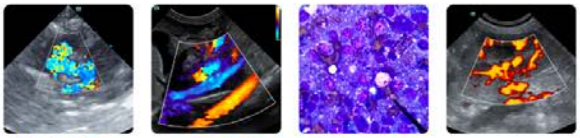


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Jude Treboutat

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

17 Years

WEIGHT

2.5 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

West Brant Animal Hospital

REFERRING VET

Dr. Beacock

INVOICE

73056

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Presented for chronic vomiting and weight loss. No vet visits in many years, indoor cat only. Eats dry food and prefers it to canned food. HR 180, RR normal, T 37.9C. Very thin and poor muscle all over. Very pale MM but moist and teeth not too bad. Coat dry and dull but no alopecia. Has been on Metronidazole 25 BID

Abnormal PE/Chem/CBC/UA Results: BW showed significant anemia, highly elevated WBCs, no diabetes or renal disease and not hyperthyroid, negative ISSA test.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney measures 3.81 cm. Right kidney measures 3.6 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is unable to be well visualized in these images.

Spleen

The spleen is unable to be definitively visualized in these images. *See other.

Liver

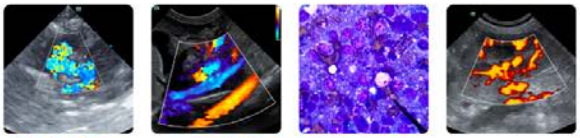
What is definitively identifiable as liver appears subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. *See other.

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.

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular,



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thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

*See other.

Other

Medial iliac lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

There is a trace amount of anechoic free fluid present in these images.

In what appears to be the mid to caudal abdomen but is present in some images labeled “left” and in other images labeled “right”, is an ill-defined, approximately 4.5 cm x 1.9 cm mildly heterogeneous mass lesion/density. This could potentially be the spleen vs pancreas vs lymph node, although bowel mass can’t be ruled out either.

Additionally, near the end of the study, reaching cranial to the stomach is a coarse, hyperechoic organ with a honeycomb appearance characterized by multifocal tiny hypoechoic nodules, which may represent a more detailed view of the liver with the linear probe, although spleen wrapping cranial to the stomach can’t be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Aggressive medial iliac lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- The trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Mild bilateral chronic kidney disease changes.
- As described above, a honeycomb spleen or liver can’t be ruled out, which would potentially further support possible infiltrative neoplastic disease such as round cell neoplasia, although benign inflammatory process can mimic that change occasionally.
- Similarly, the mass-like lesion is of unknown origin but is concerning for infiltrative neoplasia involving potentially a lymph node, the pancreas, the spleen +/- bowel, but a benign inflammatory process can’t be ruled out without tissue sampling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

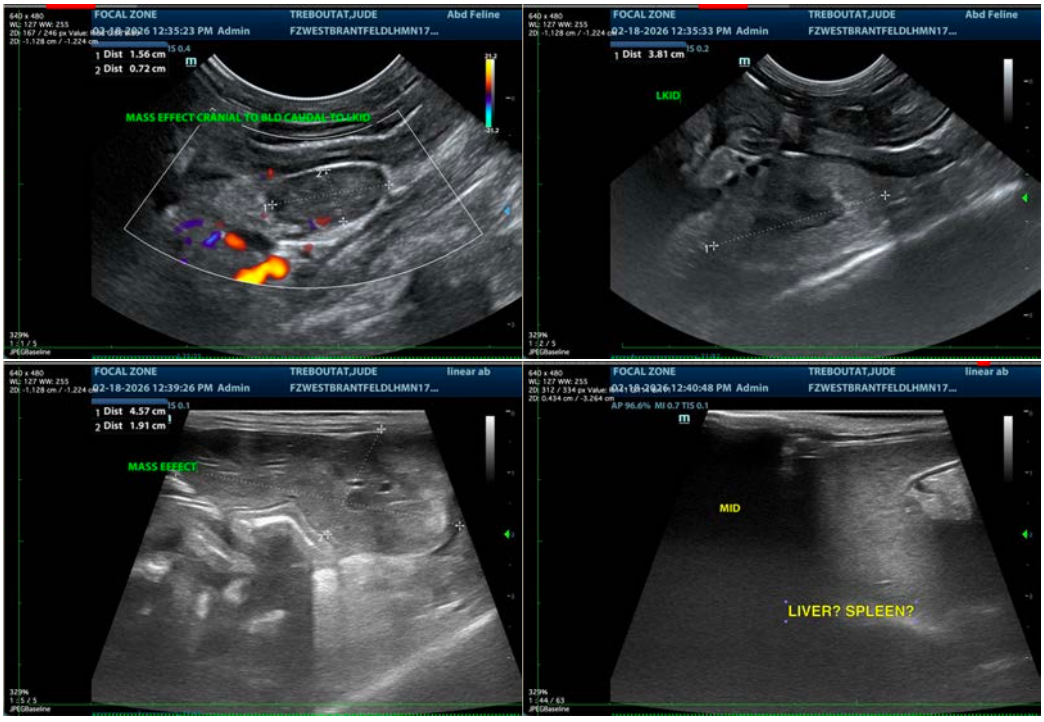
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the honeycomb organ imaged at the end i.e., spleen +/- liver, as well as the unidentified mass, as well as the enlarged lymph nodes +/- fluid sampling are all recommended if patient's coagulation status is appropriate.

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Given the inability to definitively define several of the pathologies described above, advanced imaging such as an abdominal CT scan could be considered.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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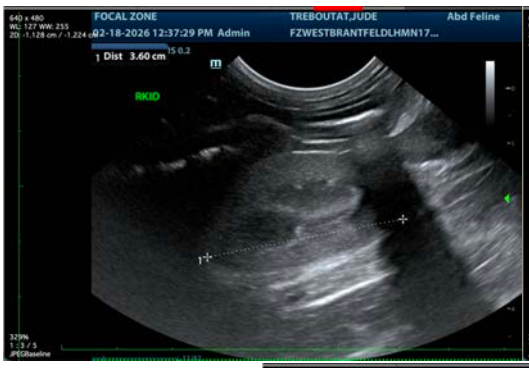

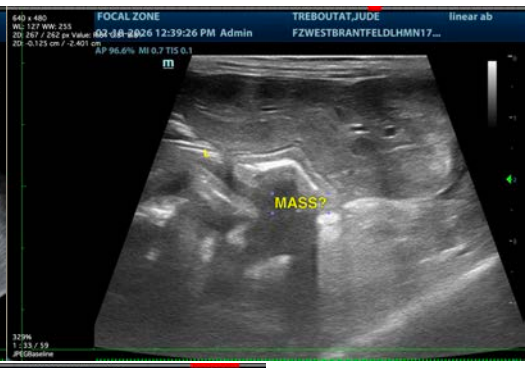

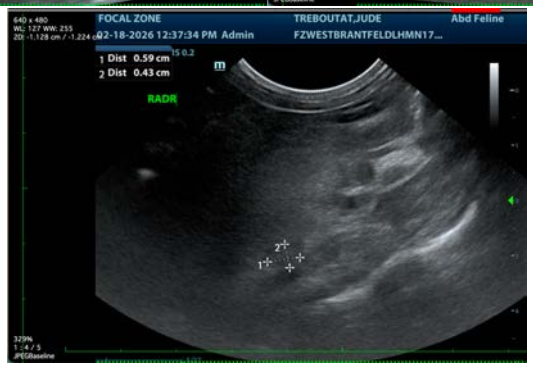

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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