



PATIENT PRESENTING CLINICAL SIGNS

Fluff Swain
Hx of anorexia and vomiting
Abnormal PE/Chem/CBC/UA Results: Thin BCS (3-4/9); Severe periodontal disease; 10% dehydrated; CBC - non regenerative anemia; Chem - unremarkable

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Neutered Male

The right kidney is normal in size (3.68 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

9 Years

The left kidney is normal in size (4.0 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.

WEIGHT

7.1 Pounds

Adrenal Glands

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is unable to be well visualized.

IMAGING PERFORMED BY

Dr. Adrienne Waffle

Spleen

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.

HOSPITAL NAME

Torch Lake VC

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Beth Johnson, DVM
DACVIM

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.

INVOICE

40935

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.

DATE

10/4/22

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), except for a 2.3 cm x 2.6 cm heterogeneous, primarily hypoechoic mass that appears to be a bowel mass at the ileocecolic junction. An enlarged lymph node, given the enlarged lymph nodes around the area cannot be ruled out, but one particular area appears to



PATIENT

Fluff Swain

be involving the bowel. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

SPECIES

Feline

Pancreas

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

DSH

Free Abdomen

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

SEX

Neutered Male

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

- **Mid abdominal mass** - This appears to be a bowel mass associated with the ileocecolic junction or near the ileocecolic junction. Top differential is infiltrative malignant neoplasia such as round cell neoplasia i.e., lymphoma versus less likely adenocarcinoma. Benign disease is possible but considered much less likely.
- **Aggressive lymph nodes** - most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Hypoechoic hepatomegaly** - This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Chronic active pancreatitis

WEIGHT

7.1 Pounds

SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the bowel mass as well as the enlarged lymph nodes if patient's coagulation status is appropriate.

IMAGING PERFORMED BY

Dr. Adrienne Waffle

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.

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Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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IMAGING PERFORMED BY

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HOSPITAL NAME

Torch Lake VC

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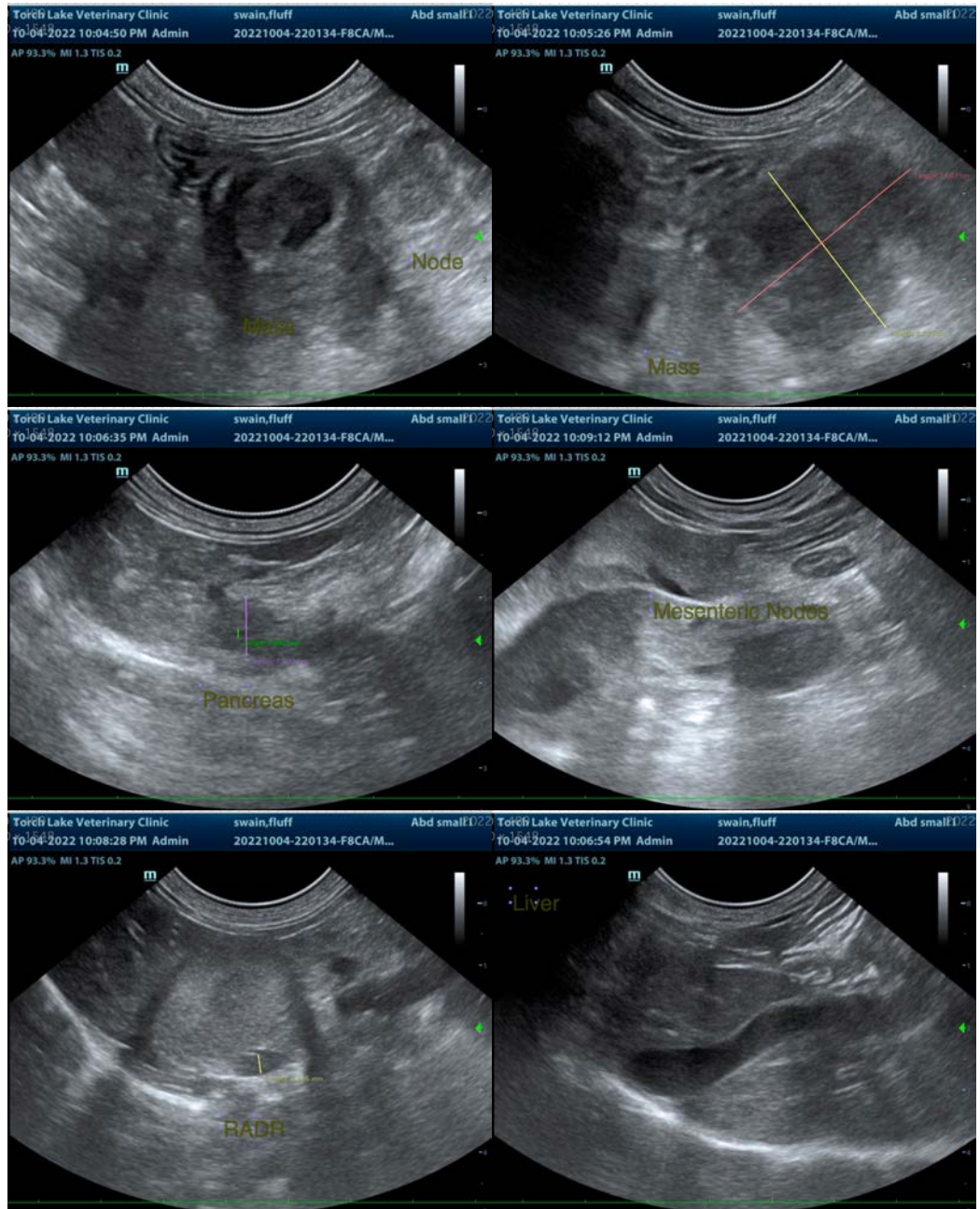
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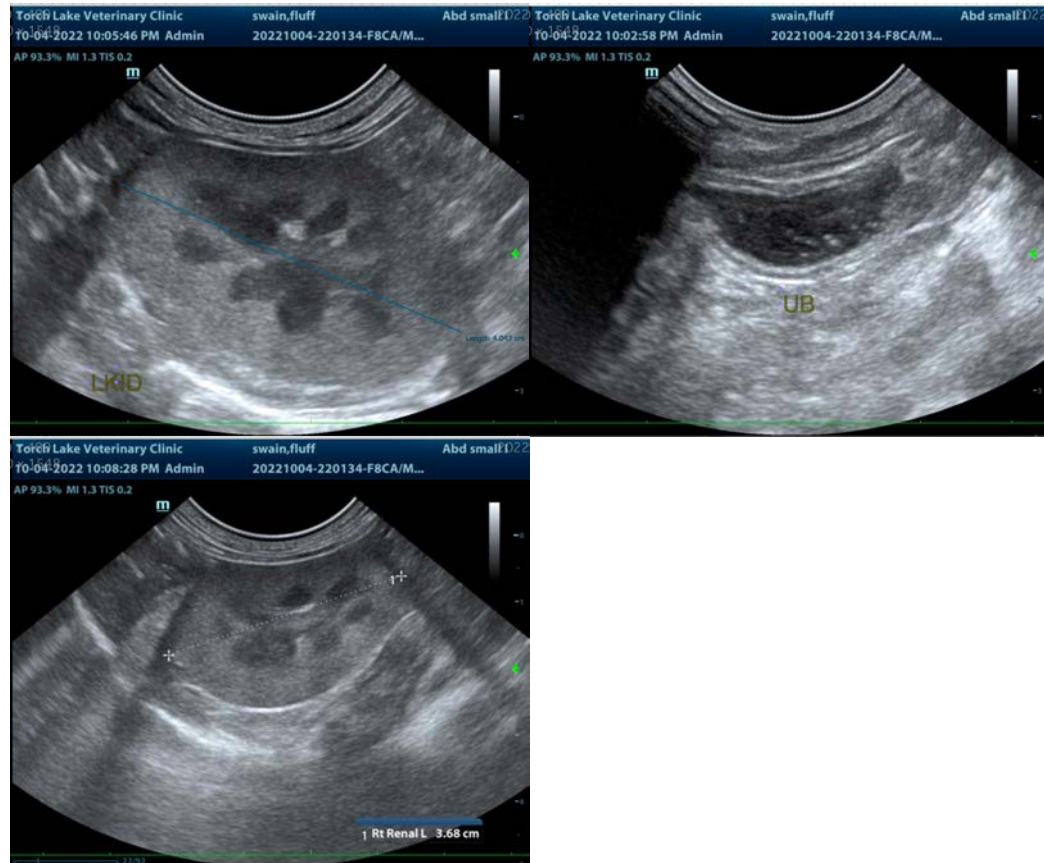
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WEIGHT

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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