



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rudy-CAH Lotito	15 yo MN DSH. Weight loss, vomiting, and diarrhea. Multi cat house hold so owner unable to quantify how often or who is doing the vomiting.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	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.
DSH	The right kidney is normal in size (3.84 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.
<b>SEX</b>	The left kidney is normal in size (3.4 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	
<b>AGE</b>	<b>Adrenal Glands</b>
15 Years	The adrenal glands are unable to be visualized in these images.
<b>WEIGHT</b>	<b>Spleen</b>
12 Pounds	Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. Multifocal discrete hypoechoic nodules noted, with a representative nodule measuring about 0.5 cm in diameter. Splenic vasculature appears normal.
<b>INTERPRETED BY</b>	<b>Liver</b>
Beth Johnson, DVM DACVIM	The liver is subjectively enlarged with rounded borders. Parenchyma is homogeneous and of normal echotexture and echogenicity, except for the presence of multifocal discrete hypoechoic nodules, with a representative nodule measuring about 0.8 cm. Visible vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile ducts are mildly dilated and tortuous without an obvious obstruction visible in these images, yet cannot be ruled out.
Dr. Elaina Petrone	
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Long Branch AH	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>REFERRING VET</b>	The visible small intestines are the upper end of normal in wall thickness to slightly increased thickness with a maximum measurement of 0.37 cm noted. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. 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.
Dr. Elaina Petrone	
<b>INVOICE</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
35828	
<b>DATE</b>	
2/23/22	



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**SPECIES**

Feline

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**SEX**

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**AGE**

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**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

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**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.

**Free Abdomen**

There is no evidence of peritoneal effusion. Mild hypoechoic, round mesenteric lymphadenopathy is appreciated.

**ULTRASONOGRAPHIC FINDINGS**

- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Multifocal discrete hypoechoic splenic nodules – Most concerning for infiltrative neoplasia given the concurrent lesions in the other organs. Benign nodular hyperplasia, extramedullary hematopoiesis, etc. cannot be ruled out, but is considered less likely.
- Nodular hepatomegaly – Primary differential includes infiltrative round cell neoplasia versus metastatic neoplasia. Benign nodular hyperplasia is possible, but considered less likely given the concurrent lesions.
- Mesenteric lymphadenopathy – Likely reactive. However, infiltrative neoplasia cannot be ruled out.
- Mildly distended, tortuous common bile duct – Can be an incidental non-clinical normal finding in a senior cat. However, concurrent cholangitis and/or possible obstruction from infiltrative bowel disease, etc. cannot be ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient include a fine needle aspirate of the liver, which is reportedly already pending. If a diagnosis is not obtained from this aspirate, a fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate. If neither aspirate yields a diagnosis of round cell neoplasia, biopsies of the small intestines (being sure to include the ileum if possible) are recommended for a definitive diagnosis of the infiltrative bowel disease.

In the meantime, given the suspicion for infiltrative neoplasia (primarily lymphoma), empirical therapies could be considered with steroids in addition to supportive care for the vomiting and diarrhea with antiemetics, probiotics, etc. Empirical broad-spectrum antibiotics are also recommended, given the biliary changes, especially if there is an indication of cholangitis characterized by increased liver enzymes and/or total bilirubin on the serum chemistry panel.



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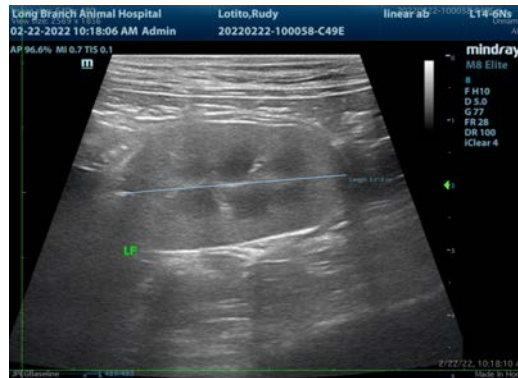
Dr. Elaina Petrone

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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.

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