



| <b>PATIENT</b>              | <b>PRESENTING CLINICAL SIGNS</b>   |
|-----------------------------|--|
| Rosie Mann                  | <p>Presented for decreased appetite and energy on 2/11/2022. On abdominal palpation there is a mass palpated in mid ventral abdomen - with flash US appeared to be associated with GI tract with many lymph nodes around it. GI loops palpate as ropey. Dehydrated on exam and lost ~ 2.5 lbs since summer. No vomiting at home. History of diabetic in remission - maintained on glycobalance at home - has been in remission since 7/2/21. No increased drinking and urination at home. Subcutaneous fluids started, cerenia administered and sent home, declined appetite stimulant. Since seen on 11th O reports is eating Sheba well at home. Glucose 220 (306 in house), WBC 22.1 corrected for NRBCs, NRBCs 9, Platelet 1082, Neutrophils 17459, Monocytes 884, Basophil 221, USG 1064 with 2+ protein and 3+ glucose with Ketones trace. CBC re-run and results confirmed as accurate. BG today 441 - starting on insulin again 2 units of lantus q12 hrs.</p> <p>Abnormal PE/Chem/CBC/UA Results: Glucose 220 (306 in house), WBC 22.1 corrected for NRBCs, NRBCs 9, Platelet 1082, Neutrophils 17459, Monocytes 884, Basophil 221, USG 1064 with 2+ protein and 3+ glucose with Ketones trace. CBC re-run and results confirmed as accurate.</p> |
| <b>SPECIES</b>              |  |
| Feline                      |  |
| <b>BREED</b>                |  |
| Domestic Shorthair          |  |
| <b>SEX</b>                  |  |
| Spayed Female               |  |
| <b>AGE</b>                  |  |
| 7 years                     |  |
| <b>WEIGHT</b>               |  |
| 11 lbs                      |  |
| <b>INTERPRETED BY</b>       |  |
| Beth Johnson, DVM<br>DACVIM |  |
| <b>IMAGING PERFORMED BY</b> |  |
| Isabel Plourde              |  |
| <b>HOSPITAL NAME</b>        |  |
| TotalBond VH                |  |
| <b>REFERRING VET</b>        |  |
| Dr. Schanche                |  |
| <b>INVOICE</b>              |  |
| 96037                       |  |
| <b>DATE</b>                 |  |
| 2/14/22                     |  |

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (4.19 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.4 cm thick), shape and contour. Corticomedullary structure is unremarkable.

The region of the right adrenal gland is evaluated without evident pathology.

**Spleen**

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and heterogenous in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



**PATIENT**

**Gastrointestinal**

Rosie Mann

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

**SPECIES**

Feline

In the cranial midabdomen there is a focal bowel loop with a thick wall that measured between 1-1.5 cm thick. The wall is hypoechoic with complete loss of normal layering. The thickening is concentric.

Colon is normal in wall thickness (< 0.2 cm) and layering.

**BREED**

Domestic Shorthair

**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

**SEX**

Spayed Female

**Free Abdomen**

**AGE**

7 years

Just adjacent to the mass there is a large, 3.5-4.0 cm, round, hypoechoic structure that is consistent with an enlarged lymph node adjacent to the mass. However, extension of the bowel mass cannot be ruled out. Other, smaller, round, hypoechoic lymph nodes measured between 1-2 cm are also noted.

**WEIGHT**

11 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- Bowel mass. This is most concerning for infiltrative neoplasia such as lymphoma given the concurrent, marked, mesenteric lymphadenopathy that is concerning for infiltrative neoplasia such as lymphoma.
- Coarse splenomegaly – 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 (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Cholecystic debris of unknown clinical significance. This can be seen with biliary stasis from fasting or illness, however, It is often 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 total bilirubin.

**IMAGING PERFORMED BY**

Isabel Plourde

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Schanche

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

96037

**DATE**

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Recommendations for this patient include a FNA of the bowel mass as well as well as FNA of the presumed to be enlarged lymph node adjacent to the mass if the patient's coagulation status is appropriate. Three view thoracic radiographs to further assess metastatic disease are also recommended if not previously evaluated. FNA of the spleen is also warranted; however, if round cell neoplasia, the diagnosis will likely come from the mass and/or lymph node. If cytology does not reveal round cell neoplasia such as lymphoma exploratory laparotomy for bowel mass removal/excisional biopsy may be warranted.



**PATIENT**

Rosie Mann

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Isabel Plourde

**HOSPITAL NAME**

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**REFERRING VET**

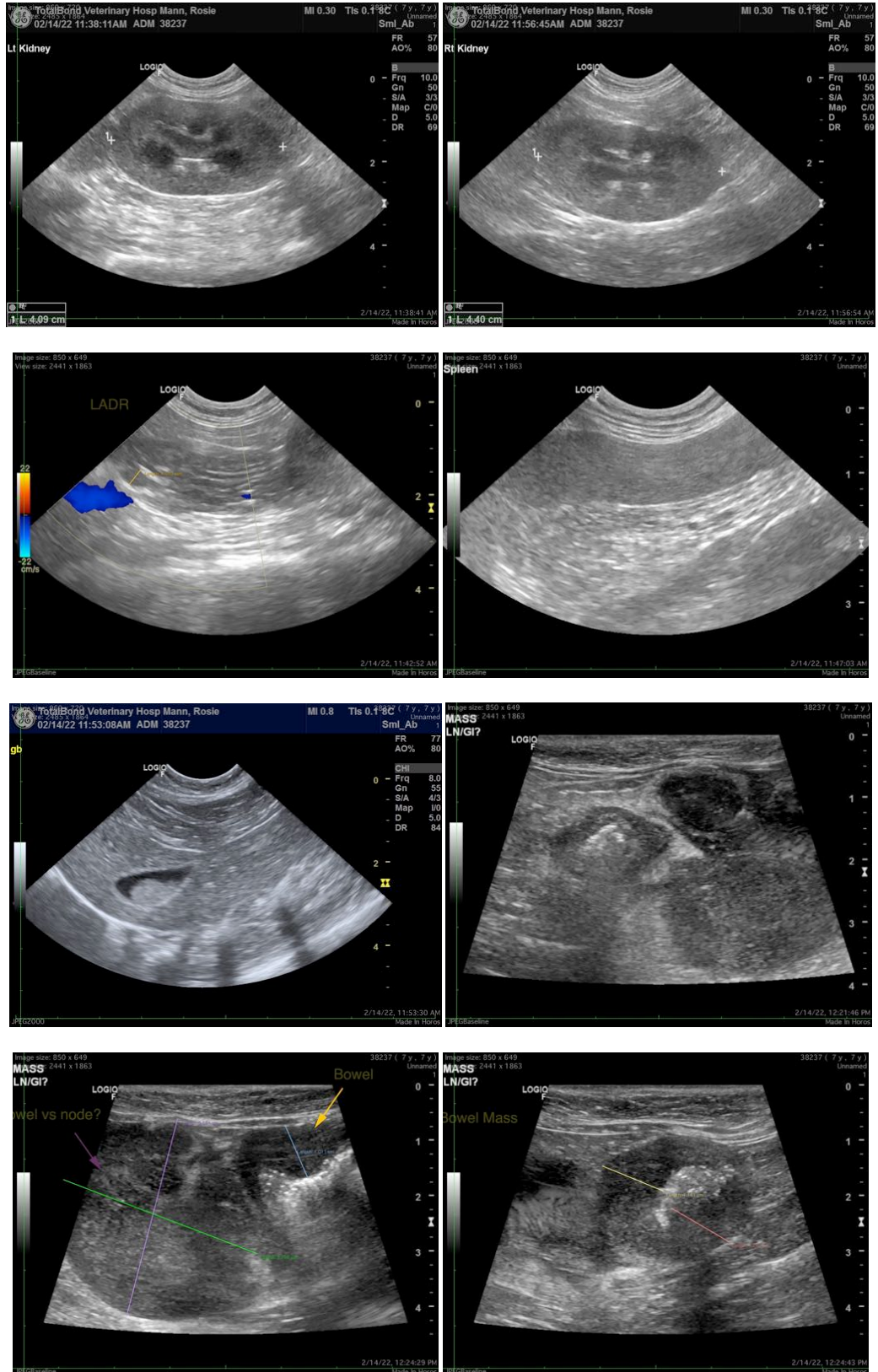
Dr. Schanche

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Rosie Mann

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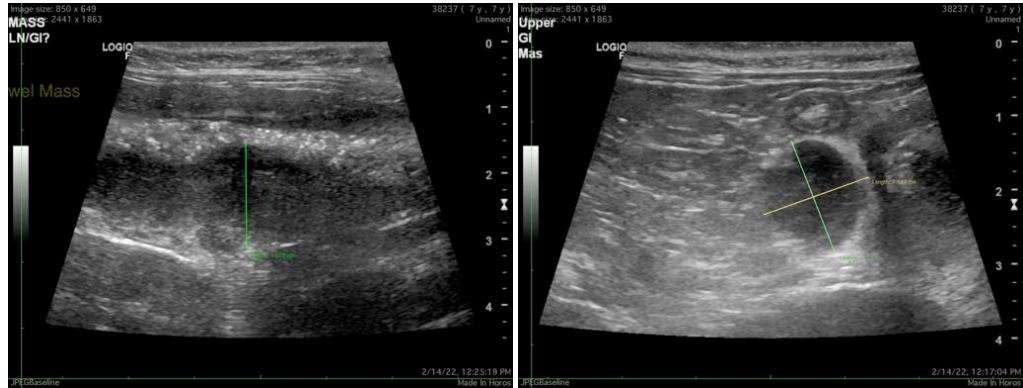
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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