



**PATIENT**

Buffy Hadfield

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

16 ½ years

**WEIGHT**

8.25 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Dr. Myers

**INVOICE**

95668

**DATE**

1/31/22

**PRESENTING CLINICAL SIGNS**

History of chronic diarrhea, progressive weight loss, vomiting, recent lab results unremarkable. Decreased appetite. No improvement with cerenia/mirtazipine. Suspect IBD vs. GI lymphoma. No steroids given yet. CBC/chem/T4 unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). Attached to the dependent wall there is an echogenic, irregular, foci protruding into the lumen. This cannot be definitively determined whether or not it is attached to the lumen. No masses or cystoliths are observed.

Left kidney is normal in size (2.7 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (3.9 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.6 cm thick), shape and contour. Corticomedullary structure is unremarkable.

The area of the right adrenal gland is visualized without evident adrenal pathology, but it cannot be visualized for a specific measurement.

**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.



**PATIENT**

**Gastrointestinal**

Buffy Hadfield

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

**SPECIES**

Feline

The small intestines are normal in wall thickness and layering except for a diffusely disproportionately thick muscularis layer relative to mucosa. In the midabdomen there is a focal loop of bowel with a concentric, hypoechoic thickening that measures 0.52 cm with loss of normal layering in the area (see other). The bowel appears to be near or associated with the ileocecolic junction. Small intestinal motility appears adequate (1-3 contractions per min). Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. There are no luminal contents noted within small intestines.

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

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

**AGE**

16 ½ years

**Pancreas**

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

**WEIGHT**

8.25 lbs

**Free Abdomen**

In the midabdomen near the ileocecolic junction and near the focally thick small bowel there is a 3.0 x 4.0 cm hypoechoic mass that is surrounded by a hyperechoic rim. Differentials include attachment to bowel so a bowel mass versus lymphadenopathy in the area of the focally thickened bowel.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**IMAGING PERFORMED BY**

Dr. Myers

- Feline thick muscularis combined with a focal, thick area of bowel with loss of wall layering. This is concerning for infiltrative neoplasia such as lymphoma versus possibly adenocarcinoma. In the area is the 3.0 x 4.0 cm heterogenous mass that cannot be definitively attached to bowel versus lymph node. Infiltrative neoplasia is the top concern for the mass/enlarged lymph node lesion as well.
- Gastritis – Microulceration cannot be ruled out.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- The echogenic debris in the dependent portion of the urinary bladder may be mucous or debris/cells. However, an attached nodule cannot be ruled out. Recommendations include color flow Doppler over the area to determine tissue versus debris.

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

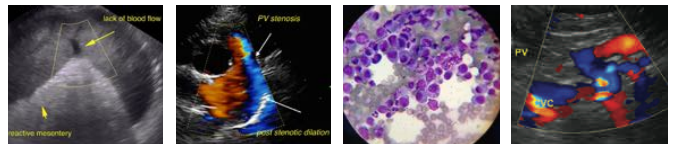
Dr. Myers

**INVOICE**

95668

**DATE**

1/31/22



**PATIENT**

Buffy Hadfield

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

16 ½ years

**WEIGHT**

8.25 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Dr. Myers

**INVOICE**

95668

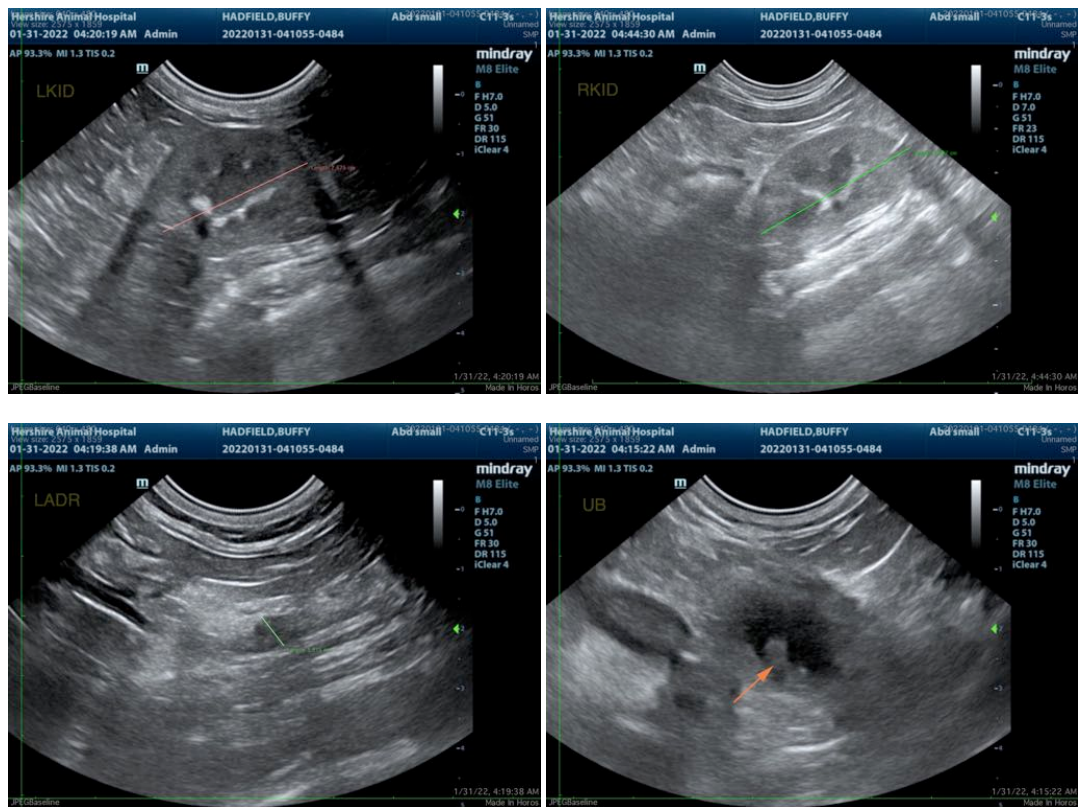
**DATE**

1/31/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include color flow Doppler evaluation of the bladder as mentioned above as well as urinalysis if not already performed and urine culture if indicated based on urinalysis results. Other recommendations include a FNA of the focally thickened bowel loop as well as the mass/enlarged lymph node near the focally thickened bowel loop, if patient's coagulation status is appropriate. Three view thoracic radiographs are recommended to further assess for metastatic disease if not already performed.

In the meantime, pending the results of cytology empirical therapy for gastritis with antiemetics, gastroprotectants and transition to a bland, easy to digest diet may help alleviate clinical signs short term. Ultimately if a diagnosis cannot be obtained cytologically then recommendations include an exploratory laparotomy for bowel mass removal/resection and anastomosis +/- lymph node biopsy.





**PATIENT**

Buffy Hadfield

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

16 ½ years

**WEIGHT**

8.25 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

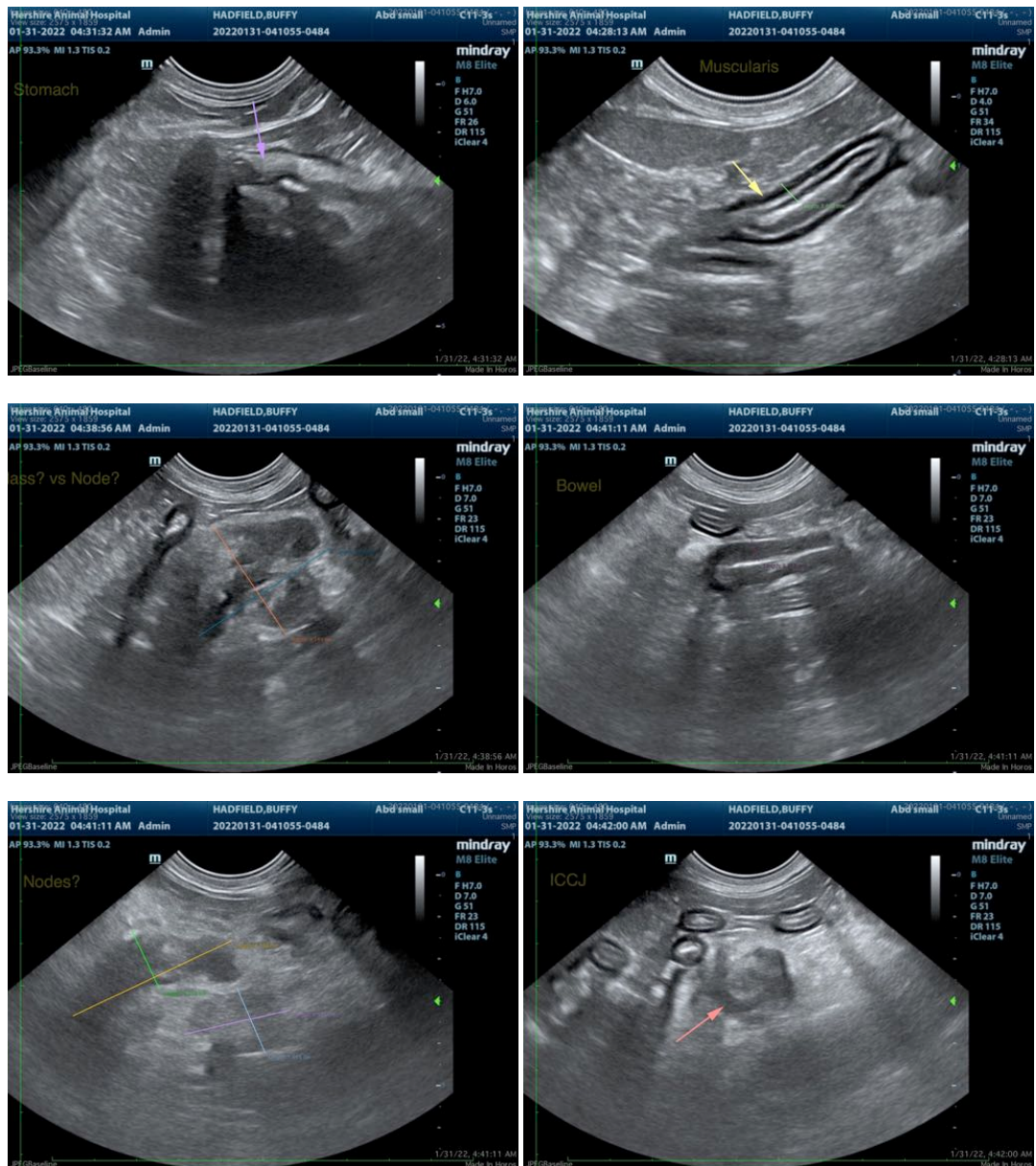
Dr. Myers

**INVOICE**

95668

**DATE**

1/31/22

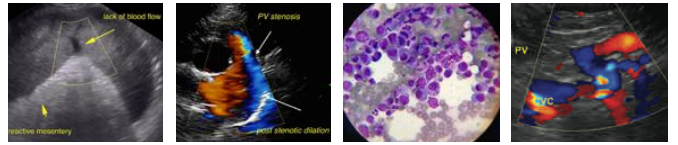


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com



**PATIENT**

Buffy Hadfield

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

16 ½ years

**WEIGHT**

8.25 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Dr. Myers

**INVOICE**

95668

**DATE**

1/31/22