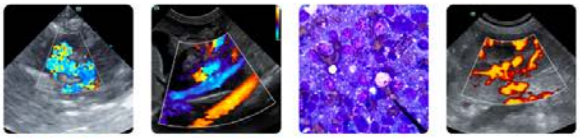


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Keyser Soze Reid

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa Animal Hospital

REFERRING VET

Dr. Van Leeuwen

INVOICE

72588

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Seen elsewhere for "episode" after falling from height (urination, laying still with legs extended). Rads, BW performed. Concern regarding liver and gallbladder based on imaging. Overall fullness to abdomen appreciated on exam at our clinic, but patient rapidly becomes fractious.

Current Medications: Gabapentin; Restorolax

Abnormal PE/Chem/CBC/UA Results: ALT = 243 U/L H 12 - 130 Potassium = 5.9 mmol/L H 3.5 - 5.8 TBIL = 18 umol/L H 0 - 15 GLOB = 55 g/L H 28 - 51 LYMPHS = 8.98 x10^9/L H 0.92 - 6.88 %LYMPHS = 54.3 % Radiographic Findings - Abdomen: Severe hepatomegaly is noted. A cholelith (gallbladder stone) is present as an incidental finding. The stomach and intestines are distended with a large amount of gas. There is a massive amount of fecal material throughout the colon, consistent with severe constipation and megacolon. The urinary bladder is very small and appears empty. Due to the severe constipation, underlying structures are obscured. - Musculoskeletal: The left femoral head and neck are absent. This finding is consistent with a previous femoral head ostectomy (FHO) surgery or a congenital aplasia. labs attached

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.

The right kidney is normal is size (4.12 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.

The left kidney is normal is size (4.08 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.

Adrenal Glands

The right adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

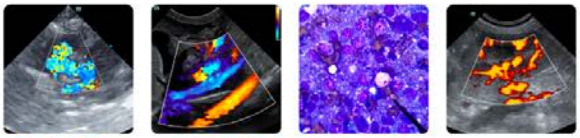
The left adrenal gland is normal in size (0.52 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (1.9 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal



PATIENT

Keyser Soze Reid

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa Animal Hospital

REFERRING VET

Dr. Van Leeuwen

INVOICE

72588

DATE

1/29/26

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. **The previously reported biliary mineral is not visible in these images at this time.*

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine contains fluid.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen is subjectively diffusely distended with firm, hard shadowing stool.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

In the left cranial abdomen, an approximately 0.60 cm in diameter anechoic density is noted, that I believe is associated with the pancreas.

Free Abdomen

There is a small to moderate amount of free fluid in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Marked splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

- Suspect age related pancreatic remodeling with a possible incidental pancreatic cyst in the left limb – Hematoma, abscess, and/or even (though considered less likely) infiltrative neoplasia can't be ruled out.

- The mild to moderate free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph

PATIENT

Keyser Soze Reid

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa Animal Hospital

REFERRING VET

Dr. Van Leeuwen

INVOICE

72588

DATE

1/29/26

blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

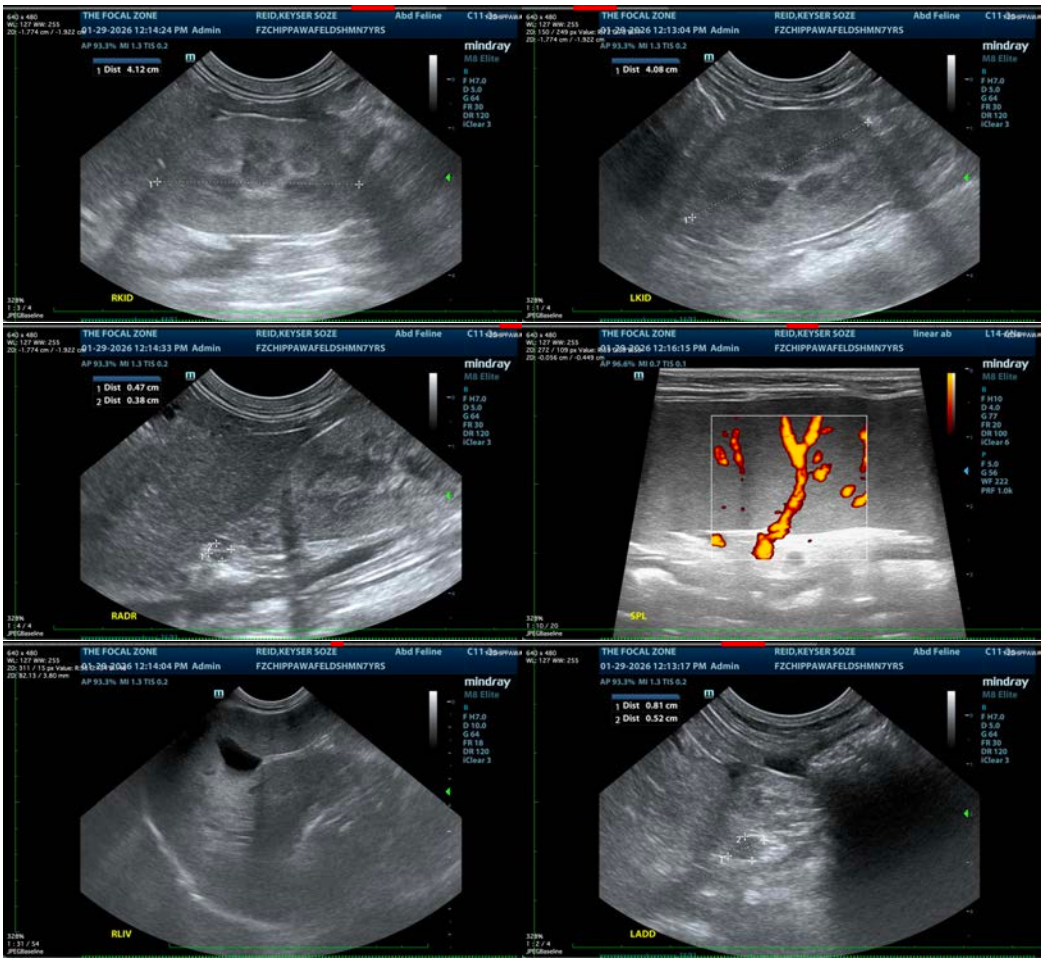
- The appearance of the colon is consistent with patient's history of suspected constipation/megacolon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Especially given patient's reported hyperglobulinemia, lymphocytosis, etc., ruling out infiltrative neoplasia such as round cell neoplasia is recommended. Therefore, fine needle aspirates of the spleen and liver +/- sampling of the free abdominal fluid could be considered if patient's coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



PATIENT

Keyser Soze Reid

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa Animal Hospital

REFERRING VET

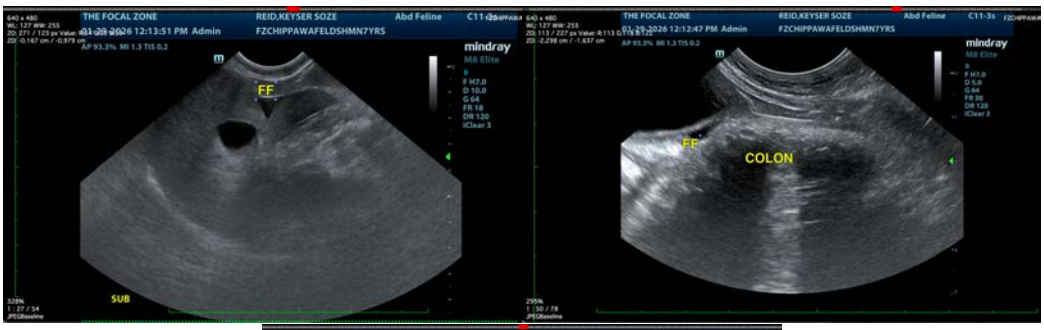
Dr. Van Leeuwen

INVOICE

72588

DATE

1/29/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com