



PATIENT

Rusty Davis

PRESENTING CLINICAL SIGNS

History: vomiting undigested food for last 2 weeks, normal activity, losing weight
Abnormal PE/Chem/CBC/UA Results: BW attached

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

BREED

Domestic Shorthair

SEX

Neutered male

The left kidney is normal in size and shape with smooth peripheral margination (4.3 cm). A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

13 years

The right kidney is normal in size and shape with smooth peripheral margination (4.3 cm). A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

5.7 lbs

Adrenal Glands

Left adrenal gland is normal in size (0.99 cm x 0.5 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.17 cm long, 0.27 cm at the cranial pole and 0.27 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Adrienne Ligenza

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Rush VC

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is mildly thick and measured 0.16 cm with a hypoechoic rim. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Milot

INVOICE

92265

DATE

10/7/21



PATIENT	<i>Gastrointestinal</i>
Rusty Davis	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.
SPECIES	
Feline	Normal layering is maintained except for a diffusely, markedly disproportionately thick muscularis layer relative to mucosa.
BREED	
Domestic Shorthair	Colon is normal in wall thickness (< 0.2 cm) and layering.
SEX	<i>Pancreas</i>
Neutered male	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
AGE	<i>Free Abdomen</i>
13 years	Lymph nodes are normal with no observed enlargement.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
5.7 lbs	Primary Findings
INTERPRETED BY	Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
Beth Johnson, DVM DACVIM	Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
IMAGING PERFORMED BY	Feline thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
Adrienne Ligenza	Mildly thickened gallbladder wall, which could represent edema, infiltrative neoplasia, or cholangitis versus a normal variant.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Rush VC	Given the heterogenous liver and muscularis thickening combined with the clinical signs and high globulin count lymphoma is the top differential. Recommendations include FNA of the liver if the patient's coagulation status is appropriate. If diagnosis of lymphoma is not obtained with a FNA of the liver then I recommend full thickness biopsies of the small bowel.
REFERRING VET	
Dr. Milot	Gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is also recommended. If further diagnostics are not elected in this patient empirical therapy with steroids, empirical deworming with a 5 day course of Panacur given the concurrent eosinophilia +/- cobalamin supplementation and a diet change could be considered.
INVOICE	
92265	
DATE	
10/7/21	



PATIENT

Rusty Davis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

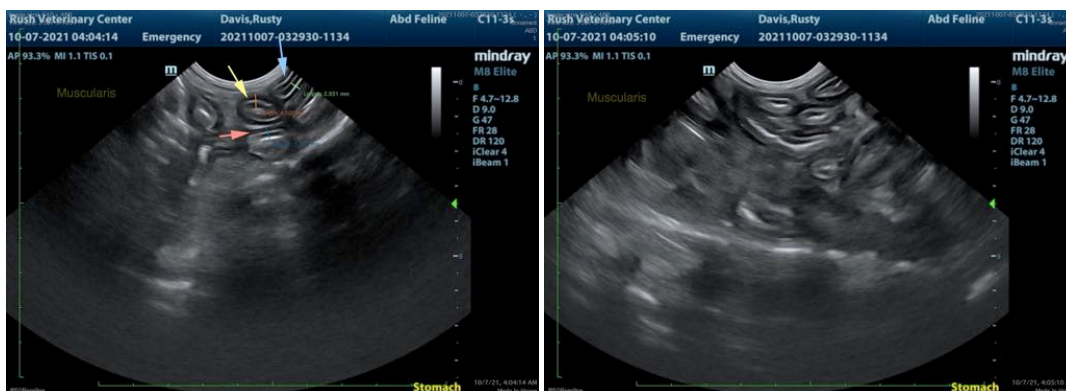
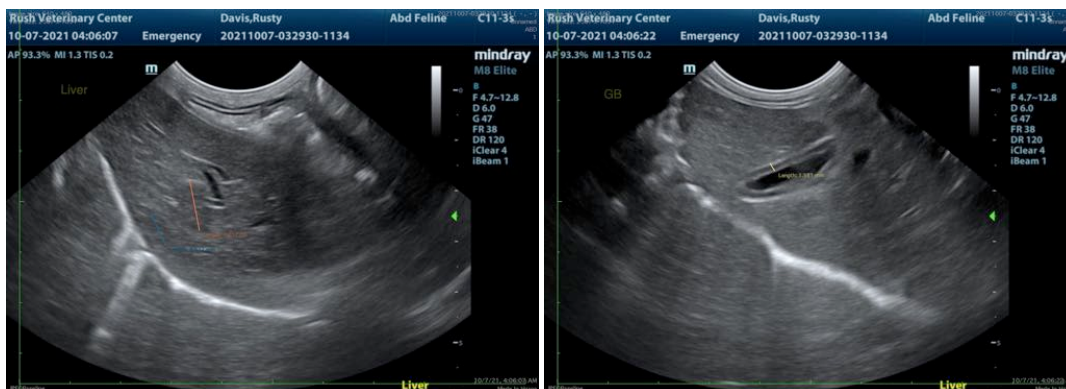
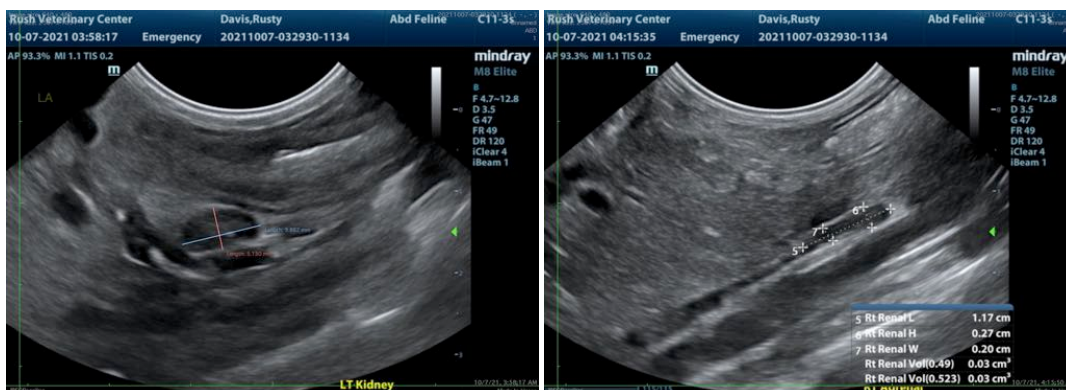
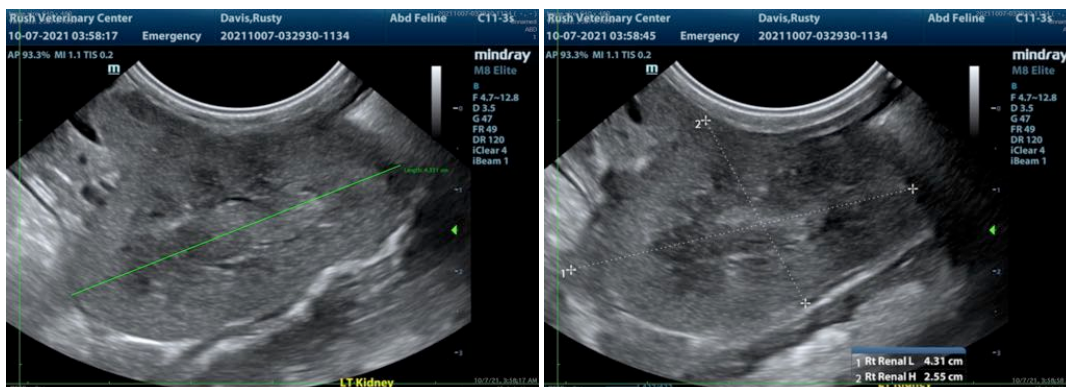
Dr. Milot

INVOICE

92265

DATE

10/7/21



The information and recommendations provided are based on the images presented by the referring



PATIENT

Rusty Davis

veterinarian. 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.

SPECIES

Feline

Beth Johnson, DVM DACVIM

BREED

Domestic Shorthair

Beth.Johnson@SonoPath.com

SEX

Neutered male

AGE

13 years

WEIGHT

5.7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

Dr. Milot

INVOICE

92265

DATE

10/7/21