



## PATIENT

Haley Sweeney

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

13 pounds

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Vetrinary Imaging

## REFERRING VET

Dr. Mac Griffin DVM

## INVOICE

12468

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

Reduced appetite and thirst. Radiographs show possible hepatic mass effect.

Abnormal PE/Chem/CBC/UA Results: Splenic and effusion aspirates taken today

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.4 cm. The right kidney measures 3.5 cm.

### Adrenal Glands

Left adrenal gland is normal in size (0.35 cm at cranial pole and 0.33 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.55 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

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). Splenic vasculature appears normal. Along the medial edge of the spleen where there is a scalloped appearance due to an approximately 3.5 cm x 1.9 cm coarse homogenous hypoechoic irregular mass. Medial to the spleen potentially attached to that mass but I am unsure definitively if it is attached, is a similar appearing coarse irregular hypoechoic density measuring approximately 3.8 cm x 4.3 cm in size.

### Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is almost empty with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

### **Pancreas**

Specifically, the right limb of the pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted. The density medial to the spleen described above could be an extension of the suspected splenic mass although a prominent irregular left limb of the pancreas cannot be ruled out.

### **Free Abdomen**

There is a moderate to large amount of free fluid.

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Differentials for the splenic mass include both benign lesions such as hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc. as well as infiltrative neoplastic disease and cannot be differentiated without tissue sampling.
- Similarly, the moderately heterogenous liver could represent a benign bacterial lymphoplasmacytic hepatitis versus other infectious or inflammatory hepatopathy, hepatic lipidosis, although infiltrative neoplasia such as round cell neoplasia, metastatic disease, etc. cannot be ruled out without tissue sampling.
- Suspect chronic low-grade smoldering pancreatitis with a mild to moderate flare up of acute pancreatitis involving the right limb is suspected. As described above, the large irregular hypoechoic density medial to the spleen, however, could represent a prominent left limb of the pancreas with infiltrative neoplasia involving the pancreas unable to be definitively ruled out.
- A large amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

### **Secondary Findings**



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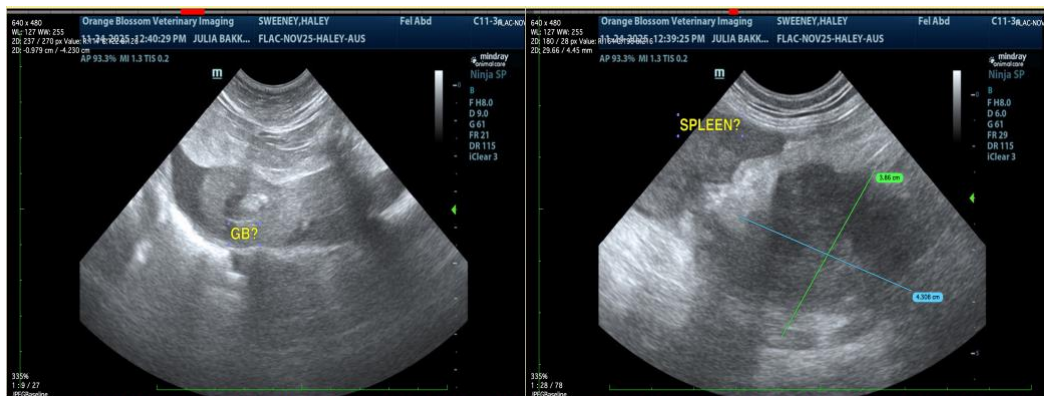
## DATE

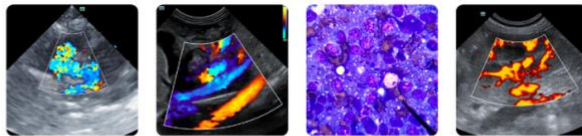
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- Age-related kidney changes.
- Mild gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- As is reportedly already pending, sampling of the free abdominal fluid for analysis and cytology is recommended if patient's coagulation status is appropriate.
- Similarly, as is reportedly already pending, fine needle aspirates of the spleen are recommended.
- Additional fine needle aspirates of the density medial to the spleen (possible pancreas) are recommended if patient's coagulation status is appropriate.
- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





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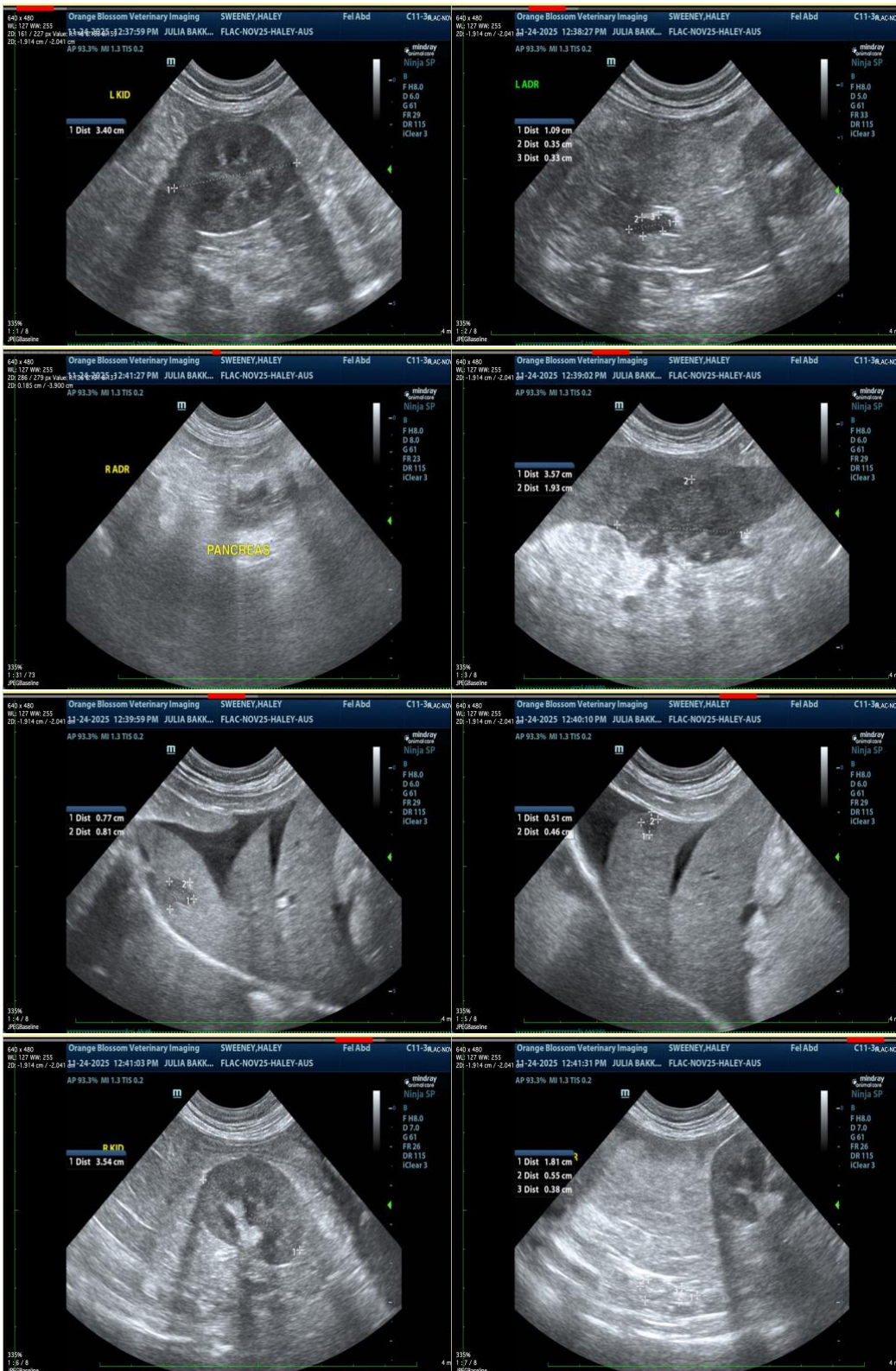
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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