



**PATIENT**

Michelena Savage

**PRESENTING CLINICAL SIGNS**

Patient presents for vomiting and weight loss. Radiographs show possible gastric mass and thickened intestinal loops. No current meds.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: unremarkable.

**BREED**

DSH

**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.

**SEX**

Spayed Female

The right kidney is normal in size (3.3 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.

**AGE**

12 Years

The left kidney is normal in size (3.39 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**

**WEIGHT**

N/A

The right adrenal gland is normal in size (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

Spleen is subjectively large in size 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.

**IMAGING PERFORMED BY**

Kelly Vazquez

**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 lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

Dr. Nancy Shaw

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.

**Gastrointestinal**

**INVOICE**

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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



<b>PATIENT</b>	hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.
Michelena Savage	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	<b>Pancreas</b>
<b>BREED</b>	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.
DSH	<b>Free Abdomen</b>
<b>SEX</b>	There is no evidence of free peritoneal effusion noted in these images.
Spayed Female	In the mid abdomen, there is a prominent hypoechoic, slightly elongated lymph node surrounded by enhanced mesenteric fat.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12 Years	<ul style="list-style-type: none"> <li><b>Inflammatory bowel disease (IBD) pattern</b> – 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.</li> <li>Chronic active pancreatitis</li> </ul>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li><b>Mesenteric lymphadenopathy with evidence of inflammation around it</b> – Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.</li> <li><b>Hyperechoic hepatomegaly</b> – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.</li> <li><b>Hypersplenism</b> – 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.</li> </ul>
<b>INTERPRETED BY</b>	
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	
Kelly Vazquez	
<b>HOSPITAL NAME</b>	
North Jersey AH	
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Nancy Shaw	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.
<b>INVOICE</b>	A fine needle aspirate of the spleen and liver +/- the enlarged lymph node, if possible, is recommended if patient's coagulation status is appropriate. Pre-medication with diphenhydramine is recommended in case of mast cell tumor.
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If a diagnosis is not obtained and vomiting persist, upper GI gastroscopy/endoscopy may be warranted for further evaluation and biopsies.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

N/A

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**IMAGING PERFORMED BY**

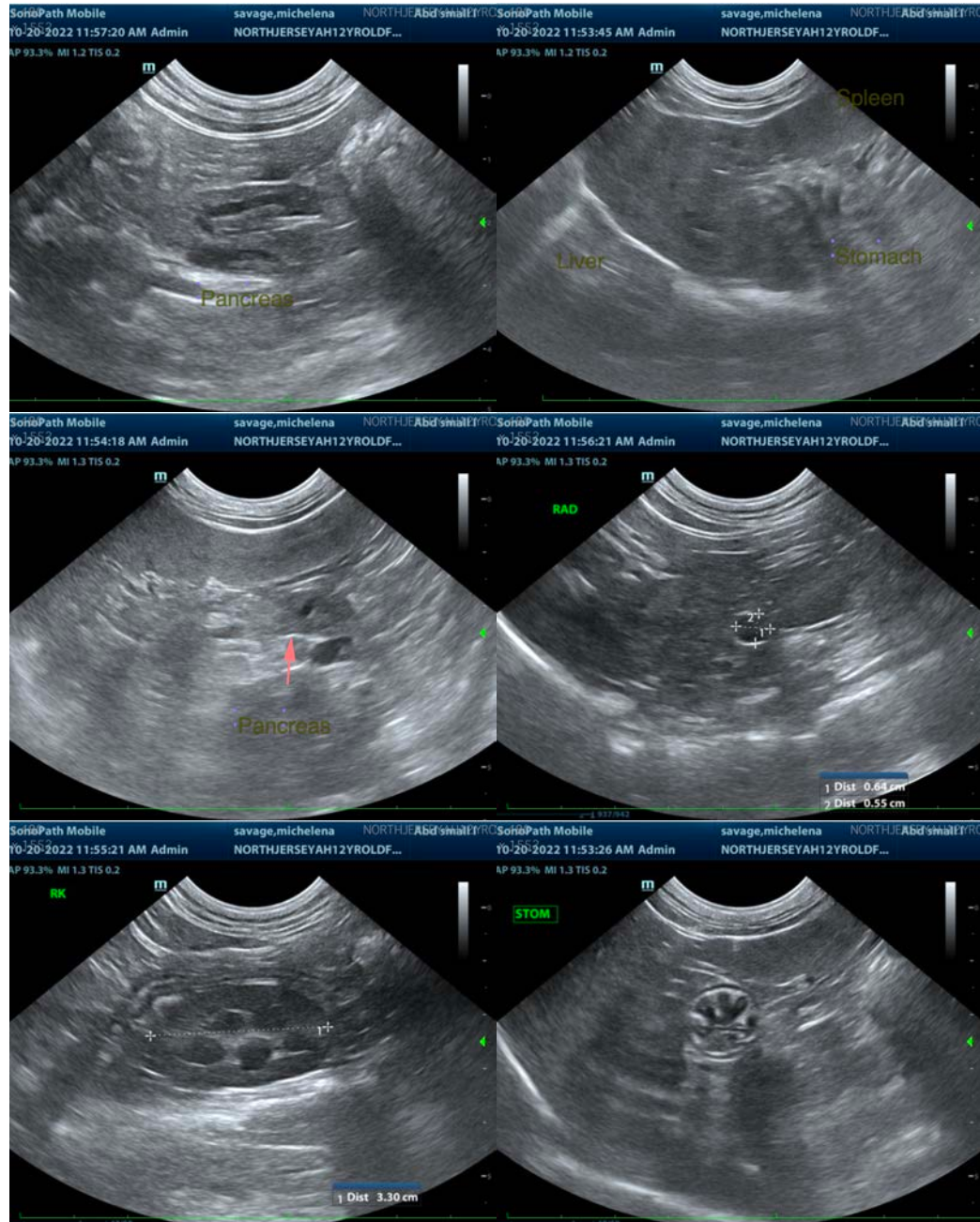
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Dr. Nancy Shaw



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**AGE**

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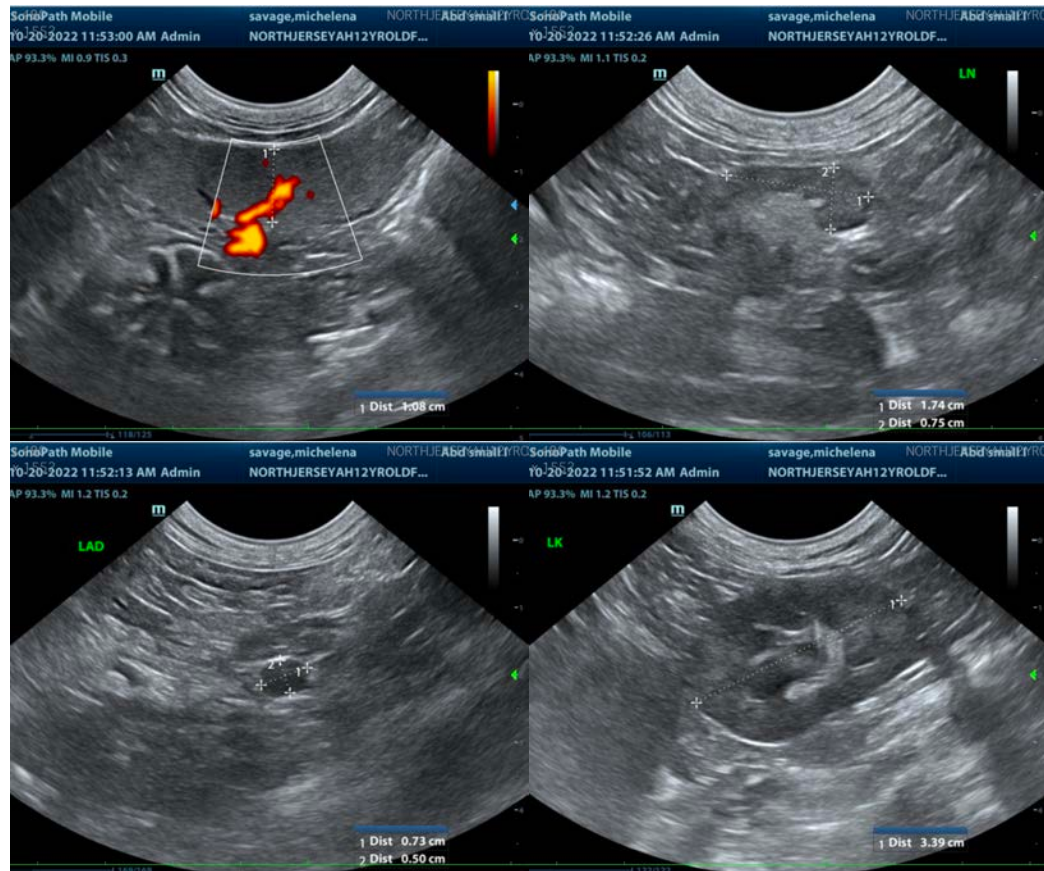
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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