



PATIENT	PRESENTING CLINICAL SIGNS
Moo Cooper Furchak	History: Chronic diarrhea (diabetic patient) Current meds: Vetsulin
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
DSH	
SEX	Left kidney is normal is 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.
Neutered Male	
AGE	Right kidney is normal is size (4.44 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.
13 Years	
WEIGHT	Adrenal Glands
15.09 Pounds	Left adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
INTERPRETED BY	Right adrenal gland is normal in size (0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Jessica Miller	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.
HOSPITAL NAME	Liver
Willbrook AC	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.
REFERRING VET	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.
Dr. Palescandolo	
INVOICE	Gastrointestinal
20888	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
DATE	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 is empty with no evidence of obstruction, foreign material or infiltrative disease.
1/31/23	



PATIENT	Just distal to the ileocecolic junction, there is a concentric thickening of the colon wall, measuring between 0.7 and 1.0 cm thick with complete loss of layering/loss of mural detail noted in the area.
Moo Cooper Furchak	
SPECIES	Pancreas
Feline	Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.
BREED	Free Abdomen
DSH	There is no evidence of peritoneal effusion. The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered Male	Primary Findings
AGE	<ul style="list-style-type: none"> A focal colonic mass, just distal to the ileocecolic junction. This is concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma or potentially adenocarcinoma vs other. A benign inflammatory lesion is possible but considered much less likely.
13 Years	
WEIGHT	<ul style="list-style-type: none"> Chronic active pancreatitis Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
15.09 Pounds	
INTERPRETED BY	Secondary Findings
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> A large amount of urinary bladder debris, likely more significant than typical suspended lipid
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jessica Miller	A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
HOSPITAL NAME	A fine needle aspirates of the colonic mass, or potentially the mesenteric lymph nodes could be considered if patients coagulation status is appropriate.
Willbrook AC	Alternatively, or if a diagnosis cannot be obtained cytologically, colonoscopy is recommended for biopsies of the area.
REFERRING VET	Finally, if colonoscopy is not an option, an exploratory laparotomy for planned mass removal could be considered, however, consultation with a surgeon is recommended, given the location near the ileocecolic junction.
Dr. Palescandolo	
INVOICE	In the meantime, empirical deworming with a 5-day course of Panacur is recommended, just in case, as is a probiotic, such as Visbiome or Provable to try and offer some patient relief while awaiting a diagnosis.
20888	
DATE	Additionally, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
1/31/23	



PATIENT

Moo Cooper Furchak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.09 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

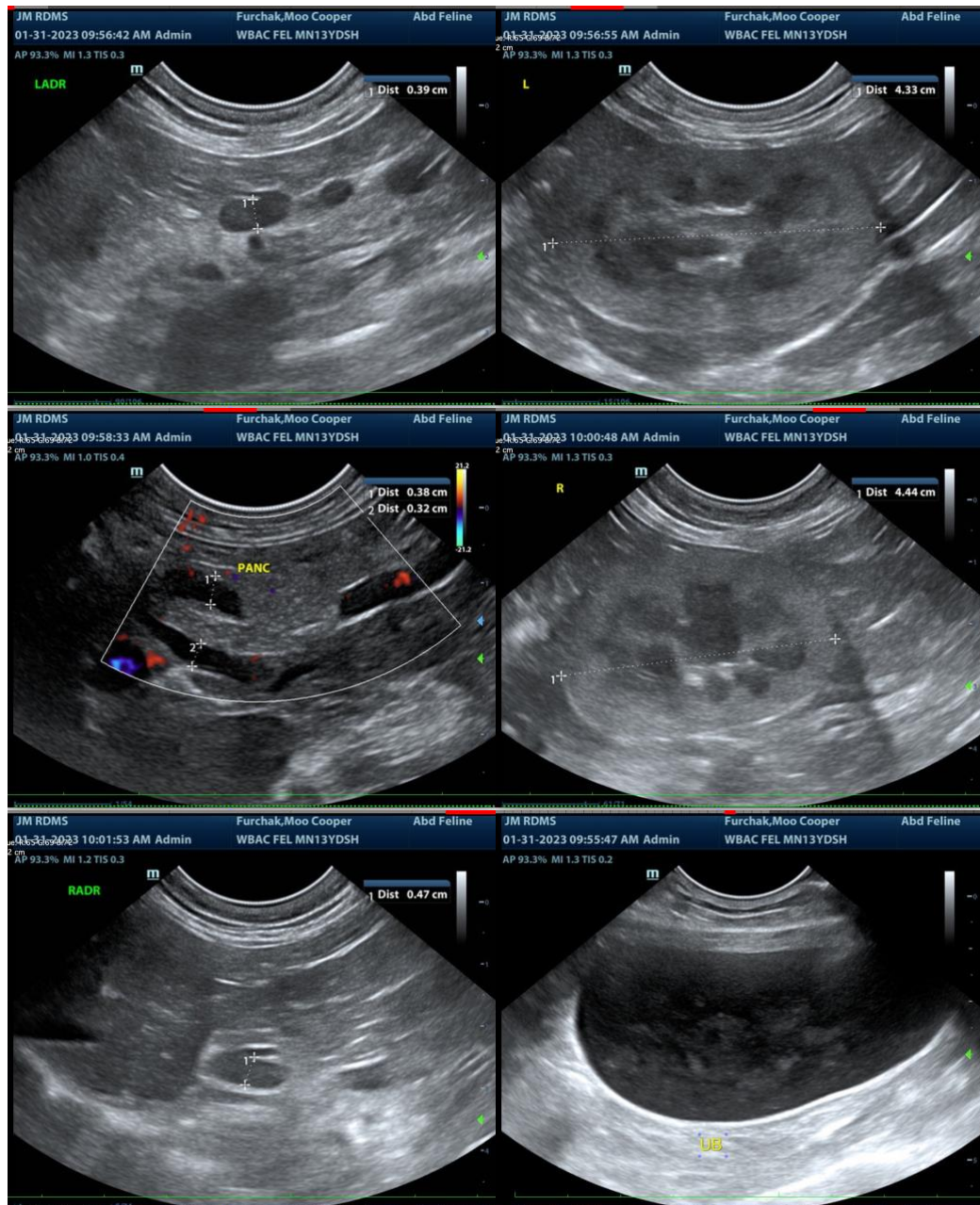
Jessica Miller

HOSPITAL NAME

Willbrook AC

REFERRING VET

Dr. Palescandolo



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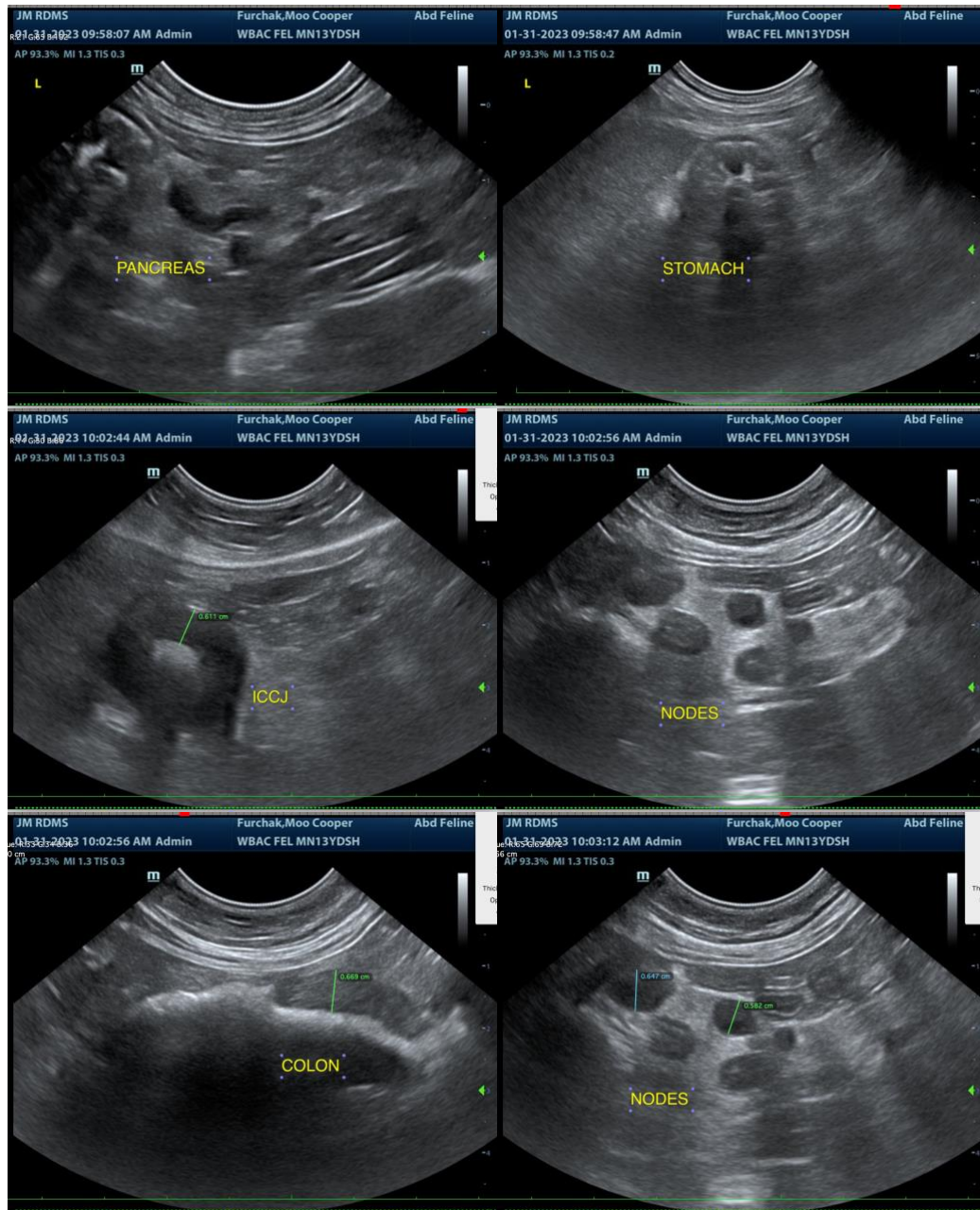
Dr. Palescandolo

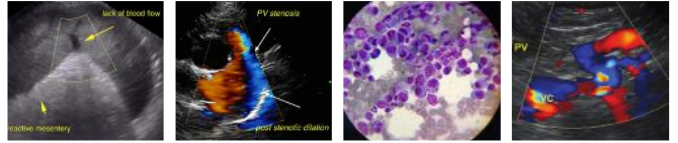
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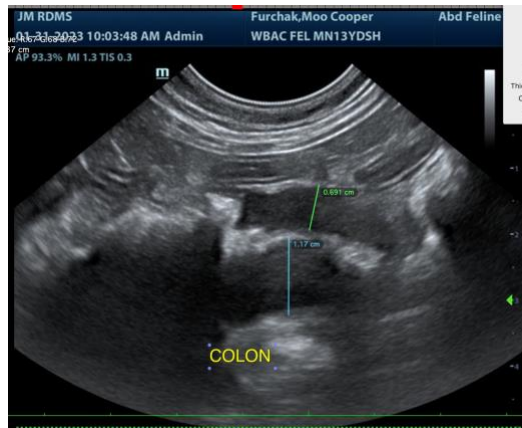
Dr. Palescandolo

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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.

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