



PATIENT

Betty BetterLife
Brown

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

6.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

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DATE

10/11/22

PRESENTING CLINICAL SIGNS

Lymphoma, weight loss, renal dx, early thyroid. Evaluate for progression vs renal vs thyroid. Labs + previous AUS(2) attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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. The left kidney measures 3.04 cm. The right kidney measures 3.08 cm. The right kidney has a cortical cyst that measures 0.60 cm in diameter, static compared to the last ultrasound where it measured 0.50 cm in diameter.

Adrenal Glands

The right adrenal gland is normal in size (0.30 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.31 cm at the cranial pole and 0.32 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogeneous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

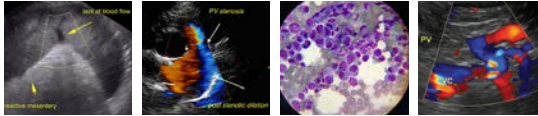
Liver

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. Two cystic lesions are noted, one in the right liver that measures 1.0 cm in diameter and is similar in appearance to the last study. A second new cystic measures 0.36 cm in diameter in the deep right liver. Also note, there are too numerous to count intrahepatic biliary choleliths.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. Mineral shadowing choleliths are present within the gallbladder and within the cystic and common bile ducts, the largest of which measures approximately 0.45 cm, similar to the last study, with mild cystic and common bile duct distention appreciated.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestine demonstrates areas of 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 empty with no evidence of obstruction or foreign material.

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

Pancreas

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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. Enhanced peripancreatic fat is noted, suggestive of an acute on chronic process.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

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- **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 aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- Chronic active pancreatitis with evidence of an acute on chronic flare up
- **Persistent but stable biliary calculi and parenchymal cysts** – likely a sequela from chronic cholangiohepatitis and cholelithiasis.
- Age related kidney changes with a stable cyst in the right kidney
- **Scalloped spleen** – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate. However, the results may or may not change treatment course with this patient's already previously known history of lymphoma.

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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, in case cobalamin therapy or pancreatic enzymes, etc. may be necessary to help slow down this patient's weight loss.

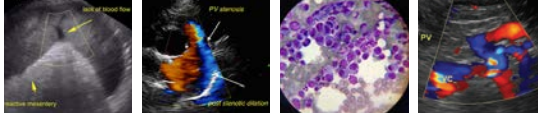
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Otherwise, the ultrasound findings described above are relatively stable/static to previous exams.

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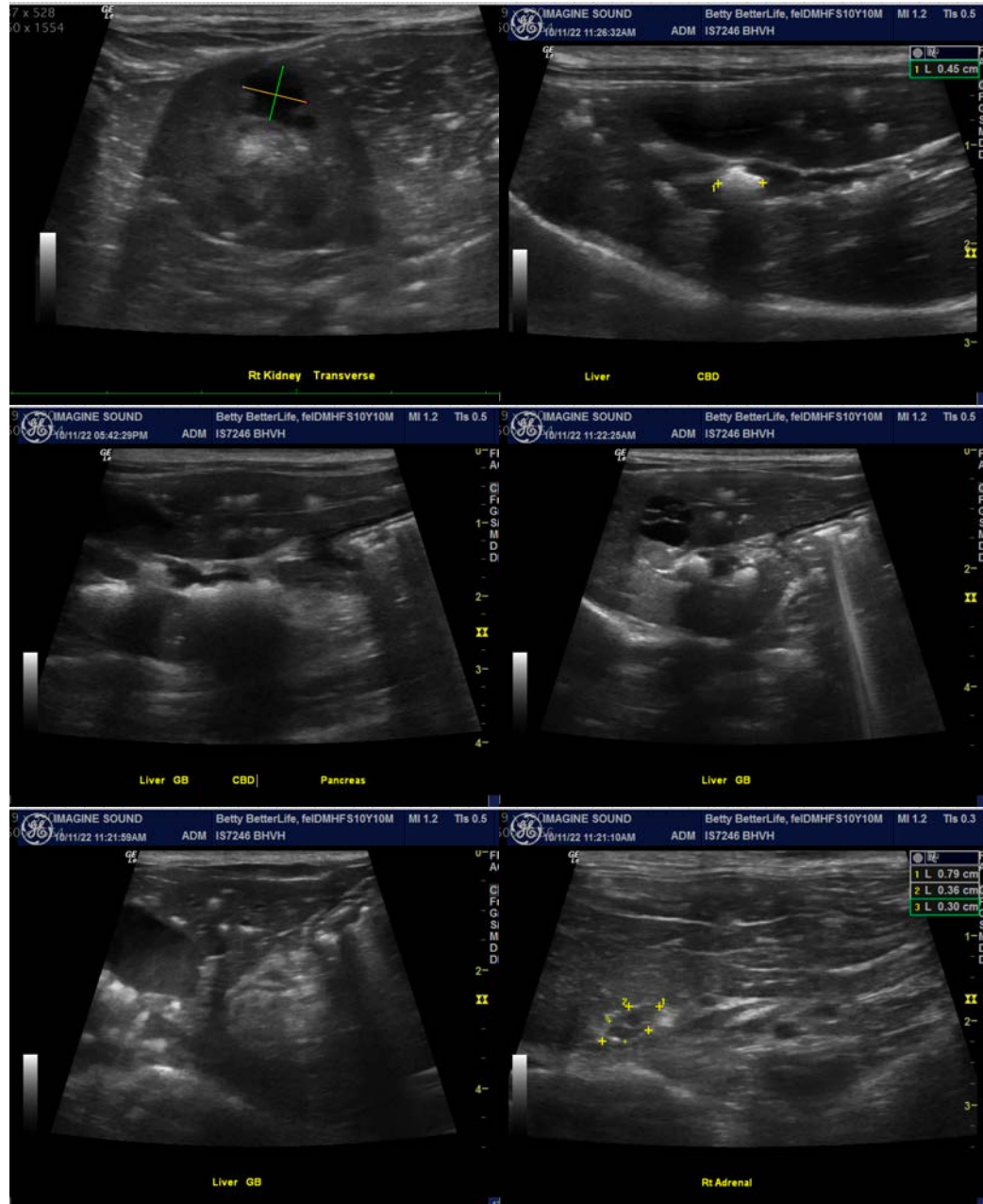
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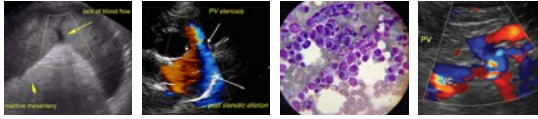
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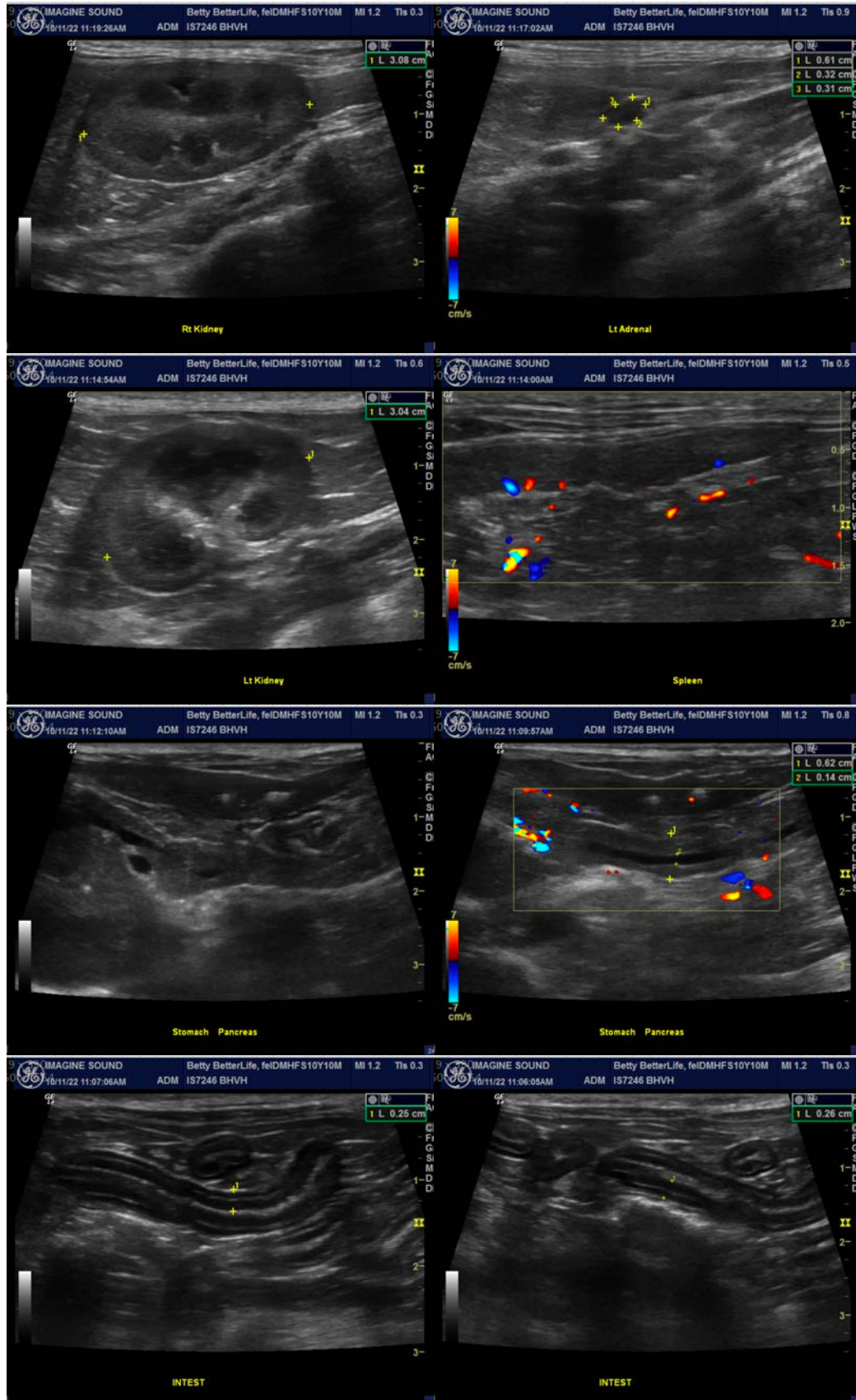
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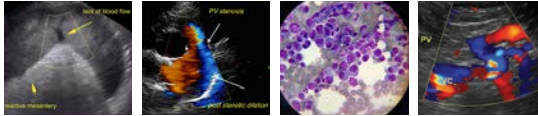
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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