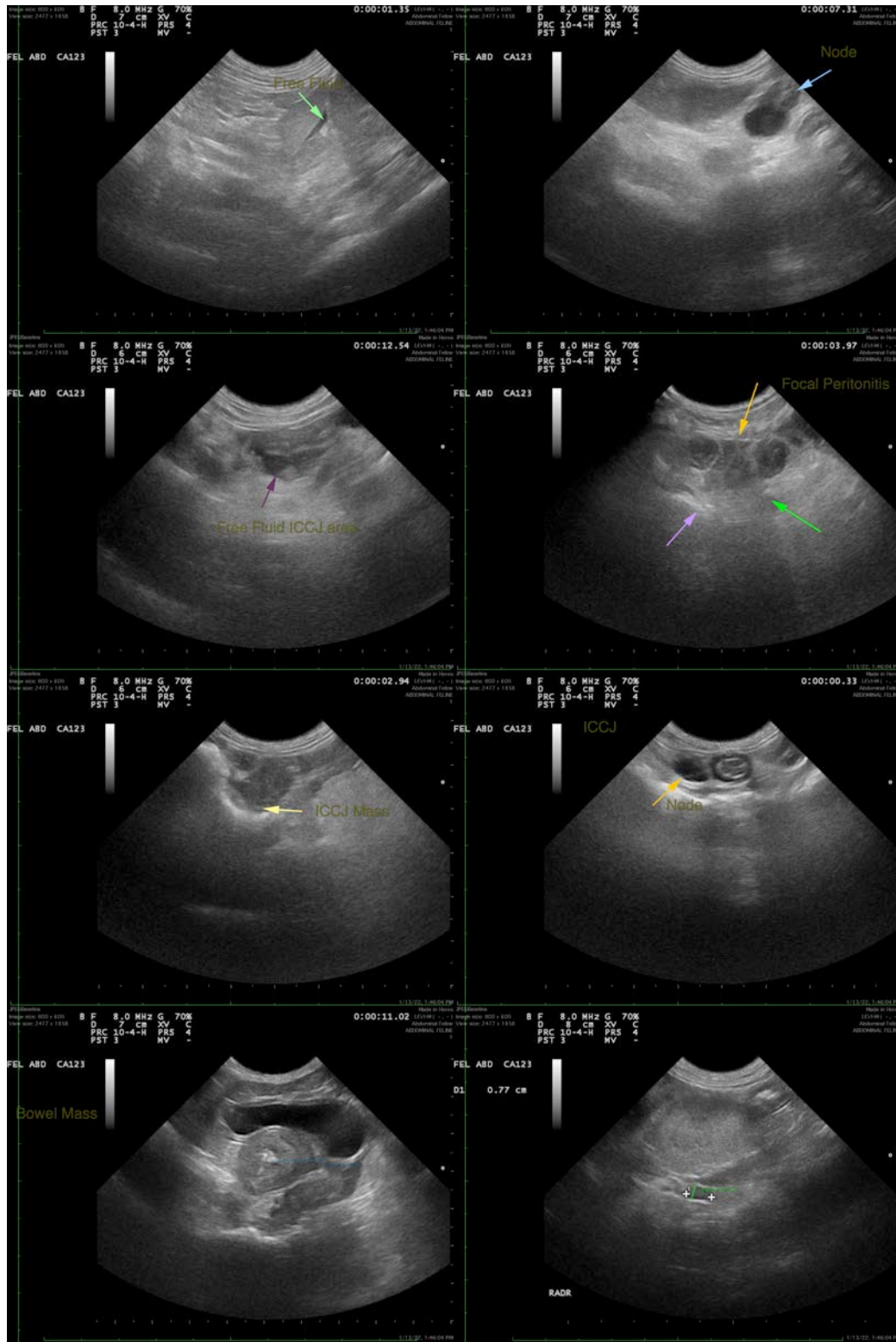
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SPECIES

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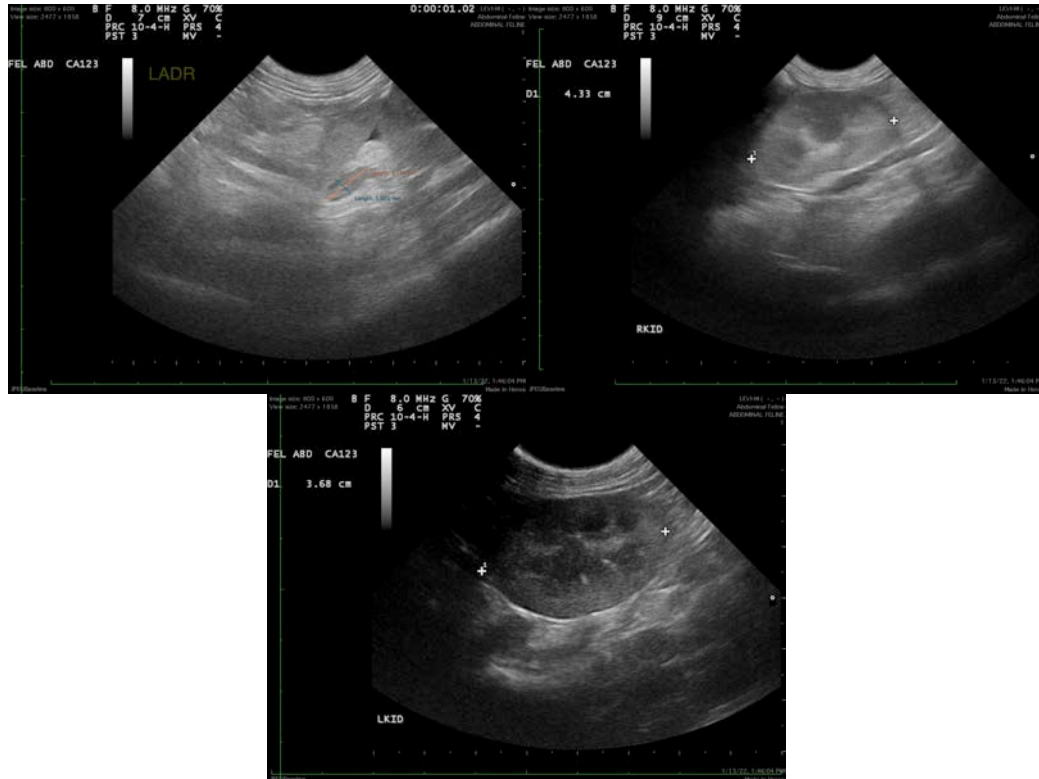
Neutered Male

AGE

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WEIGHT

9.4 Pounds



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.

INTERPRETED BY

Beth Johnson, DVM
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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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