



PATIENT

Cinder Allen

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

16Y

WEIGHT

5kgs

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Robert Cafaro, VMD

INVOICE

73897

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate a Diabetic cat with high fructosamine (482 H), elevated glucose (293) and mild weight loss. Abdominal discomfort in the right upper quadrant appreciated on palpation and with ultrasound transducer pressure, evidenced by increased abd tension, lip licking, hard swallow, and repositions self away from pressure.
- Meds: Lantus 3 units BID

Abnormal PE/Chem/CBC/UA Results: AXR: Busy intestines without clear mass effect seen. - Fructosamine 482 H (191-349)- poor control - Chem: Glucose 293 H, normal LES, BUN 31, Cr 1.2, Cl 109 L, Na 150-n, K 4.7-n, Glob 6.0 H, TP 9.3 H, Alb 3.3-n - CBC: Hct 35.8%, Mono 1693 H, Neut 16260 H - T4: 2.2-n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

The left kidney (4.05 cm) and the right kidney (4.51 cm) are normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Trace pyelectasia is present.

Adrenal Glands

The left adrenal gland is normal in size (0.33 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.35 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 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 except for in the right cranial abdomen where appearing in most views to originate from the liver, although origination from other organs including pancreas vs other cannot be definitively ruled out, is an approximately 4.2 x 4.4 cm mixed heterogeneous density characterized primarily by hyperechoic tissues, multifocal microcystic areas, and in some views, some shadowing concerning for possible emphysematous change or gas within the lesion. 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.



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Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of 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.

SPECIES

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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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

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Pancreas

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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. No pancreatic duct dilation is noted.

WEIGHT

Free Abdomen

5kgs

There is no visible free peritoneal effusion noted in these images.

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There is no apparent pathologic lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

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- The density/mass described above appearing to originate from the liver could represent a benign feline biliary cystadenoma although concurrent hemorrhage infection especially given the concern for possible gas within the lesion and/or even malignant change cannot be ruled out without tissue sampling.
- Mild to moderate bilateral chronic kidney disease changes.
- Concurrent chronic low grade smoldering pancreatitis cannot be ruled out.

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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.

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FNA of the right cranial abdominal density for cytology, culture and sensitivity, etc., are recommended if patient's coagulation status is appropriate.

Robert Cafaro, VMD

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

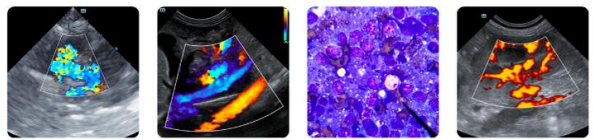
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Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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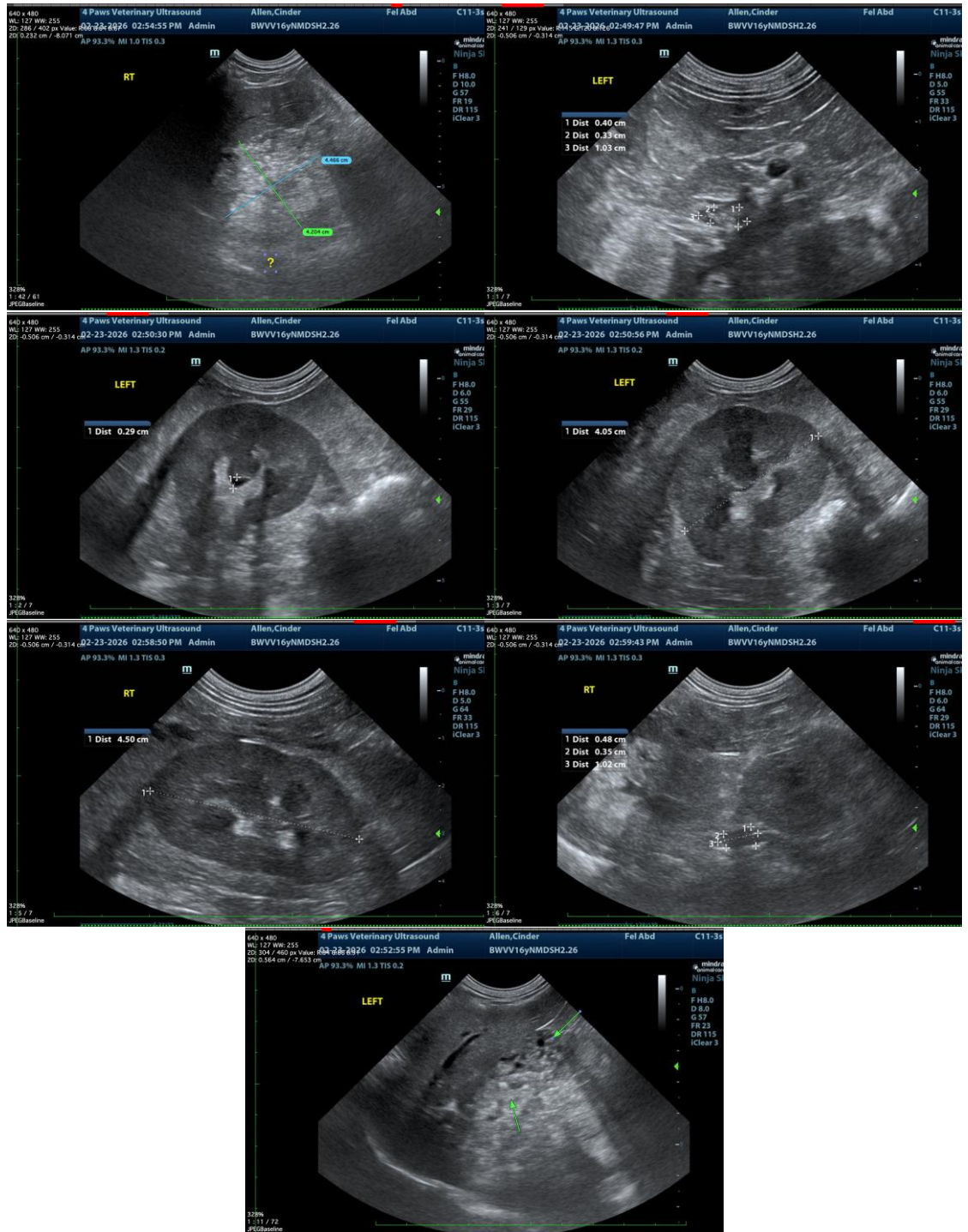
Robert Cafaro, VMD

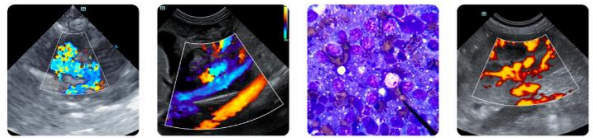
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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