



## DATE PRESENTING CLINICAL SIGNS

1/22/26

**Patient History:** Hemorrhagic Purulent nasal discharge Rt nostril Air flow through Rt nostril 1/4 of the left , Spider has lost 5 lbs in 1 yr. Abd palpation is painful. Possible Mass, Rads reveal a lot of feces. Chest appears free from Mets.

## PATIENT

Spider McCormally

**Current Medications:** None yet, patient just presented prior to scan.

**Labwork Results:** Labwork not attached.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

7/31/09

## WEIGHT

7 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is adequately 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.35 cm. Right kidney measures 3.61 cm.

Adjacent to both kidneys, but in the right kidney appearing to almost surround the kidney, are anechoic structures, in the left kidney off the medial aspect measuring 1.1 cm x 1.6 cm in size, and in the right kidney surrounding what appears to be the cranial pole measuring 2.5 cm x 2.8 cm in size. These structures are consistent in appearance with potentially cortical cysts or more likely perinephric pseudocysts.

## HOSPITAL NAME

Timonium Animal  
Hospital

### *Adrenal Glands*

The right adrenal gland is normal in size (0.24 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

## REFERRING VET

Dr. Gernhart

The left adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

## INVOICE

72402

The 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.

### *Liver*

The 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.

The 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.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

### ***Pancreas***

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild/emerging inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. *\*This change is likely in part normal patient variant in a senior cat and should be interpreted in combination with any gastrointestinal sign/history.*
- Suspect benign or incidental perinephric pseudocysts around both kidneys, most significant visibly around the right kidney. This could be associated with or indicate some emerging chronic kidney

disease. This change too should be interpreted in combination with lab work changes, urinalysis results, clinical signs, etc.

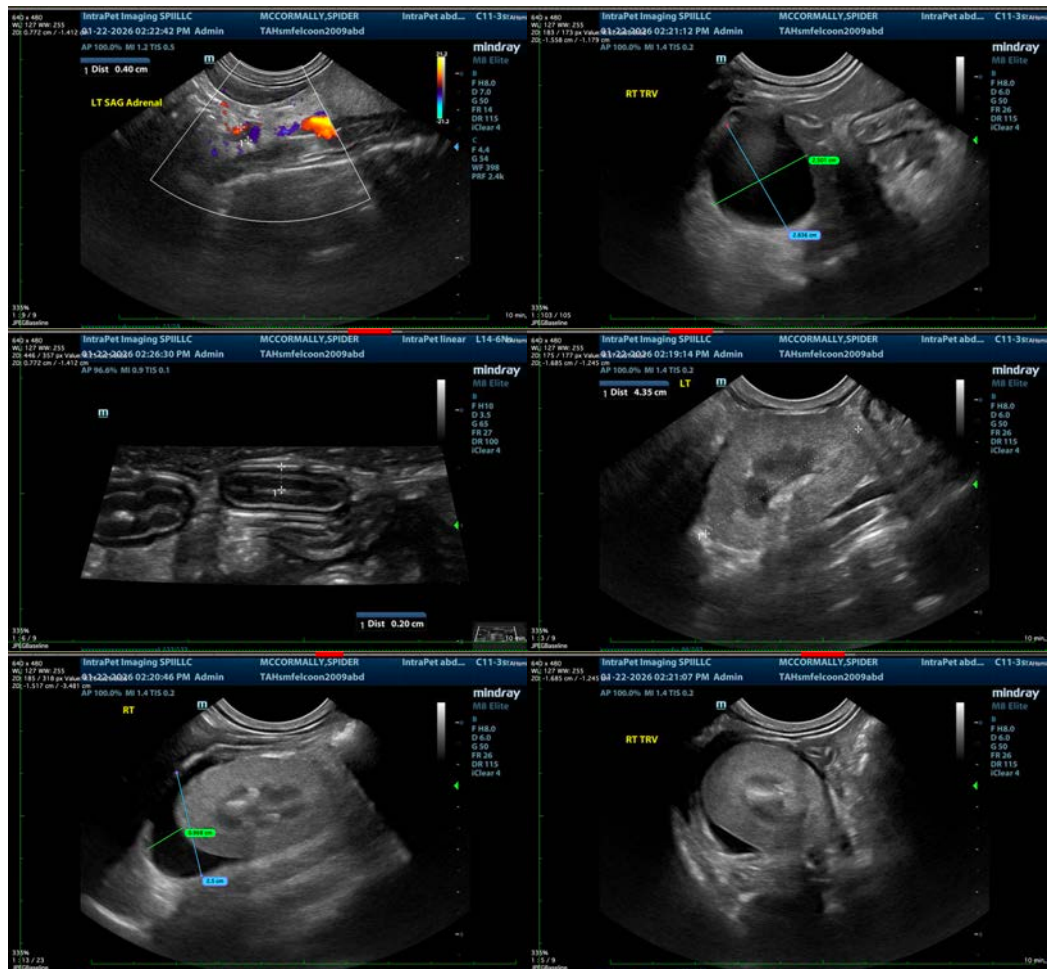
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

Assessment of patient's coagulation status is recommended.

A blood pressure is recommended.

Ultimately, however, given clinical history, further nasal workup is recommended and could include advanced imaging such as contrast CT scan and/or rhinoscopy for tissue sampling.





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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