

**PATIENT**

Lily Enders

PRESENTING CLINICAL SIGNS

Chronic vomiting, weight loss
 Abnormal PE/Chem/CBC/UA Results: BW WNL

SPECIES

Feline

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.

BREED

DSH

The right kidney is normal in size (3.53 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.

SEX

Female

The left kidney is normal in size (3.51 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

2.5 Years

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

WEIGHT

2.92 kg

The left adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen**INTERPRETED BY**Beth Johnson, DVM
DACVIM

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.

Liver**IMAGING PERFORMED BY**

Amy Mayhew, LVT

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

SVS Imaging MI

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**REFERRING VET**

Burrwood Veterinary

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.

INVOICE

43025

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.

DATE

11/29/22

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

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Lily Enders

Pancreas

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.

SPECIES

Feline

Free Abdomen

A scant amount of anechoic free fluid is present.

BREED

DSH

Mesenteric and 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. The enlarged lymph nodes are surrounded by enhanced hyperechoic mesenteric fat.

SEX

Female

No ovarian or uterine pathology is appreciated.

AGE

2.5 Years

ULTRASONOGRAPHIC FINDINGS

- **Aggressive mesenteric and cranial abdominal/gastric lymph nodes with enhanced hyperechoic mesenteric fat scant amount of anechoic free fluid** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the enlarged lymph nodes is recommended if patient's coagulation status is appropriate. Infiltrative neoplastic disease is the top differential. However, given patient's young age, inflammatory or infectious disease, while considered less likely, is also possible. Therefore, pending cytologic results, additional diagnostic considerations include comprehensive infectious disease testing including FIP, toxo, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory, etc.

WEIGHT

2.92 kg

In the meantime, while awaiting diagnostic results, empirical deworming with a 5-day course of Panacur is recommended.

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Beth Johnson, DVM
DACVIM

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HOSPITAL NAME

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REFERRING VET

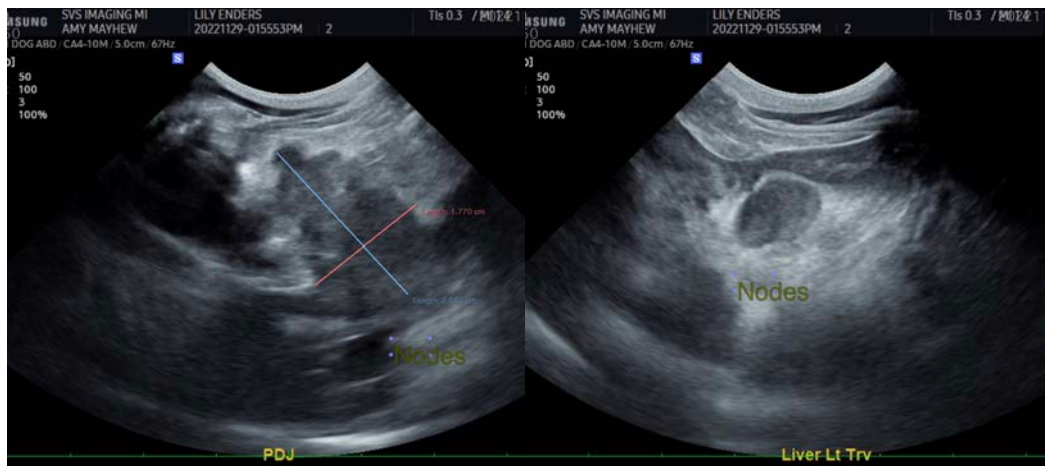
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SPECIES

Feline

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Female

AGE

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WEIGHT

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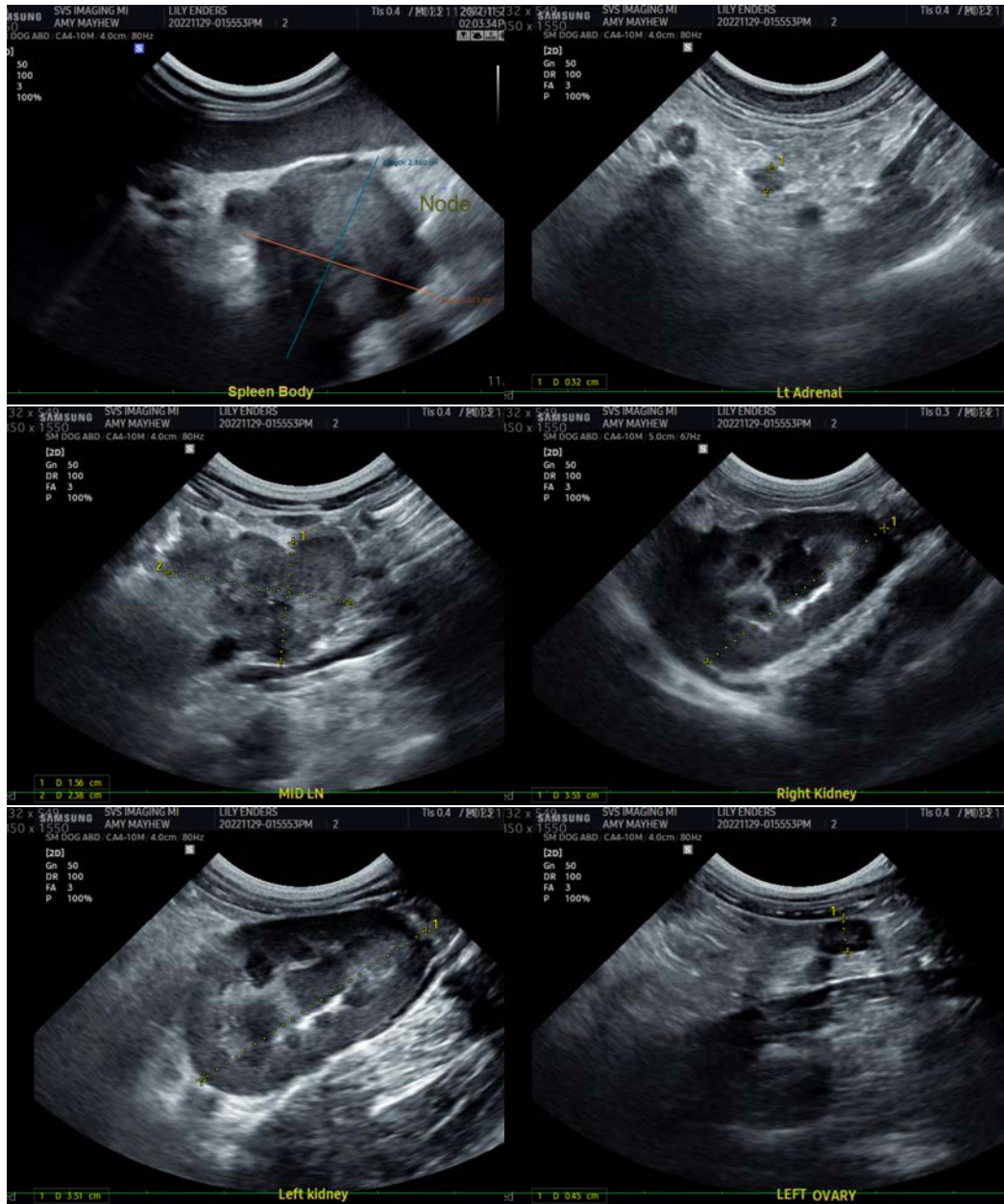
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com