**PATIENT**

Binx Sucher

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.2 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

35669

DATE

2/15/22

PRESENTING CLINICAL SIGNS

Inappropriate frequent urination, lethargic, weight loss, has not been eating. 2/15/22 Force fed 15mls a/d 9:50am, vomited it up 12:05pm.

Abnormal PE/Chem/CBC/UA Results: Dehydrated, jaundice, painful abdomen-possible mass. 2/11/22 TP 9.3, Glob 6.2, TBil 3.7, BUN 40, CREA 0.7, lymph 0.13-rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic contents, and large amount of echogenic debris, both suspended and gravity dependent, some with mineral composition. No masses, inflammatory changes, or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney is large in size (4.73 cm) 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.

The right kidney is large in size (4.98 cm) 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.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is not able to be well visualized.

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

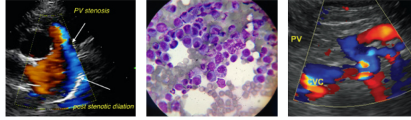
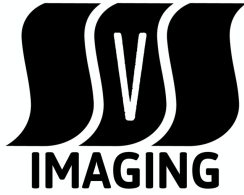
Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature 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 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.

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

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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

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.

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Free Abdomen

A moderate to large amount of anechoic free fluid is present throughout the abdomen. Mesentery is diffusely hyperechoic and clumped, especially clumped in the caudal abdomen.

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In the mid abdomen, there is a 2.5 cm round, hyperechoic nodule with a hypoechoic rim and markedly hyperreactive mesentery surrounding it. The origin of the nodule is unknown, but a lymph node is one differential.

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ULTRASONOGRAPHIC FINDINGS

- Mid abdominal mass of undetermined tissue origin – Lymph node, bowel mass, mesenteric mass/nodule are all considered differentials, especially given the diffuse clumped mesentery and free fluid, concerning for infiltrative neoplasia, neoplastic fluid, etc., such as seen with carcinomatosis, possibly lymphoma. Infectious disease such as FIP should also be considered.
- Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Hyperechoic renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney.
- Large amount of urinary bladder debris/sand

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the urinary signs combined with the urinary bladder changes, recommendations include a urinalysis and urine culture if not recently evaluated. A fine needle aspirate of the mid abdominal mass as well as of the liver, as well as a fluid sample for both culture and cytology are recommended if patient's coagulation status is appropriate. Testing for a neoplastic effusion as well as infectious disease (especially FIP) should be considered. In the meantime, supportive care with IV fluids, broad-spectrum antibiotics, antiemetics, gastroprotectants, appetite stimulants if necessary +/- pain management is recommended, given the reported clinical signs, the increased total bilirubin, etc.

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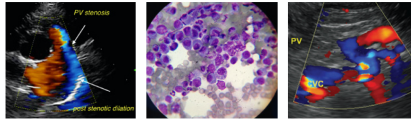
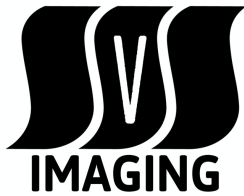
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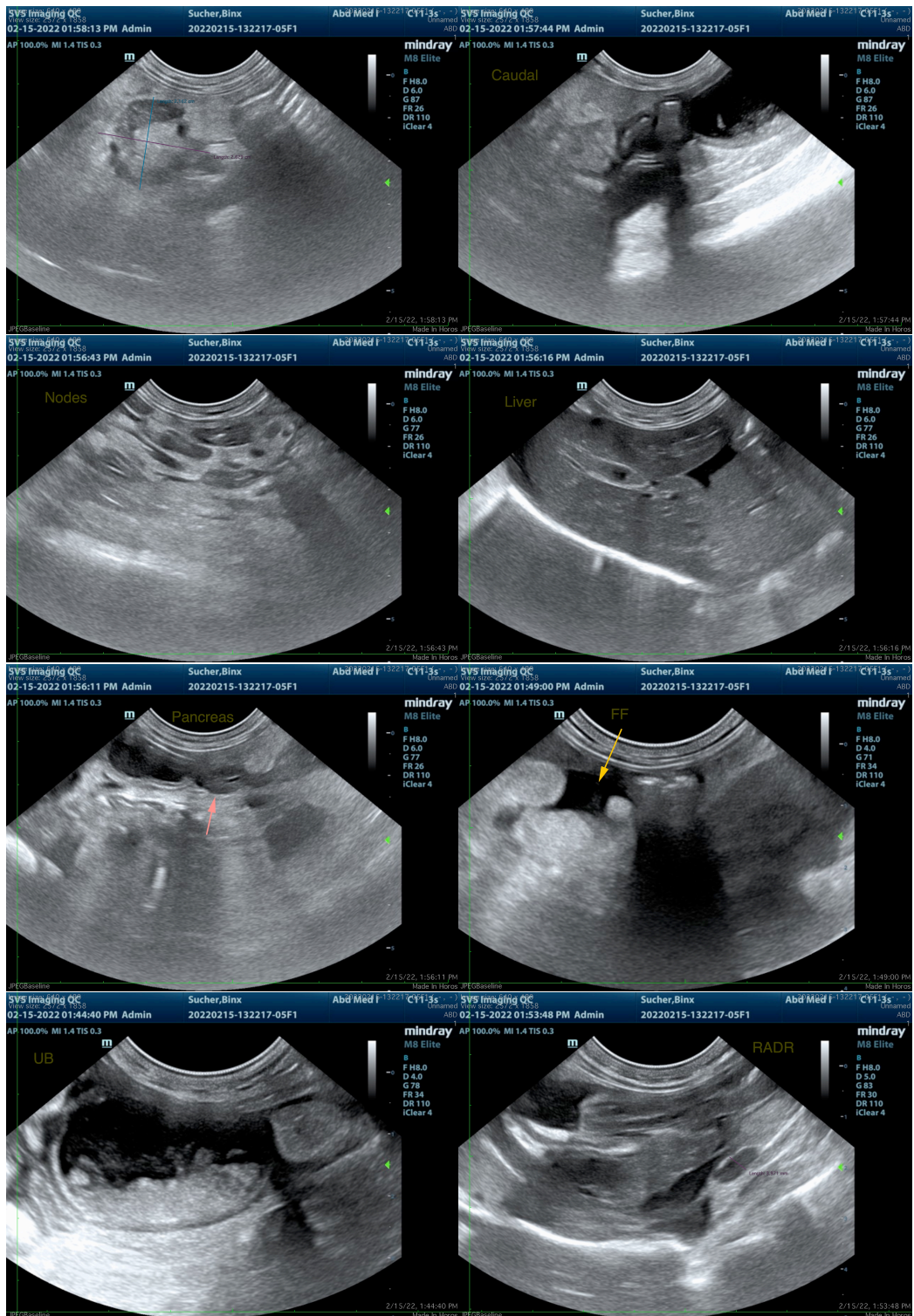
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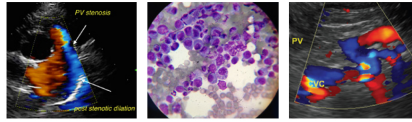
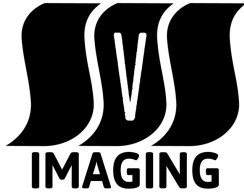
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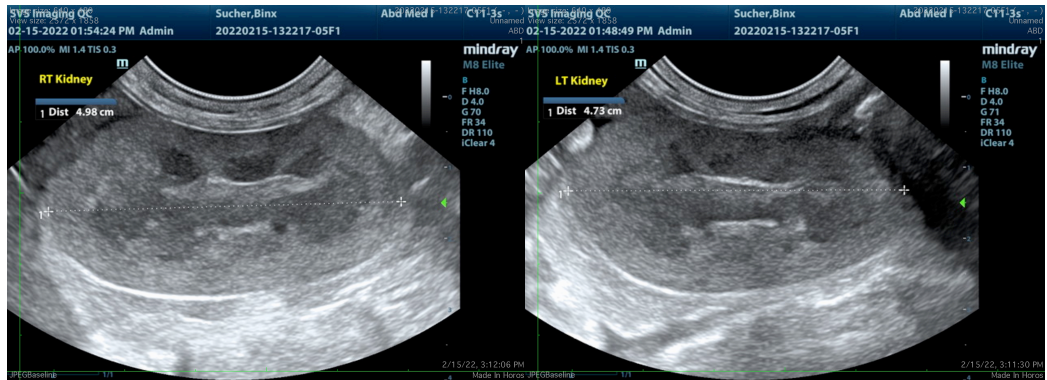
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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