



PATIENT

Bitsel Raab

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

East Plane AH

REFERRING VET

Dr. Rosen

INVOICE

44744

DATE

2/2/23

PRESENTING CLINICAL SIGNS

wt loss, very elevated creat/BUN, glu 100, T4 1.7; abdominal mass present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 3.16 cm. The right kidney measures 3.9 cm.

Adrenal Glands

The areas of both adrenal glands are examined without evident adrenal gland pathology.

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 enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes and "target" lesions of varying sizes. 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 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.

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 per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

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There is a large amount of anechoic free fluid noted throughout the abdomen, as well as diffuse lymphadenopathy, and multiple too numerous to count heterogeneous (some cystic) nodules/masses throughout the omentum and mesentery.

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ULTRASONOGRAPHIC FINDINGS

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- **Nodular Liver** - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.

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- **Multiple heterogeneous nodules/masses throughout the omentum and mesentery** – concerning for metastatic neoplasia i.e., carcinomatosis versus other. The free fluid is also likely paraneoplastic.

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- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's ultrasound findings are most concerning for diffuse or metastatic neoplasia, as is often seen with carcinomatosis. Round cell neoplasia or other metastatic neoplasia is also a consideration. Therefore, recommendations for further information included fine needle aspirates of the liver nodules +/- the other mesenteric nodules/masses if patient's coagulation status is appropriate. Sampling of free fluid for cytology may also yield a diagnosis.

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

IMAGING PERFORMED BY

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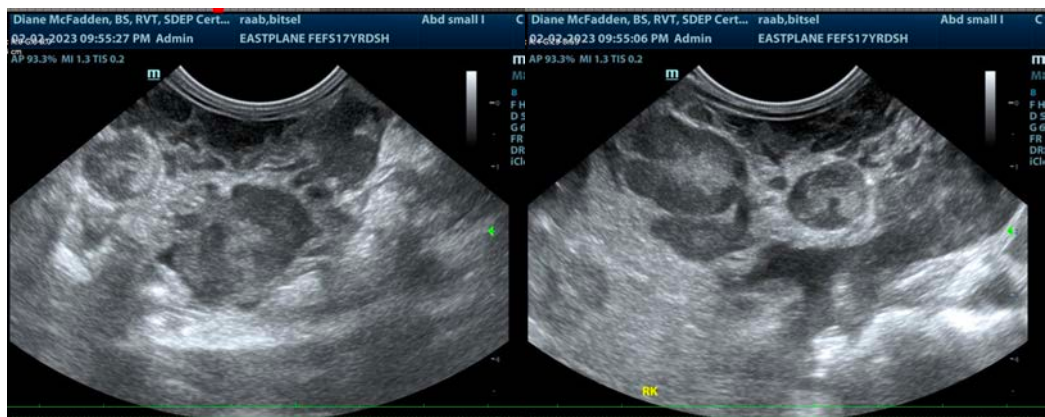
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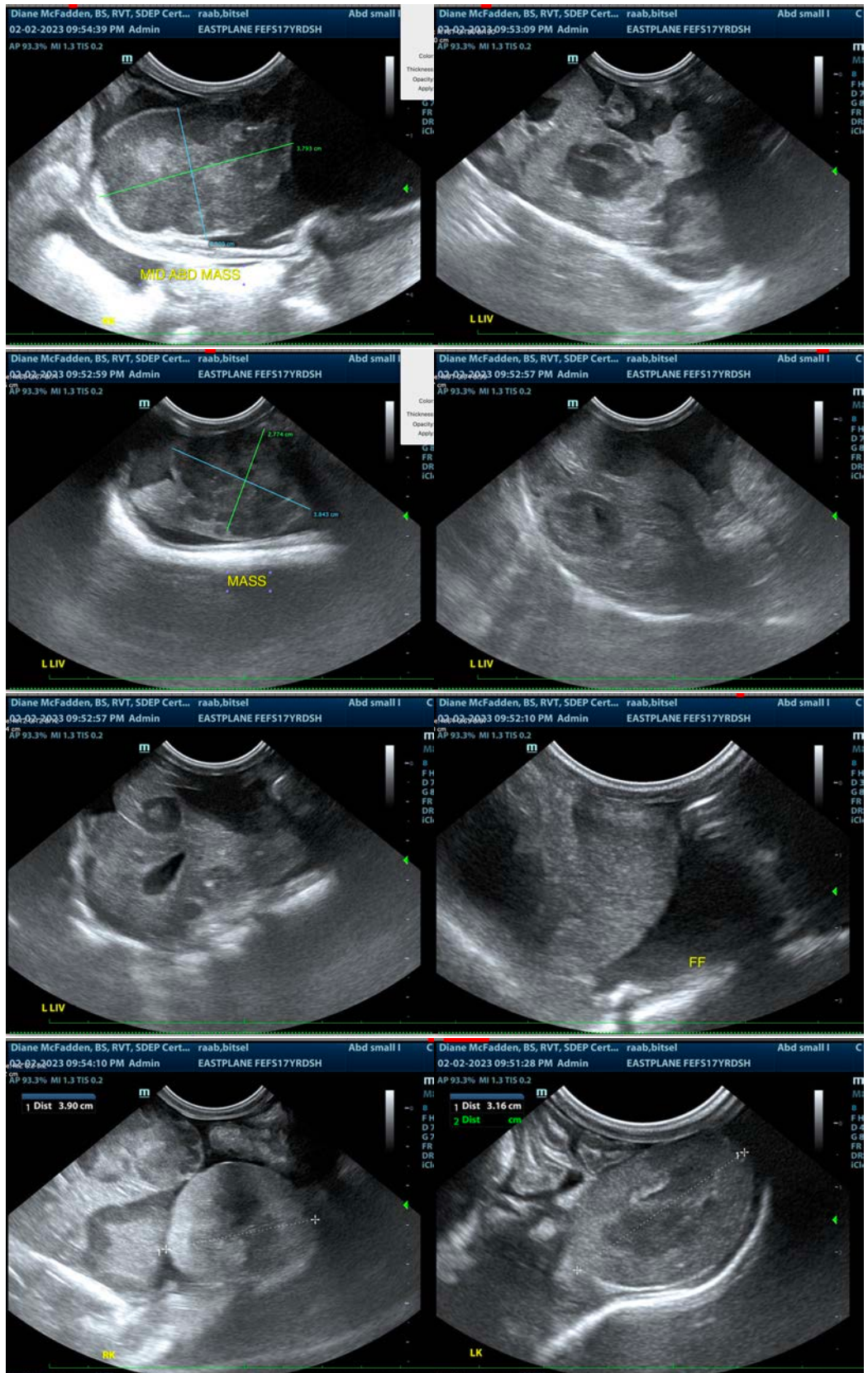
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Beth.Johnson@sonopath.com

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