



**PATIENT PRESENTING CLINICAL SIGNS**

Tabby Decker  
diarrhea weight loss  
Abnormal PE/Chem/CBC/UA Results: wasting, palpable mid abdominal mass

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline  
**Urinary System**

**BREED**  
DSH  
Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**  
Spayed Female  
Beginning dorsal to the bladder, what appears to be in the pelvic inlet and extending into the lumen of the colon, is a dense, homogeneous, coarse, hypoechoic mass measuring 5.3 cm wide at its base and extending at least 3+ cm into the lumen of the colon. The visible wall of the colon looks normal, and the mass has no apparent blood flow per the color doppler image that was provided. Therefore, foreign material or even highly structured stool is possible, but considered much less likely than a mass.

**AGE**  
13 Years  
Medial iliac lymph nodes are enlarged, hypoechoic and cavitated.

**WEIGHT**  
6.4 Pounds  
The right kidney is normal in size (3.8 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.

The left kidney is normal in size (3.5 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The right adrenal gland is normal in size (0.36 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Michelle Roche

The left adrenal gland is normal in size (0.49 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Fredon AH

**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.

**REFERRING VET**

Dr. Linda Grau

**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. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

35497  
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.

**DATE**

2/8/22



**PATIENT**

***Gastrointestinal***

Tabby Decker

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.

**SPECIES**

Feline

The visible small intestines are normal in wall thickness. 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.

**BREED**

DSH

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

**SEX**

Spayed Female

***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.

**AGE**

13 Years

***Free Abdomen***

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**WEIGHT**

6.4 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Mass extending from the pelvis into the lumen of the colon – most concerning for infiltrative neoplasia. Foreign material or even highly structured stool is possible, but considered very unlikely.
- Medial iliac lymphadenopathy – concerning for metastatic disease.
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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**HOSPITAL NAME**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the weight loss and gastrointestinal signs along with muscularis findings, recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess digestion and absorption. A urinalysis is recommended if not already evaluated followed by urine culture if indicated based on urinalysis.

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A fine needle aspirate of the colonic mass as well as the enlarged lymph nodes is recommended if patient's coagulation status is appropriate. An enema, stool softener and fluids could be administered prior to aspirating the mass, followed by reimaging to help definitively rule out stool or foreign material versus a mass. Feces and foreign material again are considered highly less likely, especially given the concurrent lymphadenopathy. Therefore, proceeding directly to fine needle aspirate is a reasonable approach. 3-view thoracic radiographs are recommended to further evaluate for metastatic disease.

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**SPECIES**

Feline

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**SEX**

Spayed Female

**AGE**

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**WEIGHT**

6.4 Pounds

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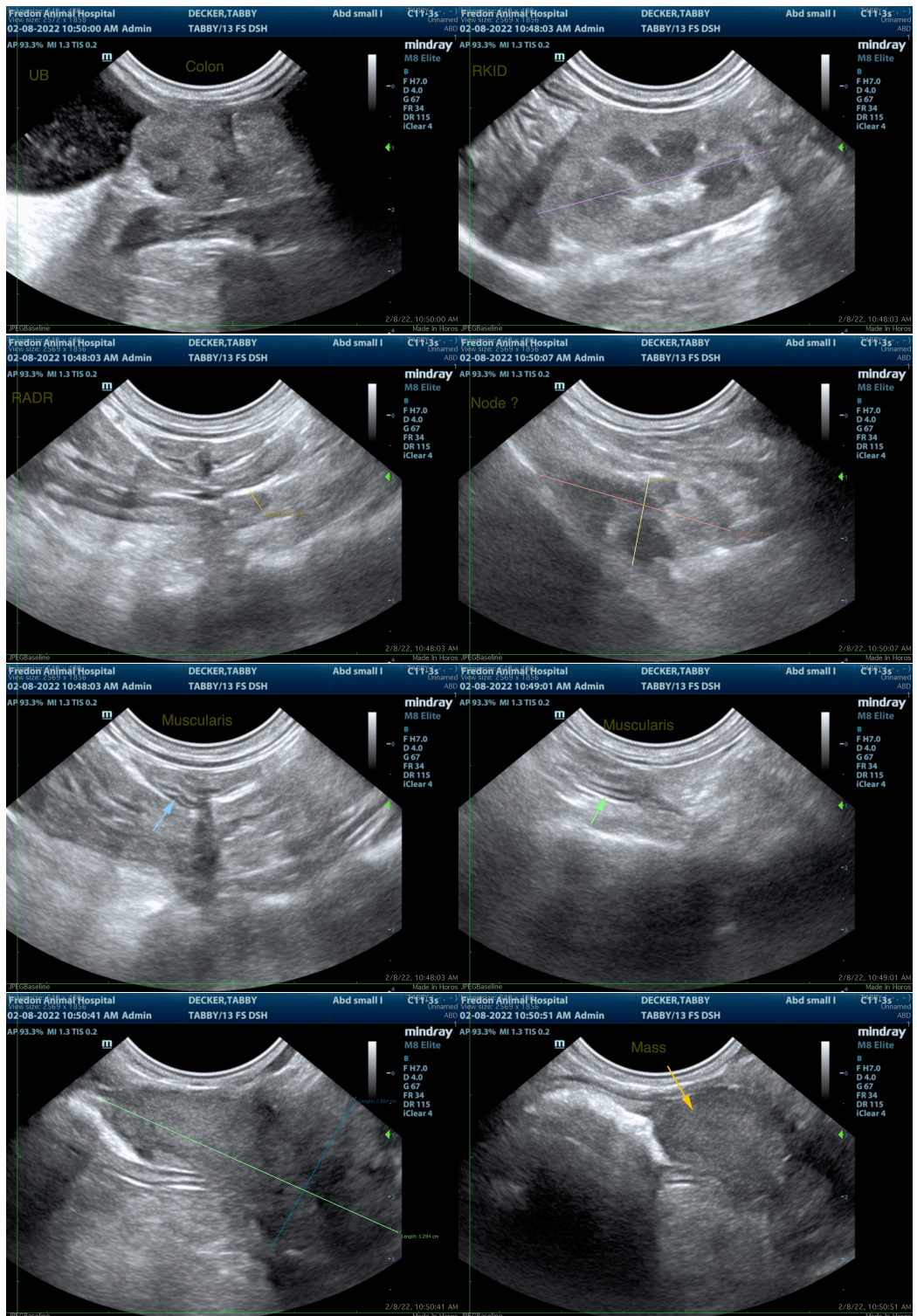
Dr. Linda Grau

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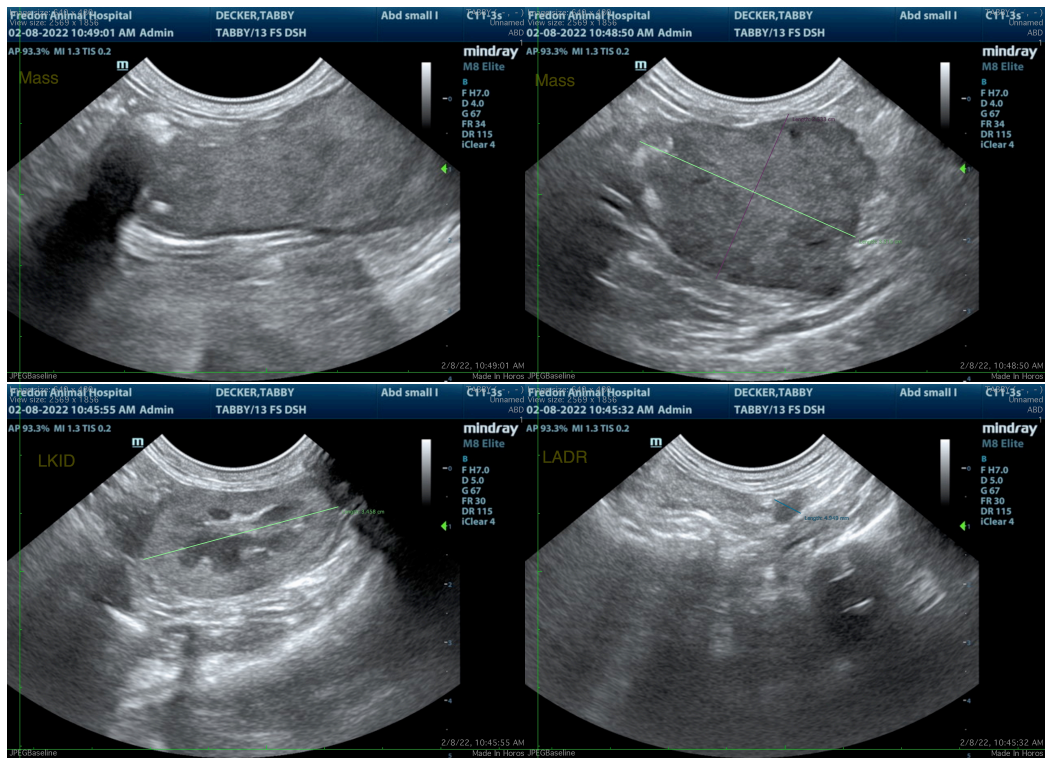
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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