



PATIENT	PRESENTING CLINICAL SIGNS
Nugget Clayton	Presented to rDVM for weight loss, historically an obese cat. Has been continuing to eat, but only canned food. Activity and bowel movements reported normal. No vomiting reported.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Fractious. Sedated for ultrasound. Mms pale, muscle wasting along topline, palpable cranial abdominal mass. Senior panel: Hct 15.9%, neutrophilia 14k, low Crea and BUN, Chol 38, TT4 normal (2.2) FIV/FelV test: Negative
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
Spayed Female	The right kidney is unable to be well visualized in these images.
AGE	The left kidney is normal in size (3.7 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.
7 Years	Adrenal Glands
WEIGHT	The adrenal glands are unable to be well visualized in these images.
4.2 kg	Spleen
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	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.
Dr. Callihan/Pacific Crest Mobile VS	Gastrointestinal
HOSPITAL NAME	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.
Pacific Crest Mobile	Gastrointestinal
REFERRING VET	The stomach wall contains a 4.0-4.5 cm long x 3.0 cm thick hypoechoic gastric mass. The mass is concentric and resulting in complete loss of layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.
Dr. Boekenooogen	Gastrointestinal
INVOICE	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.
41854	
DATE	
10/5/22	



PATIENT

Nugget Clayton

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

Pancreas

SPECIES

Feline

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

DSH

Free Abdomen

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

SEX

Spayed Female

Cranial abdominal (gastric) 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

7 Years

ULTRASONOGRAPHIC FINDINGS

- **Gastric mass** – most concerning for infiltrative neoplasia, likely round cell neoplasia such as lymphoma.
- **Aggressive gastric lymph nodes** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Hyperechoic hepatomegaly** – 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.

WEIGHT

4.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the gastric mass +/- the surrounding lymph nodes is recommended if patient's coagulation status is appropriate. In the meantime, supportive/symptomatic medical management, especially nutritional support, is recommended, given the concern for possible emerging or present hepatic lipidosis due to decreased appetite.

IMAGING PERFORMED BY

Dr. Callihan/Pacific Crest Mobile VS

HOSPITAL NAME

Pacific Crest Mobile

REFERRING VET

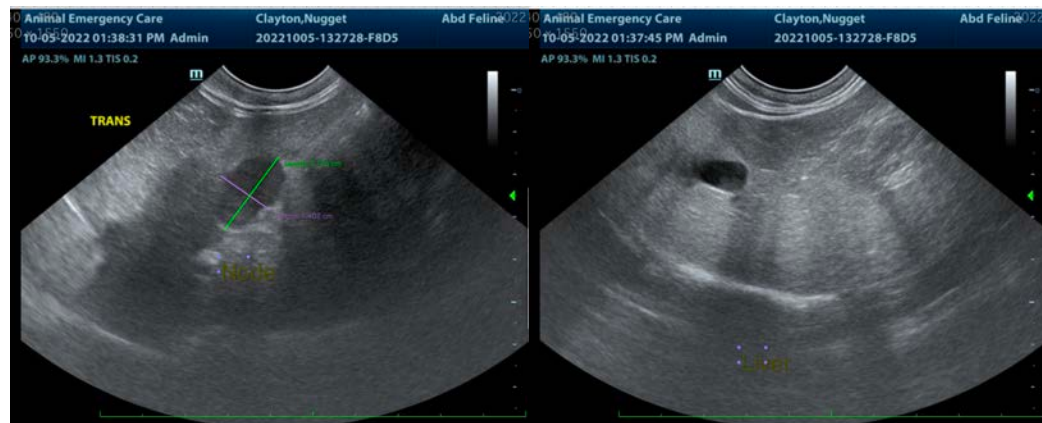
Dr. Boekenoogen

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PATIENT

Nugget Clayton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

4.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Callihan/Pacific
Crest Mobile VS

HOSPITAL NAME

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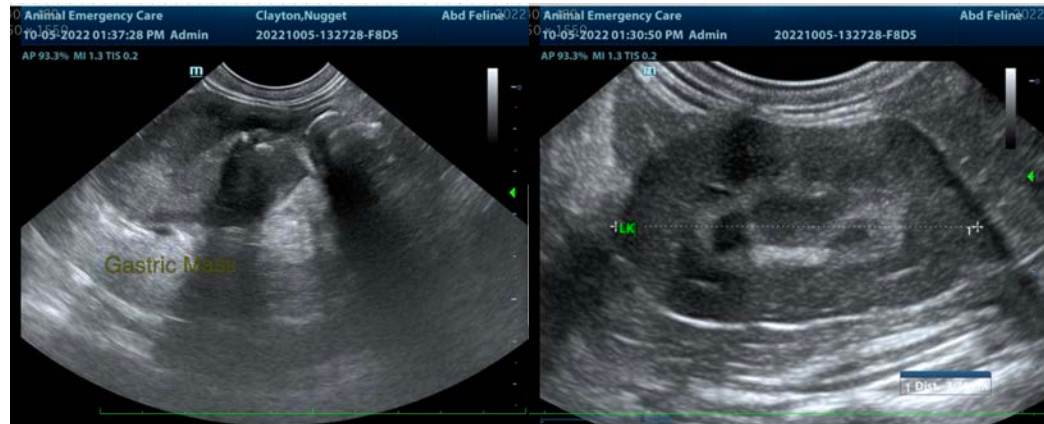
Dr. Boekenoogen

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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