



PATIENT PRESENTING CLINICAL SIGNS

Binksley Butterfield

4 month duration of vomiting most days (usually food, sometimes liquid, sometimes a small amount of blood seen). Weight has been fluctuating; current weight is down about a pound. Exam: Unremarkable. Abnormal PE/Chem/CBC/UA Results: Senior Screen: CBC: WNL Chemistries: WNL UA: SG is low at 1.021; inactive sediment T4: 2.7 Current Medications Gabapentin for procedure; Cerenia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Russian Blue X

Urinary System

SEX

Neutered Male

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.

AGE

11 Years

The right kidney is normal in size (4.1 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

13.18 Pounds

The left kidney is normal in size (4.05 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of 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 (0.50 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Sara Hansen

The left adrenal gland is normal in size (0.97 cm long x 0.43 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Santa Clara 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. Brasted-Maki

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

36605

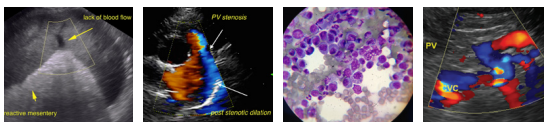
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

DATE

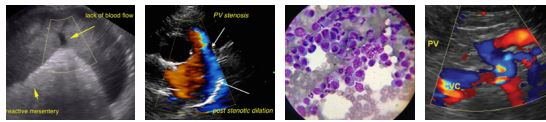
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Gastrointestinal

The stomach reveals a focal hypoechoic loss of layering that measures 1.5 cm thick that appears to be the majority of the lesser curvature of the stomach, extending into the pyloric antrum. The lumen of the



| | |
|-----------------------------|---|
| PATIENT | stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. |
| Binksley Butterfield | |
| SPECIES | 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 with no evidence of obstruction, foreign material or infiltrative disease. |
| Feline | |
| BREED | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| Russian Blue X | |
| SEX | Pancreas |
| Neutered Male | 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 | Free Abdomen |
| 11 Years | There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. |
| WEIGHT | PRIMARY FINDINGS |
| 13.18 Pounds | <ul style="list-style-type: none">Gastric mass – Most concerning for infiltrative neoplasia. Benign inflammatory disease cannot be ruled out, but is considered less likely. |
| INTERPRETED BY | SECONDARY FINDINGS |
| Beth Johnson, DVM DACVIM | <ul style="list-style-type: none">Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.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. |
| IMAGING PERFORMED BY | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| Sara Hansen | Recommendations include 3-view thoracic radiographs for further evaluation of metastatic disease if not recently evaluated, followed by a fine needle aspirate of the gastric mass if patient's coagulation status is appropriate. A urinalysis is recommended if not recently evaluated, given the urinary bladder debris. |
| HOSPITAL NAME | |
| Santa Clara AH | |
| REFERRING VET | |
| Dr. Brasted-Maki | |
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Feline

BREED

Russian Blue X

SEX

Neutered Male

AGE

11 Years

WEIGHT

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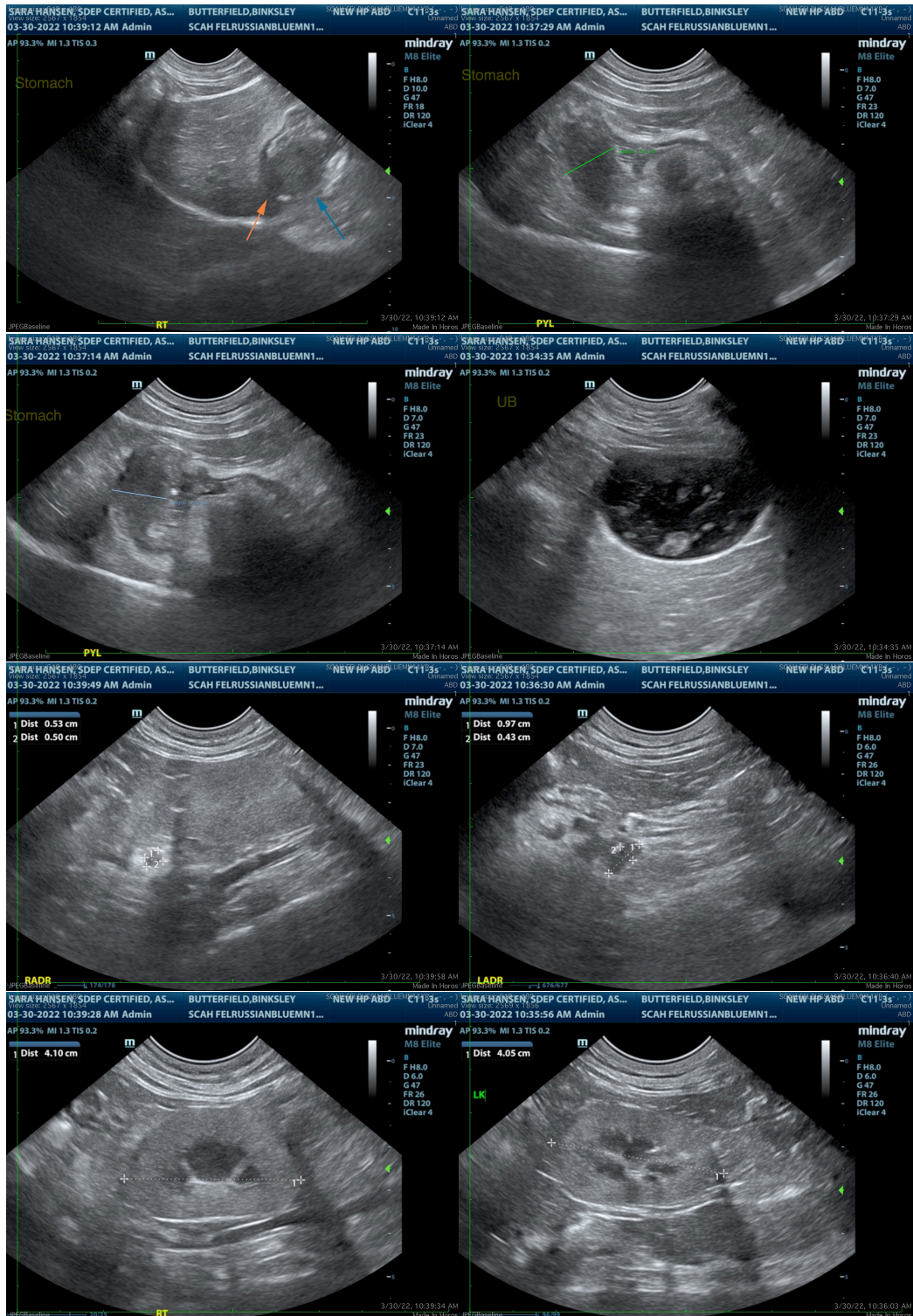
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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