



PATIENT PRESENTING CLINICAL SIGNS

Cooper Green History: Recent decline in activity and appetite. Presented today icteric and dehydrated with palpable abdominal mass.

SPECIES Abnormal PE/Chem/CBC/UA Results: BW pending, Rads: mid abdominal mass noted.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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 cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

AGE

9 Years 9 Months

Left kidney is large in size (5.0 cm), with overall increased cortical echogenicity. The left kidney maintains a smooth peripheral margin and shape with a normal 1:3 cortex to medulla ratio and appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

11.5

Right kidney is large in size (5.4 cm), with overall increased cortical echogenicity. The right kidney is irregular in shape as a result of multifocal discrete heterogenous hypoechoic partially cystic nodules.

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.4 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.67 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Jessica Green

Spleen

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.

HOSPITAL NAME

Stanglein VC

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. 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 and falciform fat. The liver is diffusely mottled with multifocal discrete heterogenous hypoechoic nodules and masses. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Laura Green

INVOICE

21229

Gallbladder is subjectively mildly over-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic suspended debris. The cystic and common bile duct are dilated as far as they can be traced to the level of the duodenal papilla with a thick hyperechoic irregular wall. No evidence of intraluminal mineral, nodules, etc. are noted.

DATE

2/21/23

Gastrointestinal



PATIENT	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.
Cooper Green	
SPECIES	The visible small intestines are normal in wall thickness and layering. 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. *See Free Abdomen section.
Feline	
BREED	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
DSH	
SEX	Pancreas Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.
Neutered Male	
AGE	Free Abdomen A mild amount of free fluid is present in these images.
9 Years 9 Months	
WEIGHT	From the caudal abdomen all the way to the cranial abdomen, the lymph nodes are diffusely 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.
11.5	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> The right kidney nodules, liver nodules and diffuse lymphadenopathy +/- an additional bowel mass (as described above) are most concerning for infiltrative neoplasia with lymphoma being a top differential. Other infiltrative neoplasia with metastatic disease is also possible. A benign process is possible but considered exceedingly less likely. The evident post hepatic cholestasis is likely secondary to at least partial obstruction caused by enlarged lymph nodes/masses near the duodenal papilla. However, chronic active pancreatitis may also be contributing.
Jessica Green	
HOSPITAL NAME	Secondary Findings
Stanglein VC	<ul style="list-style-type: none"> Urinary bladder debris
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Laura Green	
INVOICE	As is reportedly already pending, a general metabolic health screen is recommended, beginning with CBC/chemistry panel, electrolytes, and 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 ration is recommended.
21229	
DATE	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.
2/21/23	



PATIENT

Cooper Green

Fine needle aspirates of the pathology described above, including the mid abdominal bowel mass/mesenteric lymph node, as well as the liver nodules +/- the right kidney nodules, etc. are recommended if patients coagulation status is appropriate.

SPECIES

Feline

If a cytologic diagnosis cannot be obtained, an exploratory laparotomy could be considered for diagnostic purposes to obtain biopsies, however, full removal of the visible pathology is not possible surgically given the diffuse nature.

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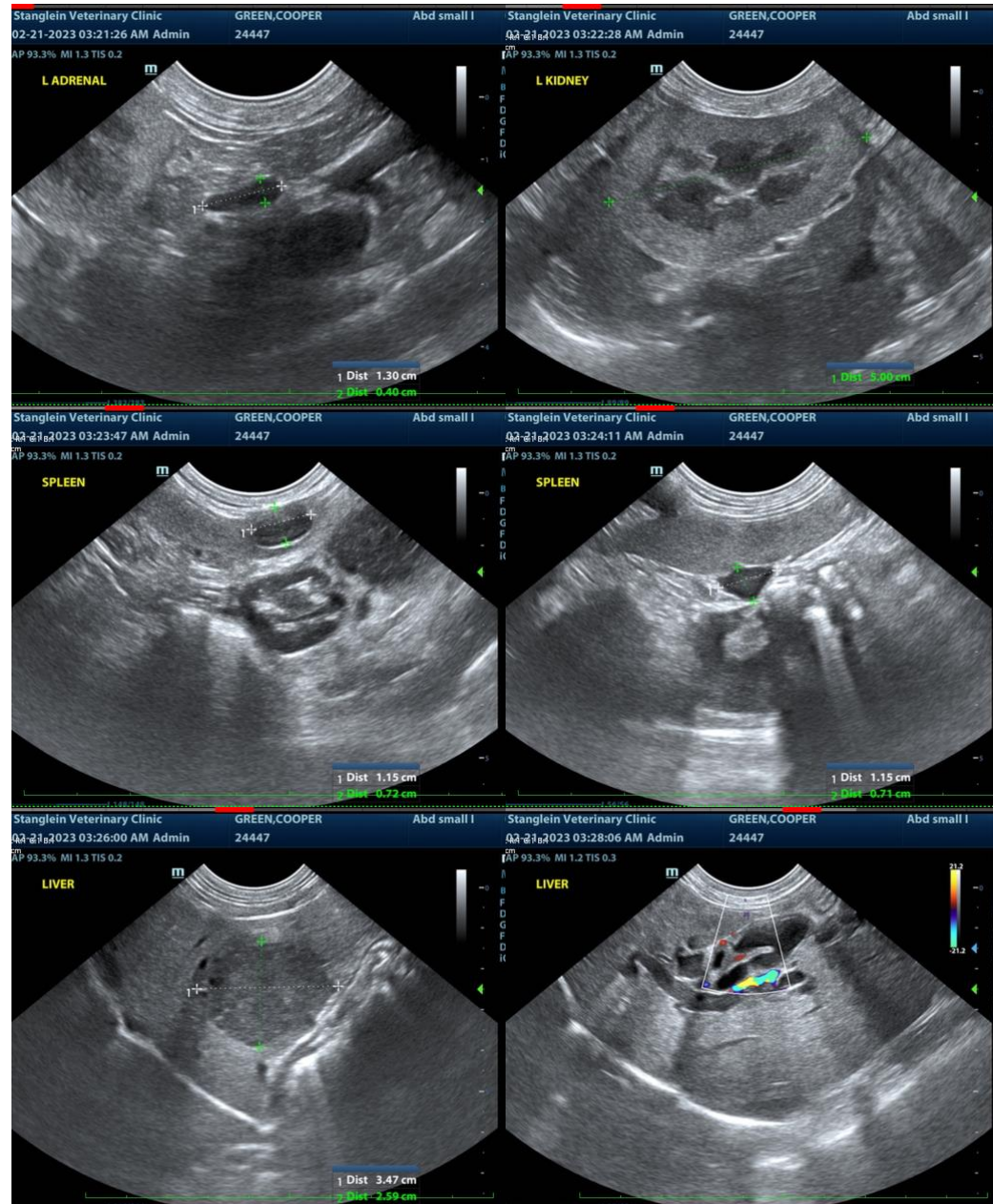
Dr. Laura Green

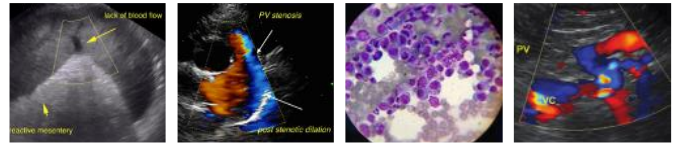
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SPECIES

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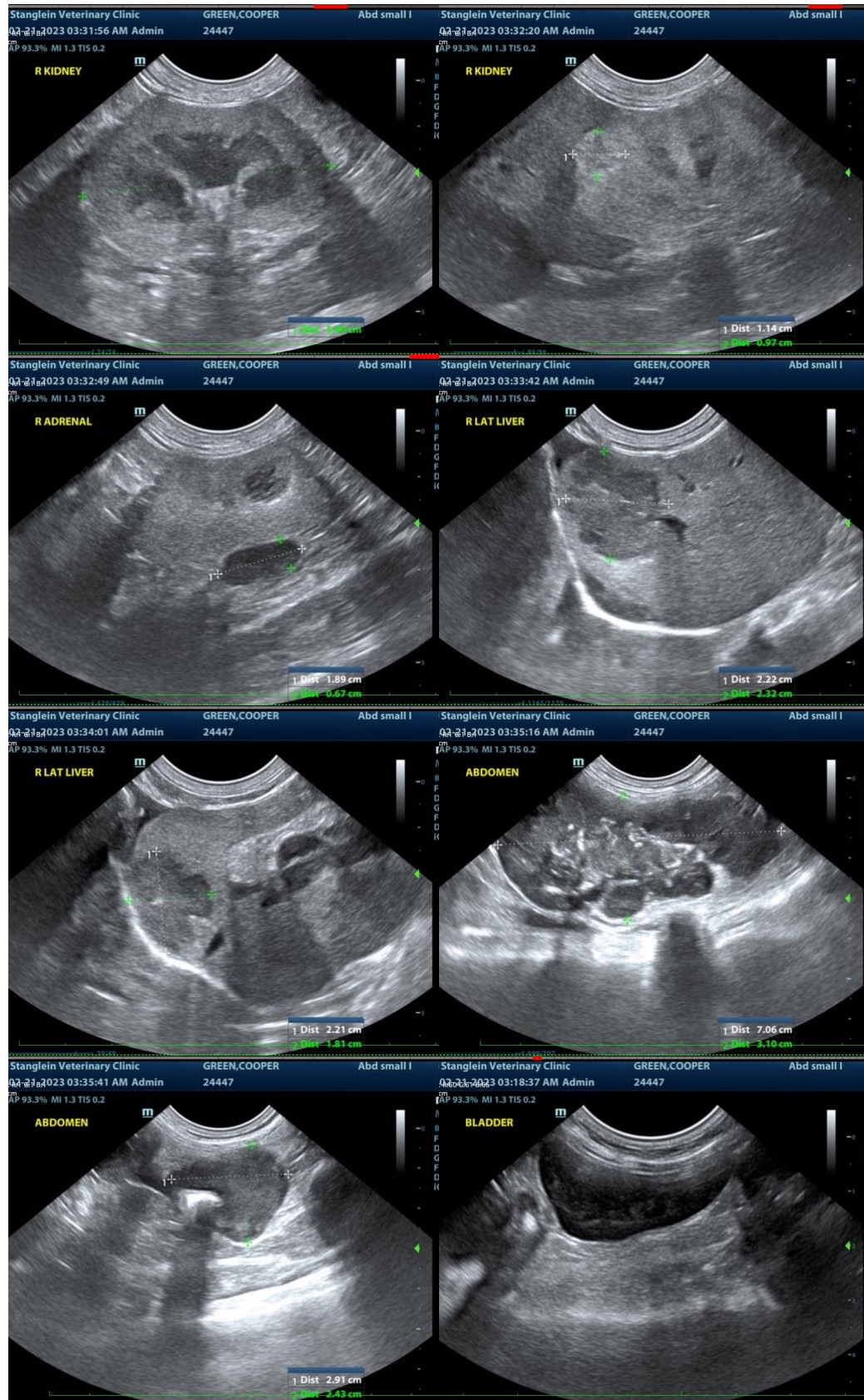
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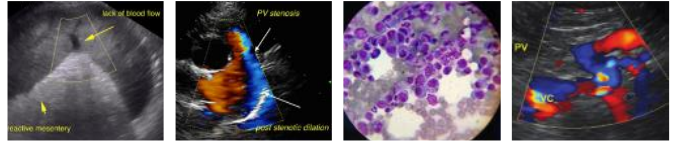
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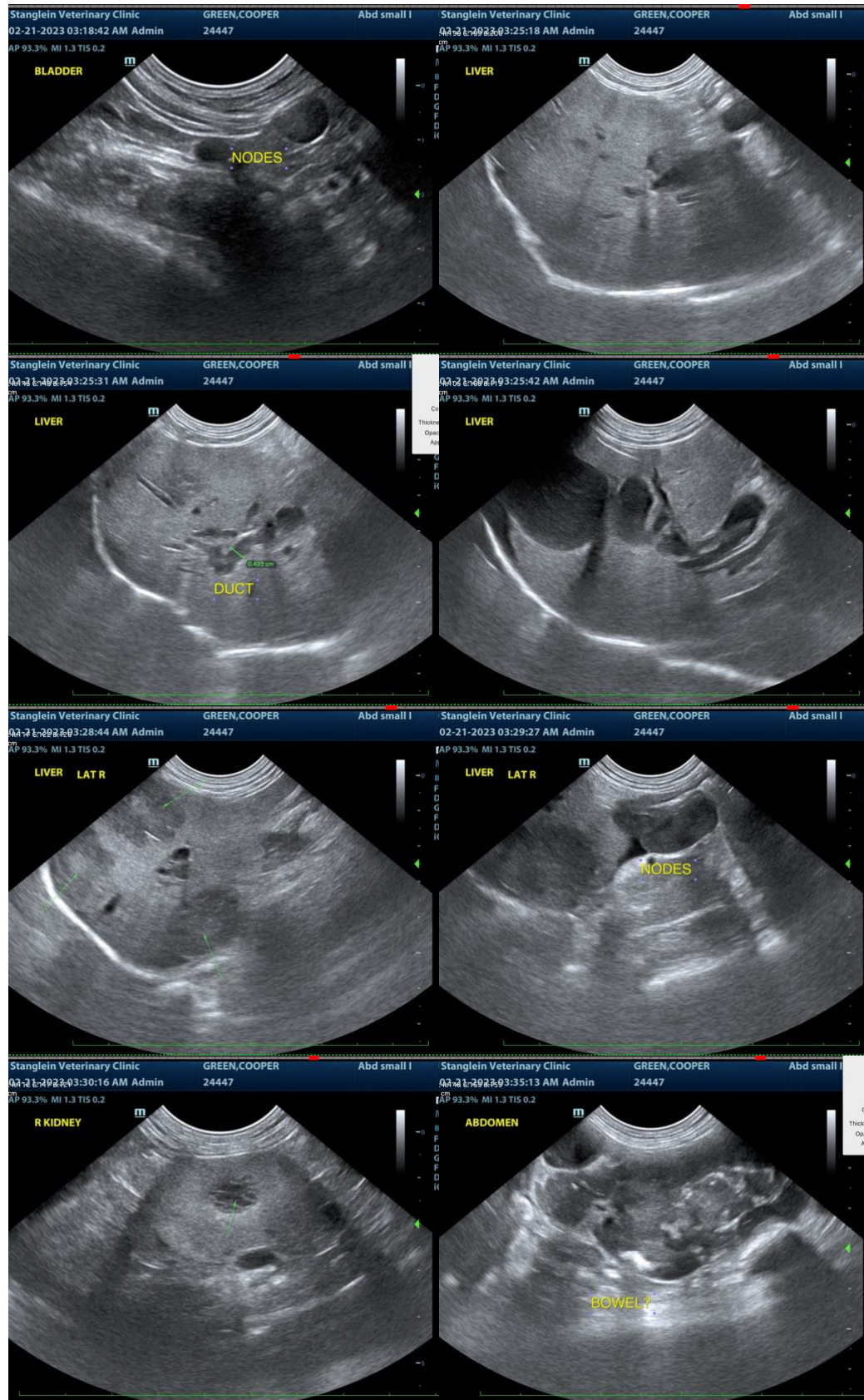
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

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DSH

Beth.Johnson@SonoPath.com

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