



PATIENT

Winnie Tafoya

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.98 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

36648

DATE

4/1/22

PRESENTING CLINICAL SIGNS

Depressed, anorectic, mildly dehydrated. Mucous membranes pale, icteric. Current Medications Baytril 16mg SID, Prednisolone 5mg BID, cyproheptadine 2mg BID
Abnormal PE/Chem/CBC/UA Results: PCV 17%, strongly regenerative. Bili 1.0 with normal liver enzymes. Iris Stage 2 CKD. Bacterial cystitis. (complete report available)

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.

The kidneys are normal in size, but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 3.34 cm. The right kidney measured 3.4 cm.

Adrenal Glands

Bilaterally uniformly plump egg-shaped adrenals, hypoechoic in echogenicity. The left adrenal gland measured 0.75 cm thick. The right adrenal gland measured 0.51 cm thick.

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.

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.

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is mildly fluid distended. Pyloric outflow tract appears patent.

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 or foreign material. A focal mid abdominal small bowel mass is present measuring 3.0 cm in length and 1.0 cm thick with complete loss of layering. The mass is surrounded by scant free fluid and hyperechoic fat and mesentery.

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



PATIENT

Pancreas

Winnie Tafoya

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.

SPECIES

Feline

Free Abdomen

There is no apparent lymphadenopathy.

BREED

DSH

PRIMARY FINDINGS

- Small bowel mass with focal peritonitis – Concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma) or adenocarcinoma. Given the concurrent diffuse muscularis thickening, lymphoma is higher on the list of differentials.

SEX

Spayed Female

SECONDARY FINDINGS

- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Age related adrenomegaly - likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

AGE

15 Years

WEIGHT

9.98 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The options for this bowel mass include either a fine needle aspirate of the mass (if patient's coagulation status is appropriate) or surgical excision followed by resection and anastomosis. Given the focal peritonitis, surgery would ideally be considered over aspiration and cytology. This patient's anemia and icterus could be a secondary hemolysis, or this patient could have hemorrhage and a mildly hemolyzed sample. If surgery is pursued, a preoperative blood transfusion should be considered.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

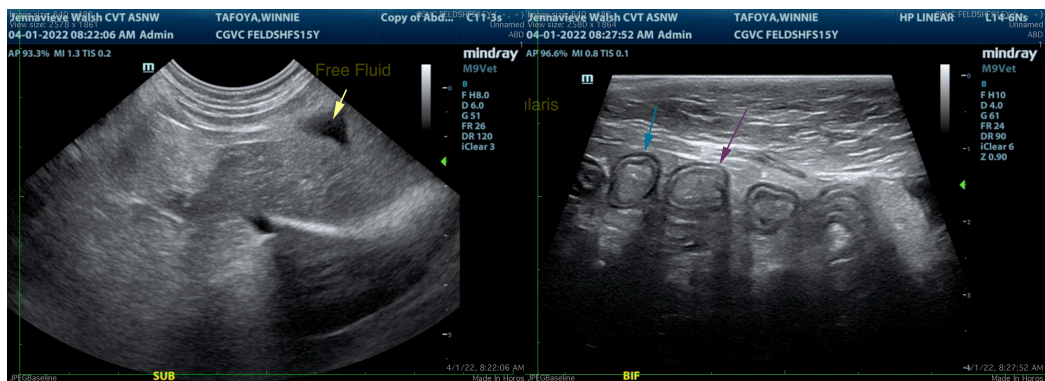
Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood



INVOICE

36648

DATE

4/1/22



PATIENT

Winnie Tafoya

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.98 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

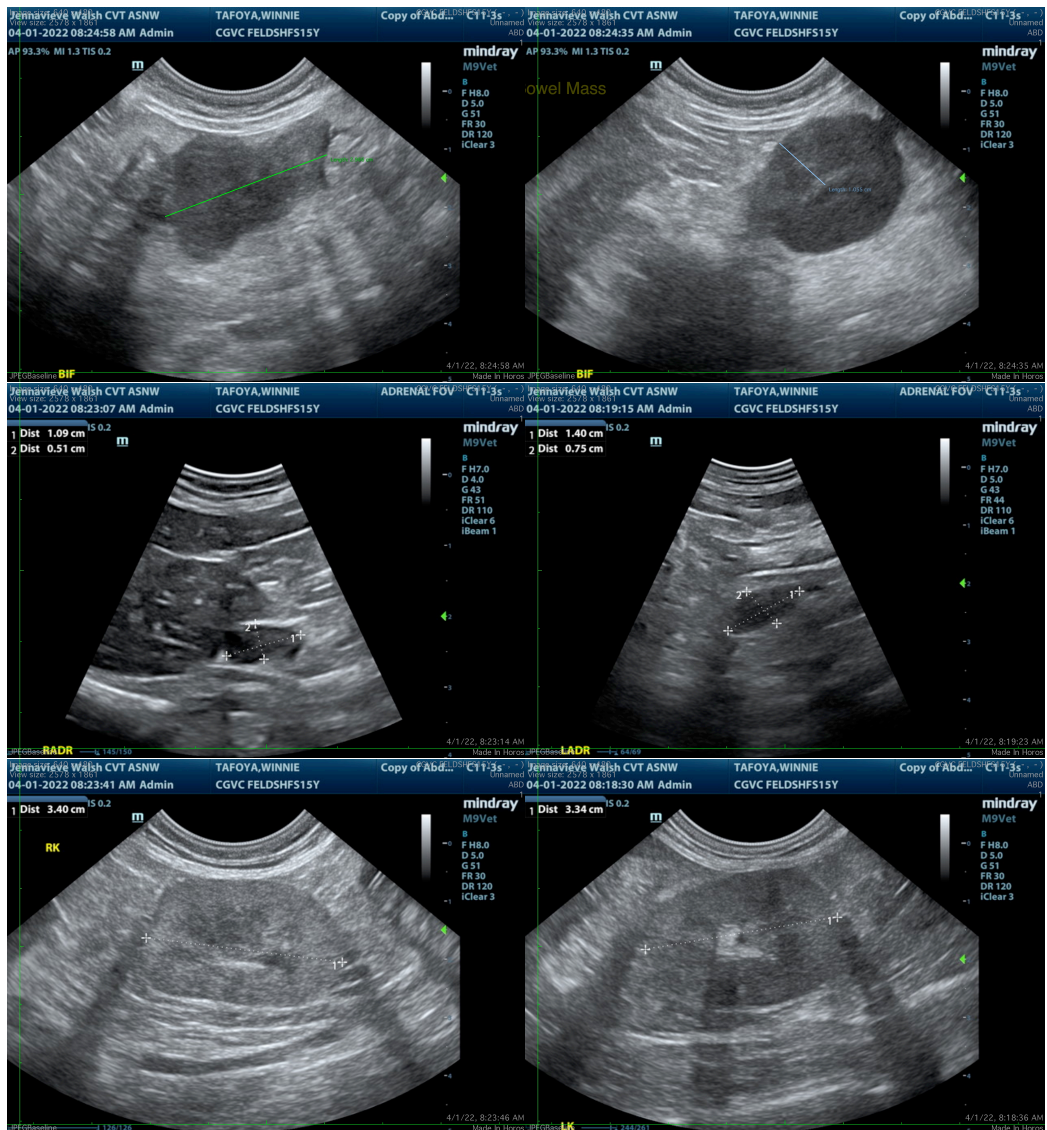
Dr. Damewood

INVOICE

36648

DATE

4/1/22



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