



PATIENT

Ellsworth Ellis

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

12 Years

WEIGHT

9 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Long Valley Animal
Hospital

REFERRING VET

Dr. Earl

INVOICE

73015

DATE

2/17/26

PRESENTING CLINICAL SIGNS

Metastatic neoplasia to submandibular LN. Chronic progressive upper resp. disease non responsive to ABX thus far. Hx of low grade MCT removed last july. Current meds: Convenia, Doxycycline

Abnormal PE/Chem/CBC/UA Results: URD PCR: Mycoplasma felis + Cytology of Submandibular LN: neoplastic infiltrate of unclear origin Biopsy of Submandibular LN: Metastatic neoplasia - aplastic-additional staining pending U/A: trace protein, occasional granular casts, USG 1.021

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 (3.29 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 (3.66 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 (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is diffusely subjectively distended with firm, hard shadowing stool, especially the distal descending colon, where the luminal contents are almost a granular mineral consistency with strong acoustic shadow, consistent with firm, hard shadowing stool, potentially some foreign material or debris, with a tissue mass being possible but considered less likely.

Pancreas

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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Other than suspect firm, hard shadowing stool as described above, this is a largely unremarkable/normal structural abdomen. Having said that, distal descending colon wall pathology is thought less likely but can't be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's history, 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.

Given the reported history of chronic upper respiratory disease combined with submandibular lymph node metastasis, further evaluation of the nose and head, throat, etc. may be warranted via advanced imaging, beginning with contrast CT scan, potentially rhinoscopy, etc.

If patient is heavily sedated or anesthetized for one of these procedures, a rectal exam could be considered at that time. Alternatively, recheck imaging of the colon could be considered following a bowel movement, if possible.



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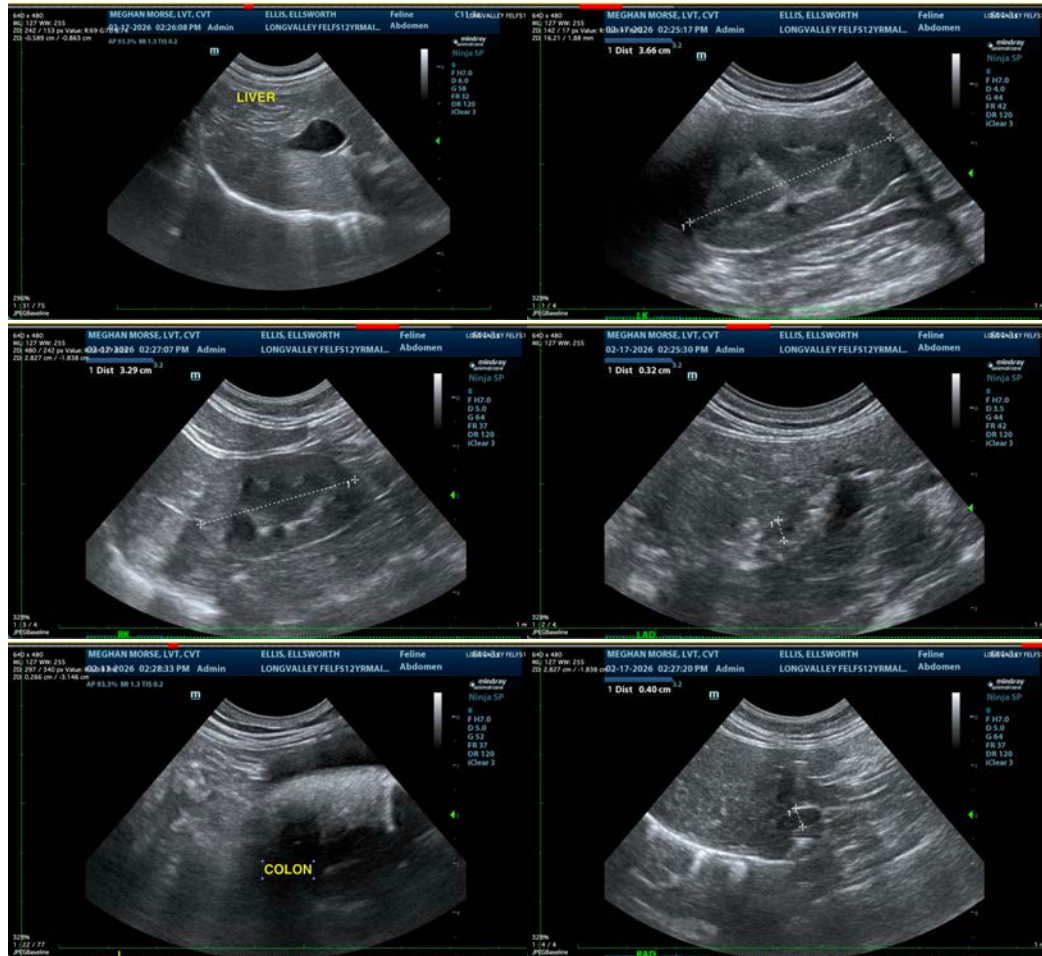
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 info@sonopath.com