

PATIENT PRESENTING CLINICAL SIGNS

Bailey Sykes Lethargy and inappetence. Abdomen very soft and doughy, P is very weak, could hardly stand up. Currently in hospital on IV fluids and medications, P has now begun eating and is less weak, but still shows weakness and muscle loss in back legs. Felimazole 5mg, Mirtazapine, Clavamox, Buprenorphine.

SPECIES Newly diagnosed Hyperthyroid cat just started meds.

Feline Abnormal PE/Chem/CBC/UA Results: HCT 0.54, Retic 90, CREA 44, Potassium 3.1, ALT 157, ALP 143, T4 158 Rad report: FINDINGS: Abdominal serosal detail is good. The stomach is small in size, containing a mild amount of gas and fluid that appropriately redistributes the change in recumbency.

BREED Small intestinal structures are generally mildly distended and filled with gas and fluid without evidence of pathologic dilation or plication at this point in time. The colon is moderately distended and filled with gas. The wall demonstrates an undulating shape compatible with hypermotility. There is no evidence of radiopaque foreign material associated with the gastrointestinal tract. There is a focal mass-effect arising from the splenic tail, best seen on the lateral view. The liver, kidneys and urinary bladder exhibit no gross abnormalities such as severe organomegaly, large mass lesions, or opaque calculi within the significant limits of overlying GI tract in this patient. No osseous abnormalities are detected.

SEX Spayed Female

AGE 9 Years

WEIGHT 3.7 kg

CONCLUSIONS: 1. The appearance of the small and large intestines is suggestive of functional ileus such as with nonspecific enterocolitis, pancreatitis, or infiltrative disease of the small intestine such as with inflammatory bowel disease or neoplasia. Lesser consideration is given to an early mechanical obstruction or partial obstruction due to intestinal foreign material. 2. There is focal mass-effect seen in the region of splenic tail which could reflect neoplastic infiltration (hemangiosarcoma, hemangioma) or benign lesion such as a hematoma, cyst or granuloma. **RECOMMENDATIONS:** If the clinical signs persist despite empirical medical management, abdominal ultrasound would be recommended for further evaluation of the gastrointestinal tract, spleen and pancreas. If not available recheck 3 view abdominal radiographs followed by a complete upper GI barium study would be recommended for further evaluation. Barium may be therapeutic as well as diagnostic. If not already performed, CBC, serum chemistry and urinalysis are recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Urinary System

Beth Johnson, DVM
DACVIM

The urinary bladder is almost empty, resulting in a subjectively thick, irregular mucosa. Recommendations include reassessment following full distention if there is any concern of urinary tract disease or cystitis.

IMAGING PERFORMED BY

The right kidney is normal in size (4.13 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.

Crystal Hill

HOSPITAL NAME

The left kidney is normal in size (3.71 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.

BPH Stoney Creek

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Adrenal Glands

Dr. Mellish

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

INVOICE

The left adrenal gland is normal in size (0.32 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

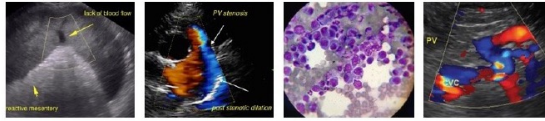
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Spleen

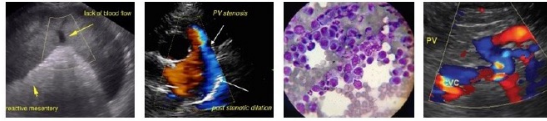
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The spleen contains an approximately 3.0 cm mass extending from the tail, disrupting normal architecture and shape of the spleen. The mass is primarily hypoechoic, but slightly mixed in echogenicity, and has a smooth homogeneous echotexture.

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PATIENT	<i>Liver</i>
Bailey Sykes	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. A 2.0 cm round, anechoic cystic structure is present in the deep right liver. Visible vasculature and biliary tree appear normal without distension or congestion.
SPECIES	
Feline	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.
BREED	<i>Gastrointestinal</i>
DSH	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.
SEX	
Spayed Female	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.
AGE	
9 Years	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
WEIGHT	<i>Pancreas</i>
3.7 kg	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.
INTERPRETED BY	<i>Free Abdomen</i>
Beth Johnson, DVM DACVIM	There is a scant to moderate amount of free fluid noted in the abdomen, primarily around the splenic mass. There is no apparent lymphadenopathy.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Crystal Hill	<ul style="list-style-type: none"> Splenic mass – Most concerning for infiltrative neoplasia such as mast cell tumor or lymphosarcoma. Hemangiosarcoma is possible, but considered less likely in a cat. Benign lesion such as extramedullary hematopoiesis, nodular regeneration, etc. is also possible, but considered much less likely. There is a small to moderate amount of free abdominal fluid surrounding the mass. 2.0 cm cyst in the deep right liver – most consistent with a benign incidental liver cyst. Benign biliary cystadenoma or even neoplastic disease are also possible, but considered much less likely.
HOSPITAL NAME	
BPH Stoney Creek	
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Mellish	Recommendations include a fine needle aspirate of the splenic mass if patient's coagulation status is appropriate, as well as sampling of the free fluid to rule out a hemoabdomen. Pre-med with diphenhydramine before splenic aspirate is recommended in case of MCT. 3-view thoracic radiographs to further evaluate possible metastatic disease are also recommended if not recently evaluated. The liver cyst could be aspirated/drained or simply monitored via ultrasound for changes in size or character. There is no evidence of gastrointestinal obstruction, plication, etc. present in these images.
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PATIENT

Bailey Sykes

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Feline

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Spayed Female

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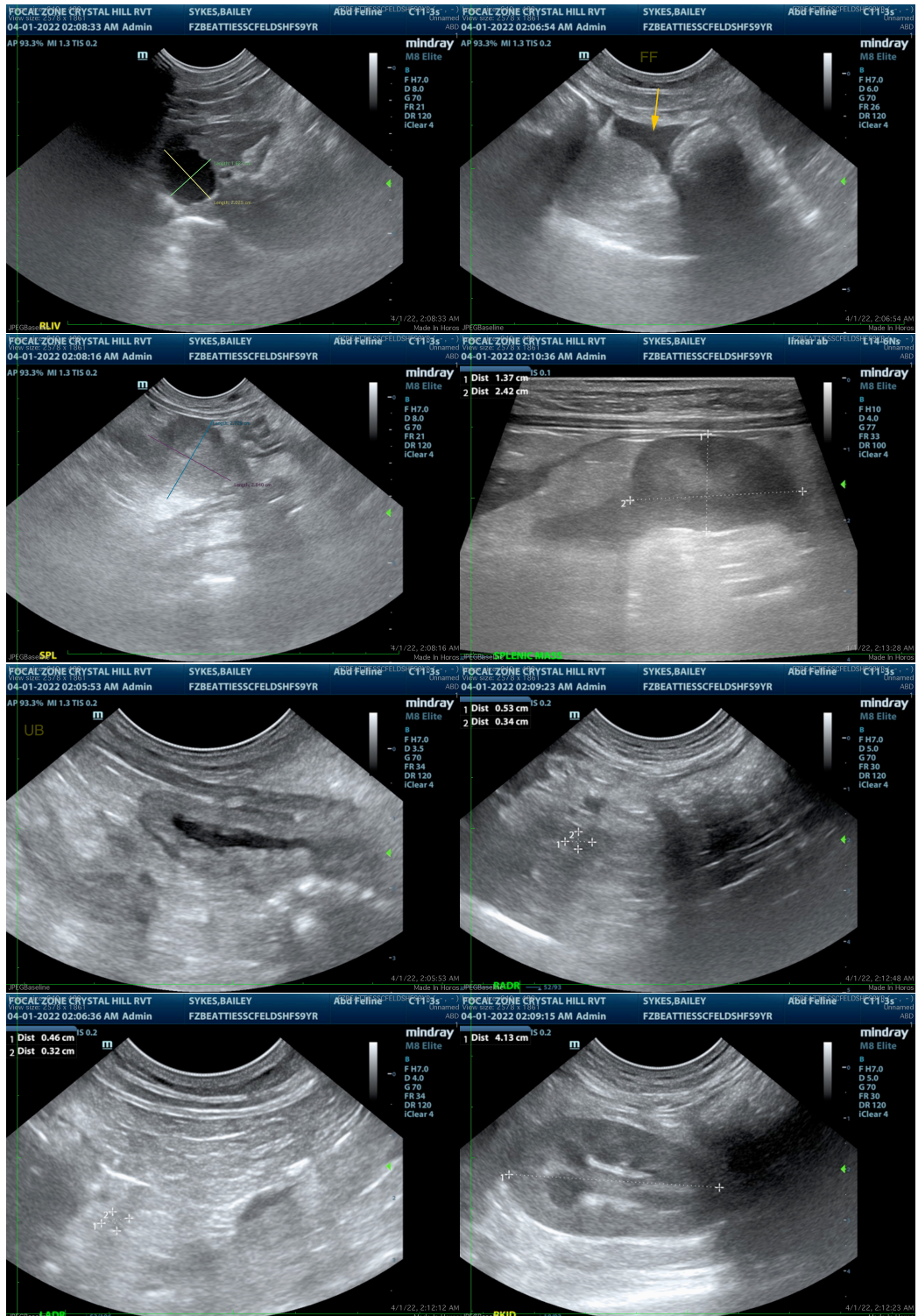
Dr. Mellish

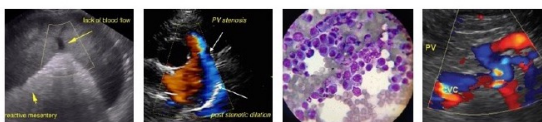
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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