



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Clyde Whitaker	History: O reports P has been vomiting 4x in the past 24 hours, first vomit had plastic in it. O reports p is prone to eating things he shouldn't but O hasn't noticed anything except for a party this last weekend and O is unsure what he could have eaten. P has been eating less but seems to be more picky about what he eats. P has been drinking ok, no diarrhea, no C/S. Normal activity level.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Mild abd distention BCS 7/9 Rads: Large mass cranial abd Suspect liver mass from quick check with u/s Abdominal U/S sent to sonopath FNA: 5ml cystic fluid obtained from mass. FNA performed from solid portion of mass and submitted as well. Cerenia 1mg/kg SQ SWO:
<b>BREED</b>	Went over findings. Will send out u/s, should get back tomorrow. Cytology will take a few days. Recommend sending out BW as well. O oked.
DSH	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Neutered Male	<b>Urinary System</b>
<b>AGE</b>	Urinary bladder is adequately 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.
11	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 3.9 cm. The right kidney measures 4.0 cm.
<b>WEIGHT</b>	
12.2	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The adrenals are unable to be well visualized in these images.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Andrew Beachy	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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Willamette VH	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. An approximately 5.0 cm x 4.0 cm mass of mixed echogenicity, primarily hyperechoic in echogenicity but containing large cystic areas of varying size in the mid to caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>REFERRING VET</b>	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.
Andrew Beachy	
<b>INVOICE</b>	<b>Gastrointestinal</b>
17917	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.
<b>DATE</b>	
11/7/22	



**PATIENT**

There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Clyde Whitaker

**SPECIES**

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. There is no evidence of obstruction, foreign material or infiltrative disease.

Feline

**BREED**

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

DSH

**SEX**

***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Neutered Male

***Free Abdomen***

**AGE**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

11

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

**Primary Findings**

12.2

- Feline biliary cystadenoma – In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

**INTERPRETED BY**

**Secondary Findings**

Beth Johnson, DVM  
DACVIM

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

**IMAGING PERFORMED BY**

- Age-related kidney changes

Andrew Beachy

- There is no evidence of an obstructive pattern, plication, foreign material, etc. However, the GI tract does contain ingesta and foreign material cannot be definitively ruled out.

**HOSPITAL NAME**

Willamette VH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

A fine needle aspirate, as is reportedly already pending, of the liver mass is recommended with submission of sample for cytologic evaluation.

Andrew Beachy

**INVOICE**

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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DSH

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Neutered Male

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**WEIGHT**

12.2

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Andrew Beachy

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

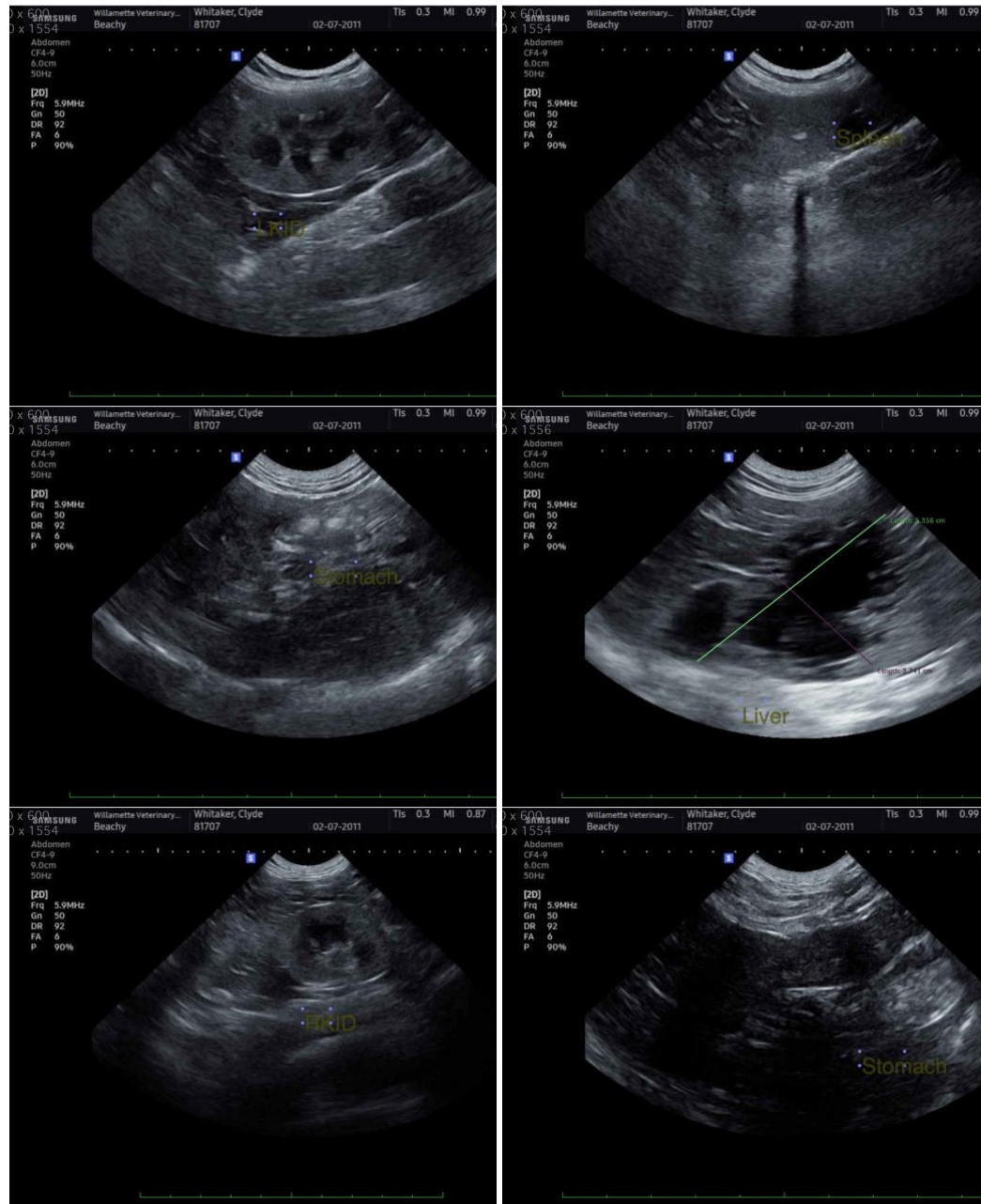
Andrew Beachy

**INVOICE**

17917

**DATE**

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

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com



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Clyde Whitaker

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

12.2

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**REFERRING VET**

Andrew Beachy

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