



PATIENT

Fiona Jones

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

4 Months

WEIGHT

6.5 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Scaglione

INVOICE

72598

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Palpable mid-abd structure causal abd firm lobulated mass, cranial to bladder about 1-1.5 inch in diameter, found as a stray by herself 2 mon. ago. Age may be closer to 6 mon.

Abnormal PE/Chem/CBC/UA Results: Giardia pos. Temp - 103.3 HGB-10.1 Creat-0.4 Mono-1.729 Phos-6.7 EOS-0.188 CI-113 TP-9.2 ALB glob-0.4 ALB-2.5 Glob-6.7 FEL/FIV-neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (3.75 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.

The left kidney is normal is size (3.67 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.

Adrenal Glands

The right adrenal gland is normal in size (0.29 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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

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.

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

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

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The pancreas that is observed 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.

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Free Abdomen

There is no visible free peritoneal effusion noted in these images.

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In the cranial abdomen between the liver and stomach is an approximately 1.2 cm in diameter, round, hypoechoic density without visible attachment definitively to surrounding organs. This could represent an enlarged lymph node.

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Additionally, in the caudal abdomen dorsal to the urinary bladder there is an irregular, ill-defined coarse, homogeneous, hypoechoic density/mass measuring approximately 2.5 cm x 3.5 cm in size that in some views appears to originate from and/or attach to an almost tubular appearing organ extending into the pelvis with a largely normal appearing colon in the area, and therefore I believe it could represent uterus. Whether it is a uterine mass or luminal contents within the uterus is difficult to determine, but there is no visible mineral within the uterus in these images at this time. Other differentials include a potential lymph node or mass of other origin.

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ULTRASONOGRAPHIC FINDINGS

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- The caudal abdominal structure described could represent the uterus, with benign inflammatory, infectious, or infiltrative neoplastic differentials being possible. Having said that, enlarged lymph nodes are also a differential. While possible, given the lack of any mineral, etc., intraluminal contents such as mummified fetus versus other is possible but believed to be much less likely.
- Suspect cranial abdominal lymphadenopathy with both benign inflammatory or infectious as well as infiltrative neoplastic differentials also being possible for that.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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.

Fine needle aspirates of the cranial abdominal lymph node as well as the caudal abdominal suspect possible uterine mass or lymph node are recommended if patient's coagulation status is appropriate. If obtained, sampling for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma as well as potentially infectious disease such as FIP versus other is recommended.

Alternatively, or additionally, advanced imaging of the caudal abdomen/pelvis via contrast CT scan could be considered to determine if this is uterus. Ovariohysterectomy with histopath may be the next



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best option.

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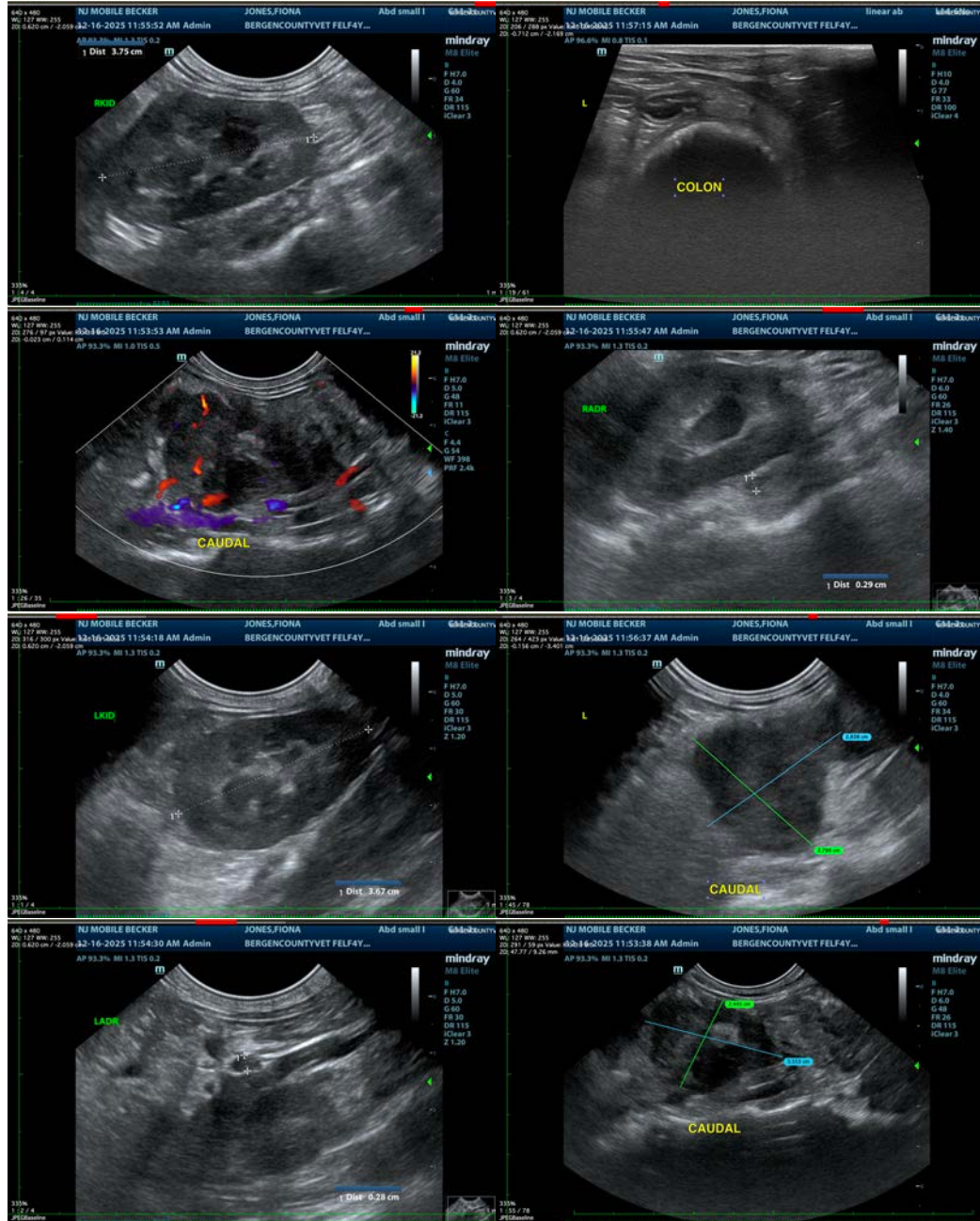
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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