



PATIENT

Nori MacMillen

PRESENTING CLINICAL SIGNS

Lethargic, weak, wobbly walking losing weight. had Anterior uveitis in Dec 2022

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 22.57 (N 2.87-17.02), increased neuts, bands Low Creat and Urea TBil 18 (N 0-15) TT4 normal, SDMA Normal FeLV/FIV Both negative Snap fPL Negative Suspect mid abdominal mass

BREED

Sphynx

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

AGE

8 Years 10 Months

The right kidney is normal in size (4.6 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.

WEIGHT

4.45 kg

The left kidney is normal in size (4.42cm), 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 (0.34 cm at the cranial pole and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Brian Barnes

The left adrenal gland is normal in size (0.36 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Westview Vet Hospital

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. Brian Barnes

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

45903

DATE

3/14/23

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.



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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Feline

Diffusely, 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). However, focally in the mid abdomen, there is an approximately 5.0 cm long section of bowel with a thick, heterogeneous, hypoechoic wall measuring 1.2 cm and complete loss of normal mural detail, consistent with a concentric bowel mass. The mass appears to be small bowel, however the ileocecolic junction cannot be fully visualized/differentiated, and involvement of the ileocecolic junction cannot be definitively ruled out. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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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.

AGE

8 Years 10 Months

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.

WEIGHT

4.45 kg

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

There is markedly enhanced clumped hyperechoic mesenteric fat surrounding the bowel mass described above.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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- Bowel mass – appears to be small bowel, however ileocecolic junction involvement cannot be definitively ruled out. The mass is concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma) versus other.

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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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A fine needle aspirate of the bowel mass could be considered if patient's coagulation status is appropriate, with the goal of ruling in or out lymphoma. However, alternatively, or if a diagnosis cannot be obtained cytologically, an exploratory laparotomy for planned bowel mass removal/resection and anastomosis could be considered. Again, involvement of the ileocecolic junction cannot be definitively ruled out. Therefore, consultation with a veterinary surgeon may be beneficial if surgery is elected.

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Given this patient's history of uveitis and ataxia, there is some concern for central nervous system and ocular involvement.



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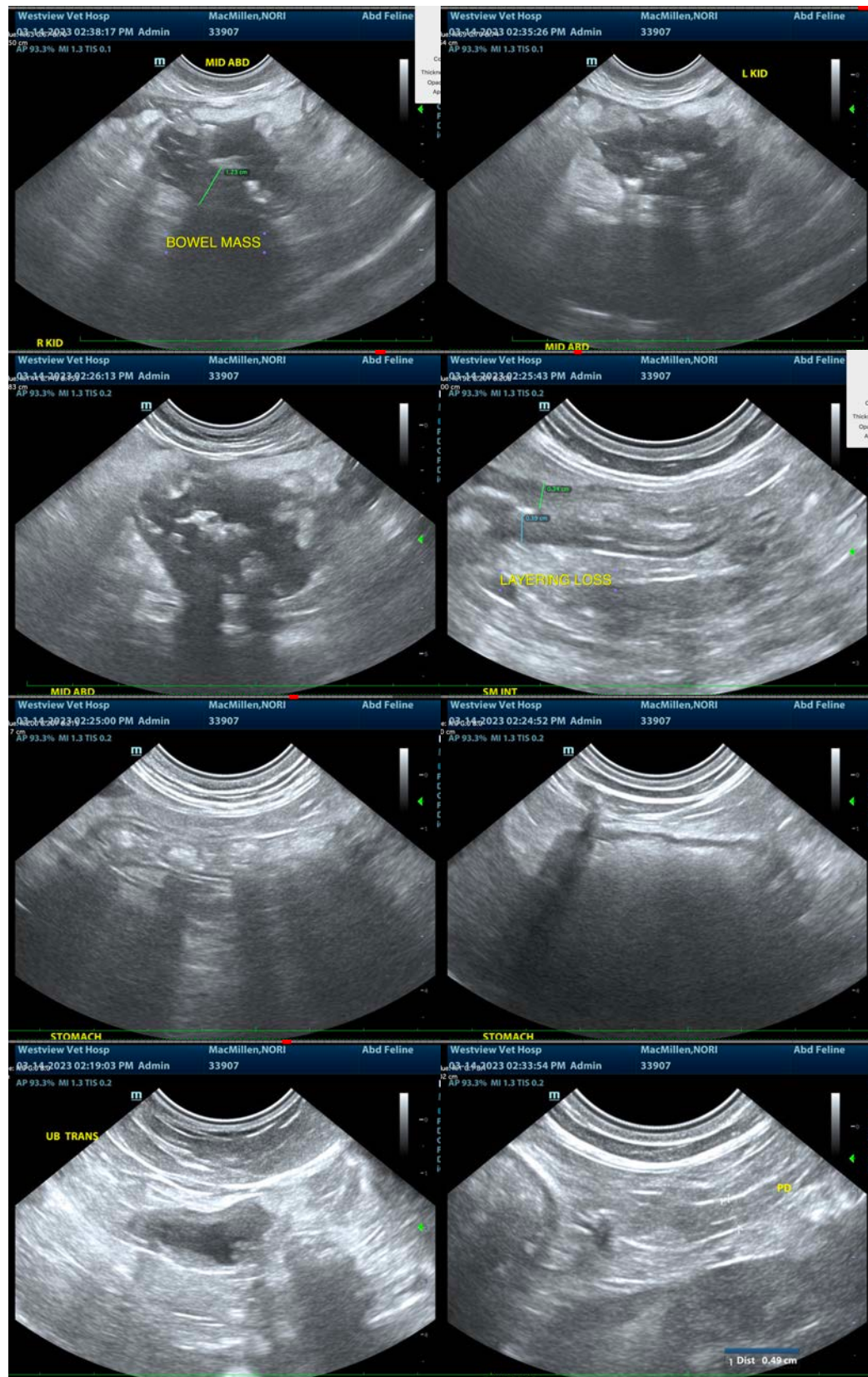
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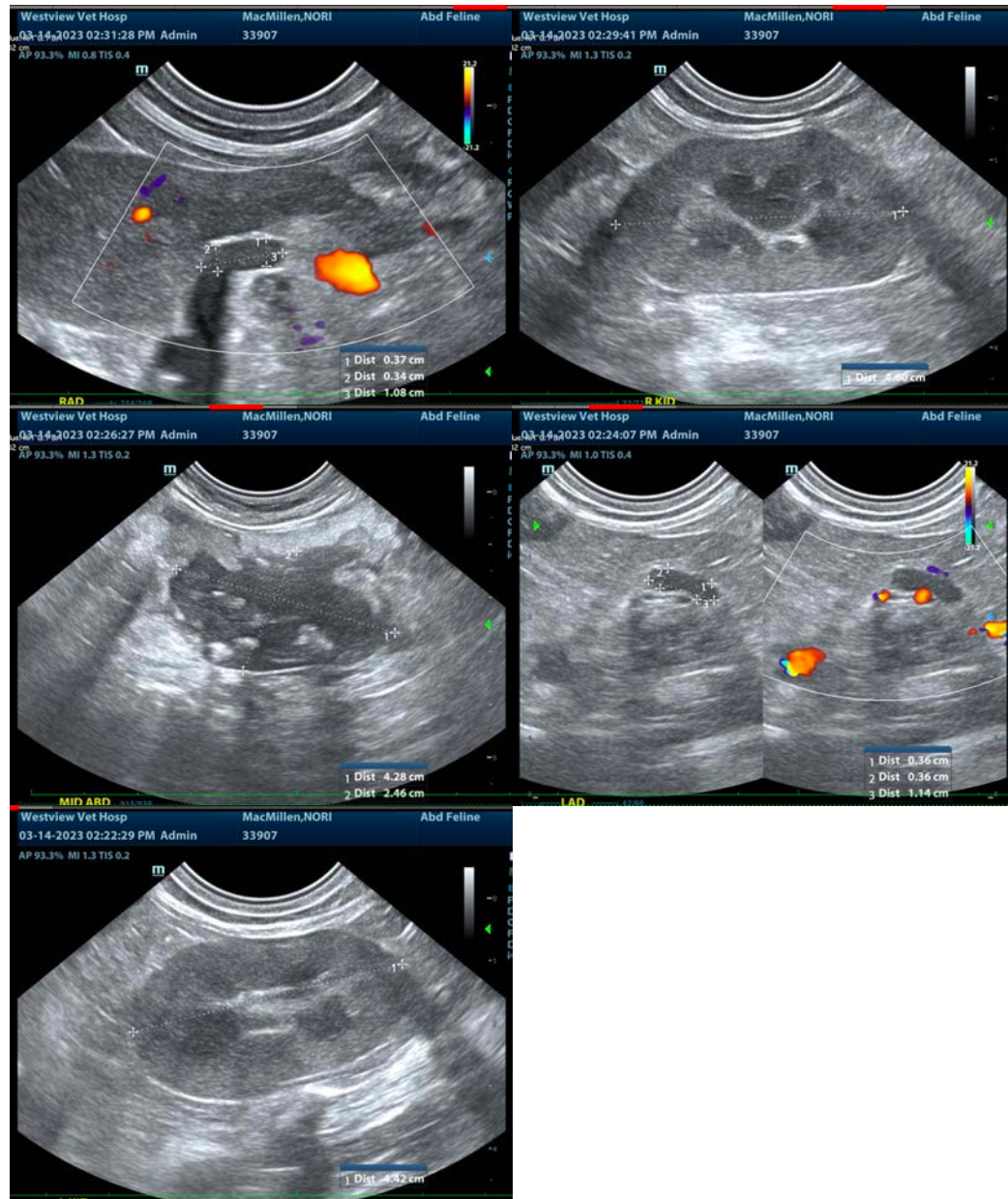
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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