



PATIENT

Yuffie Aamer

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

7 years

WEIGHT

8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

HohoKus VH

REFERRING VET

Dr. Scott

INVOICE

95393

DATE

1/19/22

PRESENTING CLINICAL SIGNS

Diarrhea and vomiting- some improvement after metro but still soft. Weight loss- about 1 lb since late November just stated on a hydrolyzed diet
Abnormal PE/Chem/CBC/UA Results: HCT 40%, Retic 136, WBC 3.5K, Neut 2478, lymph 357, BUN 34, Bili total 0.4, bili unconj 0.3, T4 1.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (3.53 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (1.1 cm long x 0.35 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.82 cm long x 0.23 cm at cranial pole and 0.27 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.



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The 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). There are no luminal contents noted within small intestines.

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Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

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Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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Free Abdomen

The mesenteric lymph nodes are diffusely enlarged, hypoechoic and heterogenous with hyper reactive mesentery surrounding the enlarged lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

Feline thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

Mesenteric lymphadenopathy. Concerning for infiltrative neoplasia such as lymphoma. Reactive lymph nodes cannot be ruled out, but are considered slightly less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a FNA of the enlarged nodes if the patient's coagulation status is appropriate. If lymphoma is not diagnosed via FNA then biopsies of the intestines are recommended being sure to include the ileum if possible, either endoscopic or surgical are recommended. This will help to determine the underlying etiology of the infiltrative bowel disease and lymphadenopathy. Other recommendations include gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory if not already evaluated as well as continuation of the reportedly prescribed hydrolyzed diet. If further diagnostics are not possible additional empirical therapy with cobalamin supplementation and Prednisone may be helpful.

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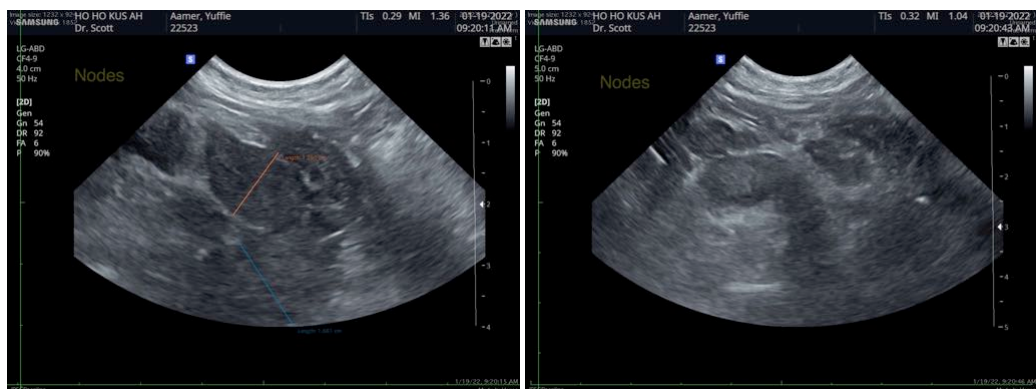
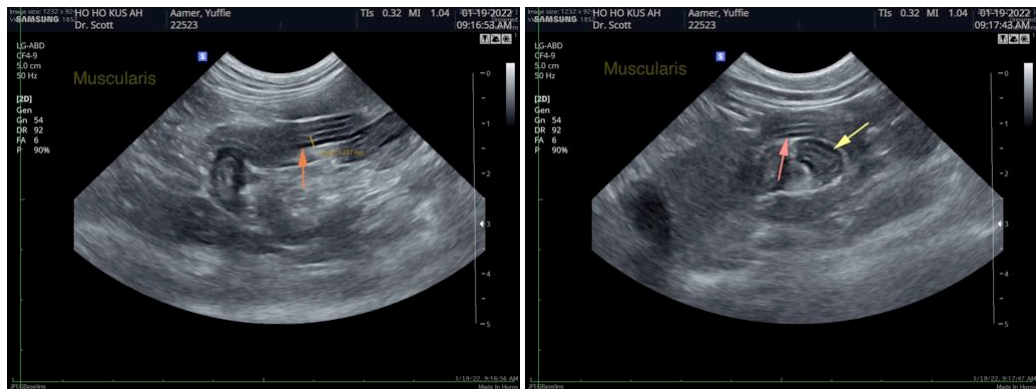
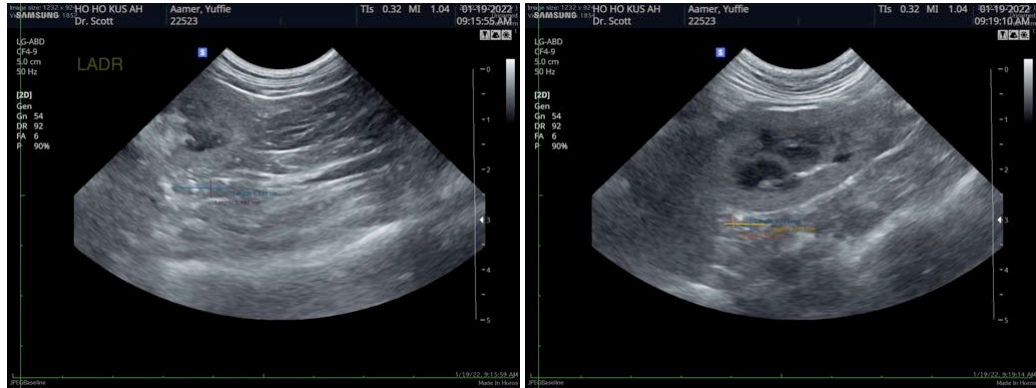
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Beth Johnson, DVM DACVIM

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Beth.Johnson@SonoPath.com

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