



PATIENT

Mizue CLAWS

PRESENTING CLINICAL SIGNS

Patient presents for suspicion of abdominal mass. Had Convenia injection yesterday.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

BREED

DSH

The right kidney is normal in size (3.69 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.

SEX

Spayed Female

The left kidney is normal in size (3.36 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.

AGE

7 Years

Adrenal Glands

The right adrenal gland is normal in size (0.83 cm long x 0.46 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

7.74 Pounds

The left adrenal gland is normal in size (0.64 cm long x 0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Animal General
on the Hudson

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

REFERRING VET

Dr. Tobias

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.

INVOICE

35869

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). The lumen of the small intestine is empty except for in the mid cranial abdomen, where there is an approximately 4.0 cm mixed, primarily hypo- to anechoic mass that appears to be extending from bowel wall. There is no evidence of an obstructive pattern.

DATE

3/2/22



PATIENT

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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.

Pancreas

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

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

SEX

Spayed Female

- Mid cranial abdominal mass that appears most consistent with bowel in origin – Top differentials include infiltrative neoplasia such as adenocarcinoma, round cell neoplasia such as lymphoma, etc. Infectious disease such as FIP could also be considered.

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include CBC, serum chemistry panel, electrolytes, and urinalysis if not recently evaluated, as well as 3-view thoracic radiographs to further assess metabolic health, cardiopulmonary status, and to look for other evidence of metastatic disease. A fine needle aspirate of the mass could be considered if patient’s coagulation status is appropriate. However, this patient ultimately will likely need surgery for bowel mass removal and excisional biopsy. Therefore, surgery could be directly pursued without a preceding fine needle aspirate, as both a diagnostic and therapeutic options.

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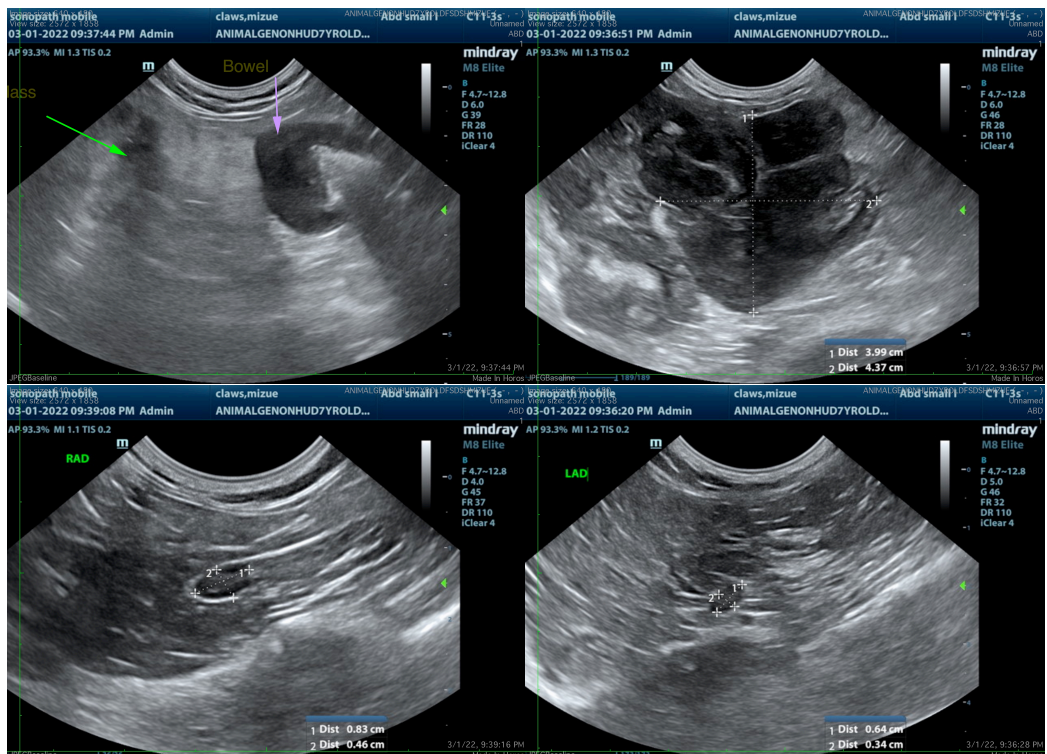
Dr. Tobias

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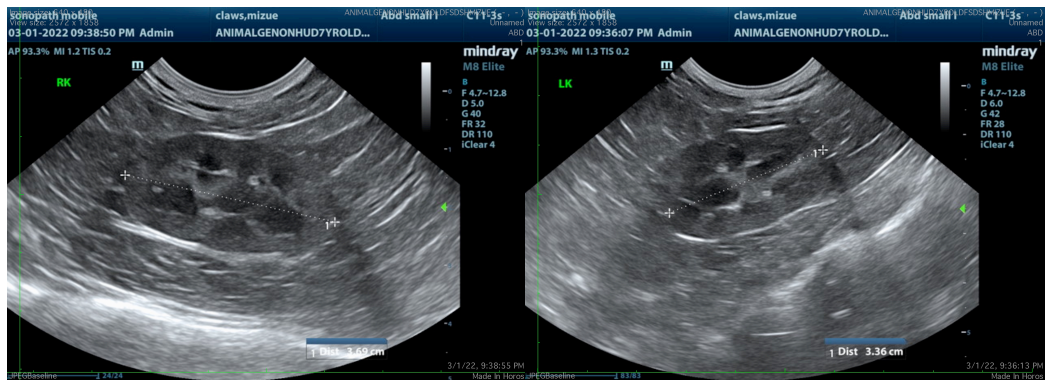
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com