



PATIENT	PRESENTING CLINICAL SIGNS
Tazz Bourque	4 week history of progressive hind legs ataxia. No spinal pain elicited, but slow proprioceptive reflexes both hind legs. Developed iris colour change in left eye 2 years ago.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Melanosis of most of left iris. Normal PLR, retina, anterior chamber and cornea. Normal CBC and chemistries Chest radiographs normal lungs, heart; Spinal rads show collapsed disc space at T3/4 with osteophytosis ventrally and dorsally around space on lateral view; also narrowed disc space at T10/11. No abdominal masses or pain. Abdominal ultrasound performed for met check from possible iris melanoma.
Feline	
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Neutered Male	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
AGE	Kidneys are normal in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. The right kidney measures 4.51 cm. The left kidney measures 3.9 cm. A chronic infarct is noted in the left kidney.
10 Years	
WEIGHT	Adrenal Glands
6.98 kg	
INTERPRETED BY	The right adrenal gland is normal in size (measurement), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Dr. Nigel Gumley	
HOSPITAL NAME	Spleen
Cedarview AH	Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
REFERRING VET	Liver
Dr. Nigel Gumley	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypochoic 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.
INVOICE	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.
43135	
DATE	Gastrointestinal
12/1/22	



PATIENT

Tazz Bourque

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

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.

BREED

DSH

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

SEX

Neutered Male

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.

AGE

10 Years

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

WEIGHT

6.98 kg

PRIMARY FINDINGS

- **Hypersplenism** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

SECONDARY FINDINGS

- Urinary bladder debris
- Chronic infarct in the left kidney

IMAGING PERFORMED BY

Dr. Nigel Gumley

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically visible evidence of metastatic disease in these images. The splenomegaly trends towards benign in appearance. However, a fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate to more definitively rule out metastatic disease.

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Nigel Gumley

In the meantime, further evaluation of the reported ataxia is recommended in the form of consultation with a neurologist for potential advanced imaging such as an MRI, etc.

Additionally, if not already evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

INVOICE

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SPECIES

Feline

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DSH

SEX

Neutered Male

AGE

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WEIGHT

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HOSPITAL NAME

Cedarview AH

REFERRING VET

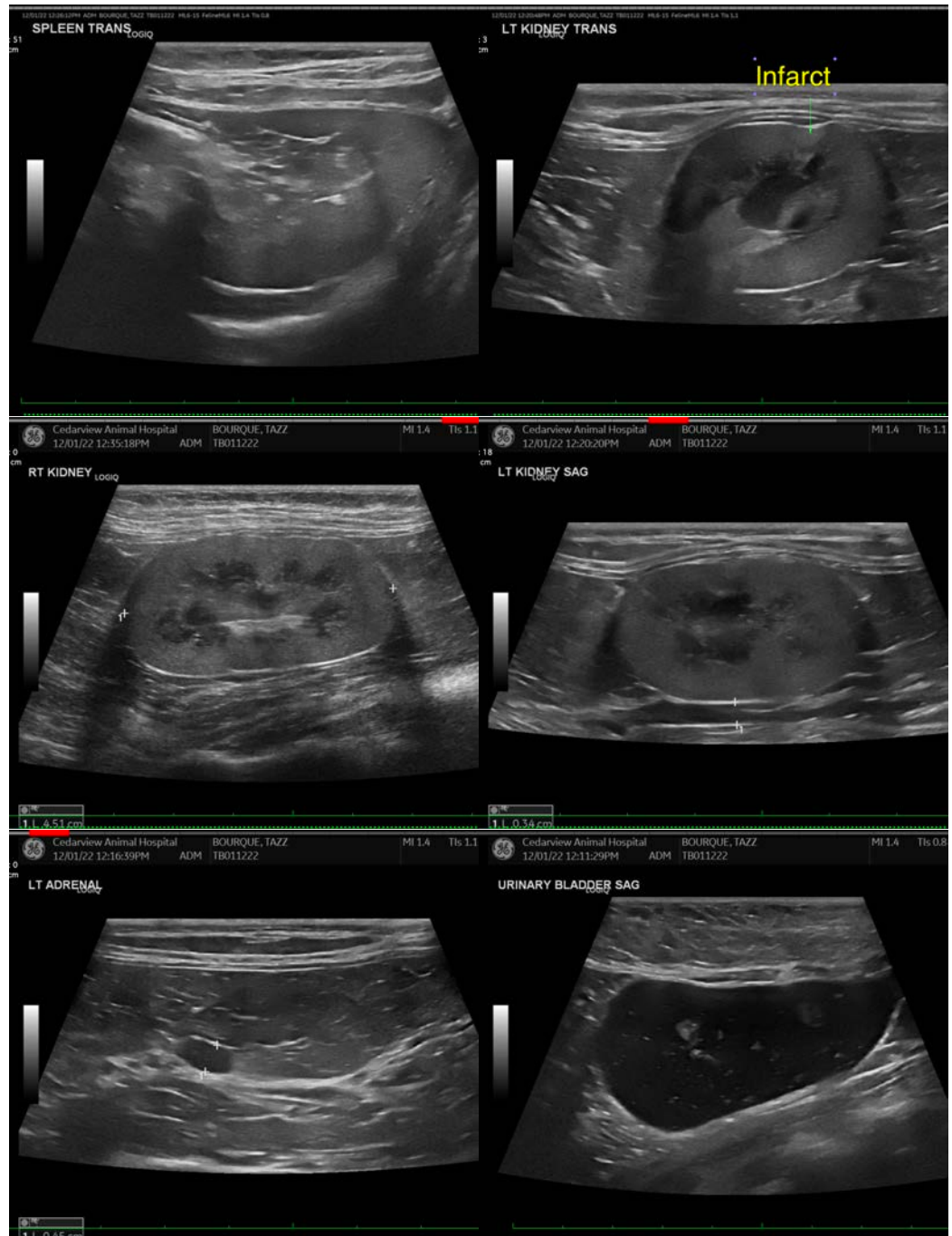
Dr. Nigel Gumley

INVOICE

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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