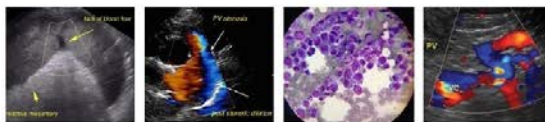




|                             |  |
|-----------------------------|--|
| <b>PATIENT</b>              | <b>PRESENTING CLINICAL SIGNS</b>   |
| Elsa Paws N Tails           | anorexia, large, firm abd removed 500mLs of fluid from abd before scanning<br>Abnormal PE/Chem/CBC/UA Results: please see attached labs  |
| <b>SPECIES</b>              | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| Feline                      | <b>Urinary System</b>  |
| <b>BREED</b>                | Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended. |
| DSH                         |  |
| <b>SEX</b>                  | The right kidney is small (3.34 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.  |
| Spayed Female               |  |
| <b>AGE</b>                  | The left kidney is normal in size (3.67 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. A small cortical cyst is present.   |
| 13 Years                    |  |
| <b>WEIGHT</b>               | <b>Adrenal Glands</b>  |
| 12 Pounds                   | The right adrenal gland is normal in size (0.38 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.  |
| <b>INTERPRETED BY</b>       | The left adrenal gland is normal in size (0.18 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.   |
| Beth Johnson, DVM<br>DACVIM | <b>Spleen</b>  |
| <b>IMAGING PERFORMED BY</b> | 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.   |
| Kelly Reschny               | <b>Liver</b>   |
| <b>HOSPITAL NAME</b>        | It is difficult to see any hepatic parenchyma at all, but what is visible is irregular in shape with a scalloped capsular contour. Patchy ill-defined areas of increased echogenicity are present with reduced visualization of vessels. Cystic nodules are noted.   |
| Paws N Tails Rescue         | 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.   |
| <b>REFERRING VET</b>        | <b>Gastrointestinal</b>  |
| Dr. Beech                   | 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.   |
| <b>INVOICE</b>              | The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.  |
| 42190                       |  |
| <b>DATE</b>                 |  |
| 10/19/22                    |  |



## PATIENT

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

## SPECIES *Pancreas*

Feline Medial to the spleen, there is a large, irregular, heterogeneous, hypoechoic mass that appears to be the left limb of the pancreas.

## BREED *Free Abdomen*

DSH There is a large amount of anechoic free fluid.

There is no apparent lymphadenopathy noted in these images.

## SEX

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

## AGE

13 Years

## WEIGHT

12 Pounds

- **Hepatic Fibrosis Pattern** – This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids).
- The appearance of the pancreas is concerning for infiltrative neoplasia, potentially a carcinoma resulting in a carcinomatosis, causing some of the free fluid. However, benign nodular hyperplasia and age related remodeling exacerbated in appearance by the free fluid can't be definitively ruled out.
- **Large amount of free fluid** – Potentially secondary to portal hypertension, given the appearance of the liver. However, paraneoplastic fluid secondary to carcinomatosis, given the appearance of the pancreas, etc., is also possible.
- **Chronic Kidney Disease in the right kidney** – The appearance of the right kidney is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## IMAGING PERFORMED BY

Kelly Reschny

Bile acids is recommended if not recently evaluated.

## HOSPITAL NAME

Paws N Tails Rescue

Given the high AST and CK, testing for infectious disease, primarily toxoplasma, etc., is recommended.

Sampling of the fluid for cytology as well as culture and sensitivity, if indicated based on cytology results, is recommended, followed by fine needle aspirate of the pancreas (medial to the spleen) and possible liver if a cytologic diagnosis is not obtained from the free fluid.

## REFERRING VET

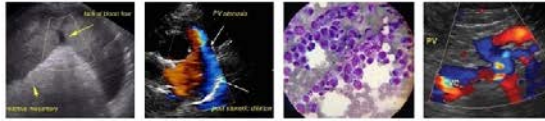
Dr. Beech

## INVOICE

42190

## DATE

10/19/22



**PATIENT**

Elsa Paws N Tails

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Paws N Tails Rescue

**REFERRING VET**

Dr. Beech

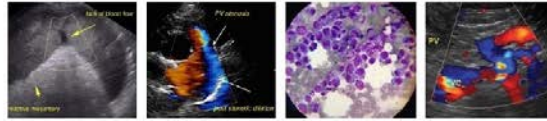
**INVOICE**

42190

**DATE**

10/19/22





**PATIENT**

Elsa Paws N Tails

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Paws N Tails Rescue

**REFERRING VET**

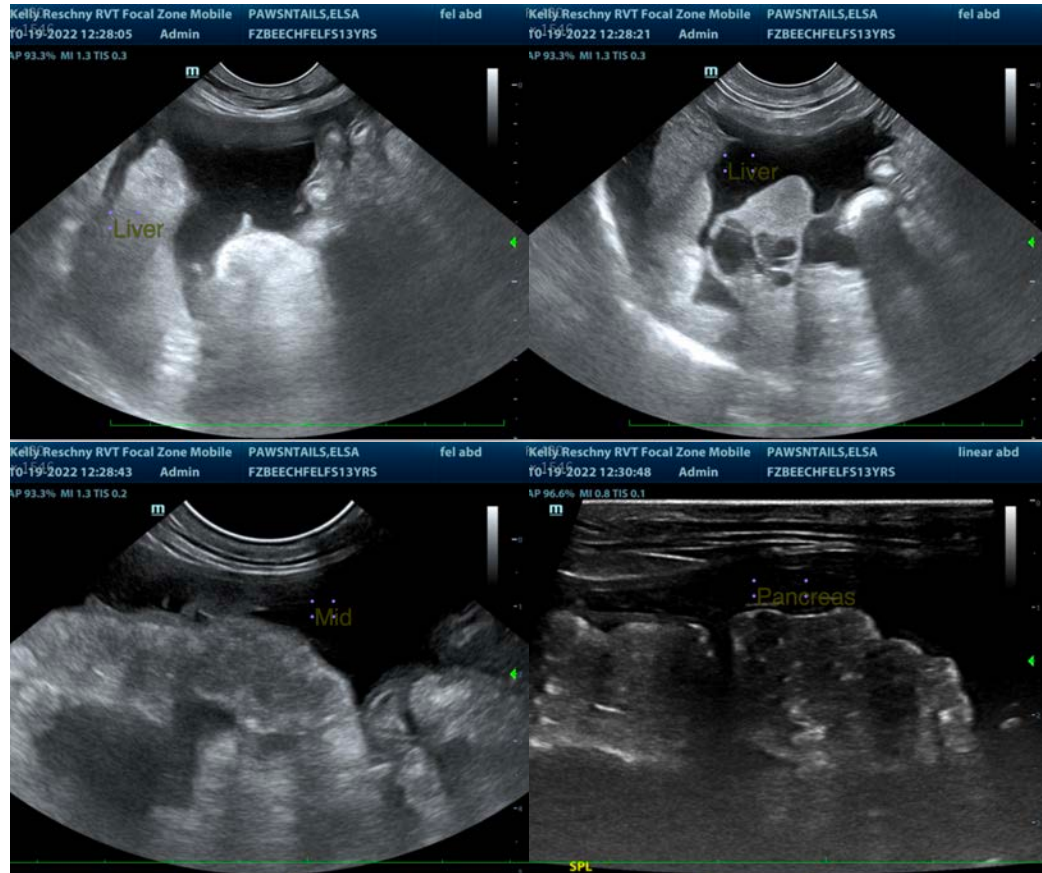
Dr. Beech

**INVOICE**

42190

**DATE**

10/19/22



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