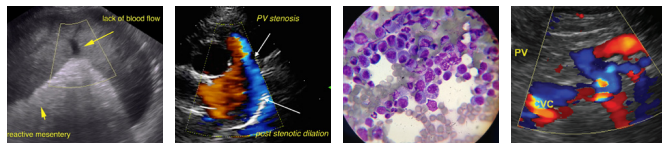




PATIENT	PRESENTING CLINICAL SIGNS
Mulder Villamor	Vomiting, Constipation Abnormal PE/Chem/CBC/UA Results: ALT- off the chart ALP 239 GGT 6 Bili 1.5
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
DLH	
SEX	The right kidney is normal in size (4.0 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.
Neutered Male	
AGE	The left kidney is normal in size (4.0 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.
9.5 Pounds	
WEIGHT	Adrenal Glands
11.14 Pounds	The right adrenal gland is normal in size (1.1 cm long x 0.44 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. (Also see other.)
INTERPRETED BY	The left adrenal gland is normal in size (1.11 cm long x 0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	Normal splenic shape is disrupted by a homogeneous, hypoechoic nodule that measures 1.0 cm x 1.4 cm, causing a bulge in the spleen mid body.
Dr. Travis Cerf	Liver
HOSPITAL NAME	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.
Veterinary Center of Hardyston	The gallbladder is moderately distended with anechoic bile and gravity dependent, echogenic sediment. The wall is smooth without visible thickening. The common bile duct is tortuous, but not over distended for a cat, measuring right at 0.4 cm, which is the upper end of normal. There is no evidence of effusion or inflammation.
REFERRING VET	Gastrointestinal
Dr. Travis Cerf	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
INVOICE	
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DATE	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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PATIENT	per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Mulder Villamor	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	Pancreas
	See other.
BREED	Free Abdomen
DLH	There is no evidence of peritoneal effusion.
SEX	There is a 1.0 cm round, hypoechoic nodule just caudal to the stomach that is believed to be a lymph node. However, a swollen, hypoechoic pancreas cannot be ruled out, and the structure lies in the area near where the right adrenal can be seen in some images. However, a normal adrenal gland is visualized next to the nodule, so the nodule is not believed to be an adrenal gland.
Neutered Male	
AGE	ULTRASONOGRAPHIC FINDINGS
9.5 Pounds	<ul style="list-style-type: none"> 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.
WEIGHT	<ul style="list-style-type: none"> Hypoechoic splenic mass causing capsular bulge – Differentials include infiltrative neoplasia such as round cell neoplasia with lymphoma and mast cell tumor both being considerations. Benign nodular hyperplasia or extramedullary hematopoiesis are possible but considered much less likely.
11.14 Pounds	
INTERPRETED BY	<ul style="list-style-type: none"> 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.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
Dr. Travis Cerf	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Veterinary Center of Hardyston	This patient has mild biliary sludge and a tortuous common bile duct. However, the dilation of the bile duct is considered within normal limits for a senior cat. Therefore, the cholestasis is most likely intrahepatic in this patient versus post-hepatic obstruction, and top differentials are infiltrative neoplastic disease in the liver causing it, combined with possible concurrent cholangitis or cholangiohepatitis.
REFERRING VET	Therefore, recommendations include a fine needle aspirate of the liver as well as a fine needle aspirate of the splenic mass, as well as a fine needle aspirate of the hypoechoic nodule described just caudal to the stomach that is believed to be a lymph node (if patient's coagulation status is appropriate). Premedication with Diphenhydramine is recommended prior to aspirates in case the diagnosis is mast cell tumor.
Dr. Travis Cerf	
INVOICE	In the meantime, therapeutic recommendations include IV fluids, broad-spectrum antibiotics for possible concurrent cholangiohepatitis, as well as supportive care of the gastrointestinal signs with antiemetic, gastroprotectants, as well as appetite stimulants. If a diagnosis of round cell neoplasia is not
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PATIENT

Mulder Villamor

obtained via cytology, and clinical signs and laboratory values do not improve with medical management, exploratory laparotomy for biopsies of the liver and spleen as well as further assessment of the biliary tree is recommended.

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9.5 Pounds

WEIGHT

11.14 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

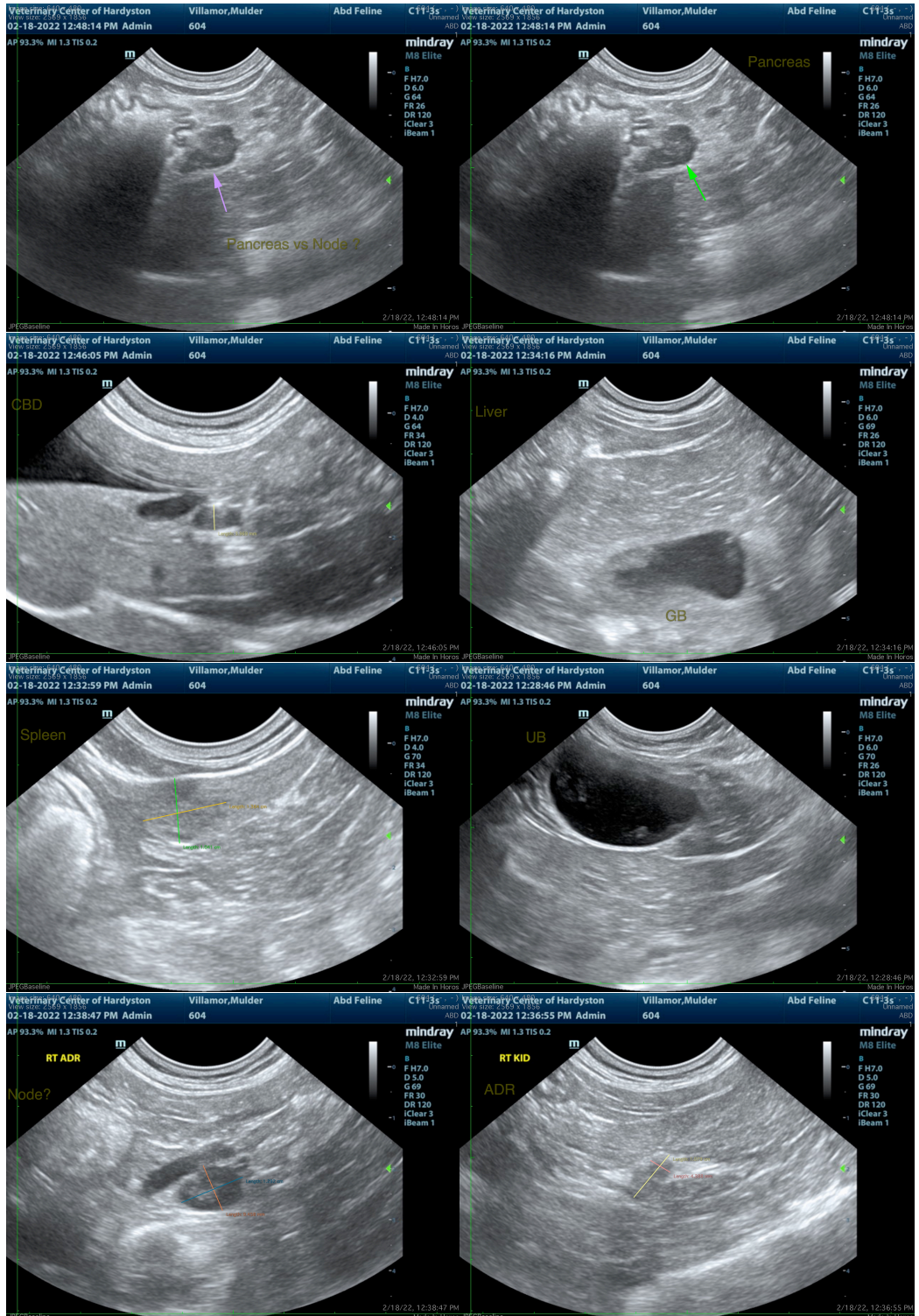
Dr. Travis Cerf

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PATIENT

Mulder Villamor

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9.5 Pounds

WEIGHT

11.14 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

Veterinary Center of
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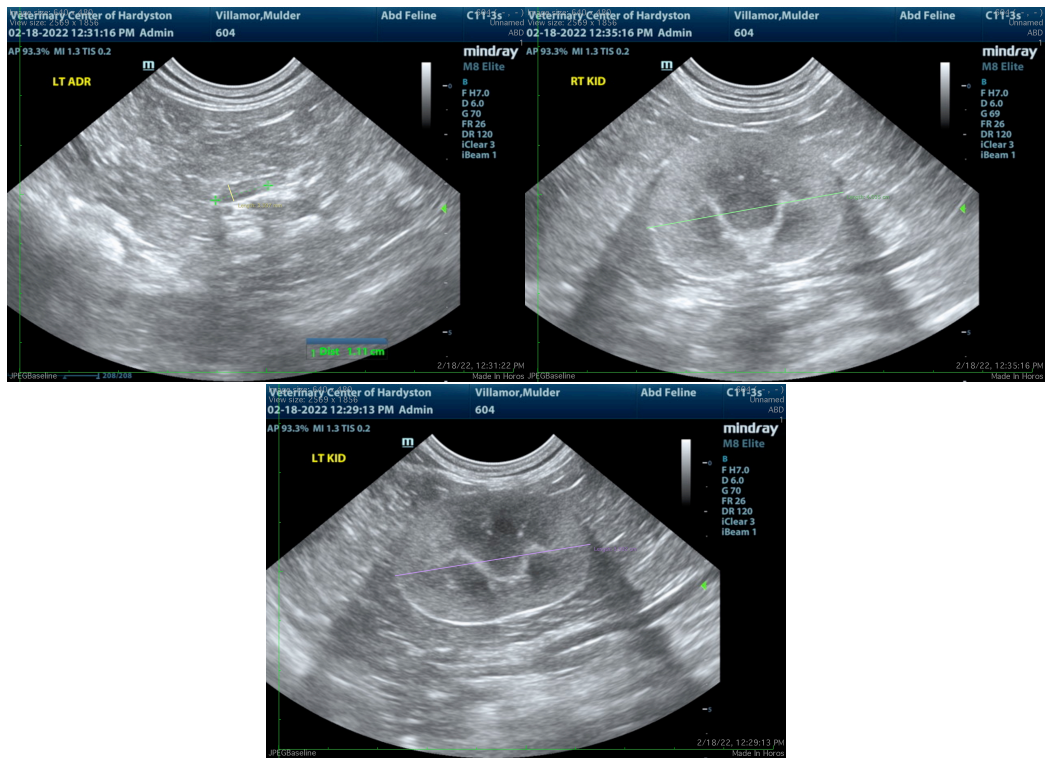
Dr. Travis Cerf

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DATE

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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
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