



PATIENT	PRESENTING CLINICAL SIGNS
Ginger Lonnors	AUS for potential staging. P has soft tissue swelling at R hock-FNA cyto concerning for round cell tumor (probable plasma cell).
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: 3/27/23- wbc 21.9; neuts 18440; Monos 1402; Amyl 2316, Na+ 159 ; USG 1.023; PH 7.5; Prto 2+ ; UPC 1.1;rbc 10-15/hpf
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
Neutered Male	
AGE	Kidneys are 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 is normal in size at 3.94 cm. The right kidney is small at 2.92 cm.
14 Years 7 Months	
WEIGHT	Adrenal Glands
17.6 Pounds	The right adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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.
Shari Reffi, CVT	Liver
HOSPITAL NAME	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.
Long Valley AH	
REFERRING VET	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.
Dr. Earl	Gastrointestinal
INVOICE	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.
46688	
DATE	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.
4/13/23	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



PATIENT

Pancreas

Ginger Lonners

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SPECIES

Feline

Free Abdomen

BREED

DSH

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

SEX

Neutered Male

Medial iliac lymphadenopathy is noted in these images.

AGE

14 Years 7 Months

ULTRASONOGRAPHIC FINDINGS

WEIGHT

17.6 Pounds

- **Medial iliac lymphadenopathy** – This could represent reactive lymphadenopathy. However, given the location of this patient’s reported tumor, there is concern for possible metastatic disease.
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Pancreatic nodular hyperplasia** – Infiltrative neoplasia cannot be ruled out but is considered less likely.

INTERPRETED BY

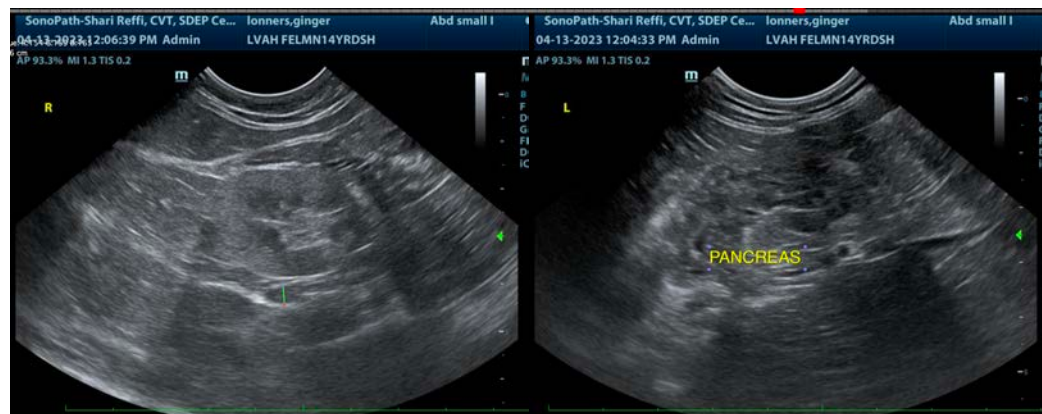
Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The medial iliac lymph nodes are small and may not be able to be safely aspirate, but if they can safely be reached in a heavily sedated or anesthetized patient, and patient’s coagulation status is appropriate, a fine needle aspirate should be considered. Alternatively, surgical excisional biopsies/removal of the primary mass as is reportedly planned is recommended, followed by a consultation with a veterinary oncologist regarding follow up therapy and future monitoring of the lymph nodes, etc.

IMAGING PERFORMED BY

Shari Reffi, CVT



HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

46688

DATE

4/13/23



PATIENT

Ginger Lonners

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 7 Months

WEIGHT

17.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

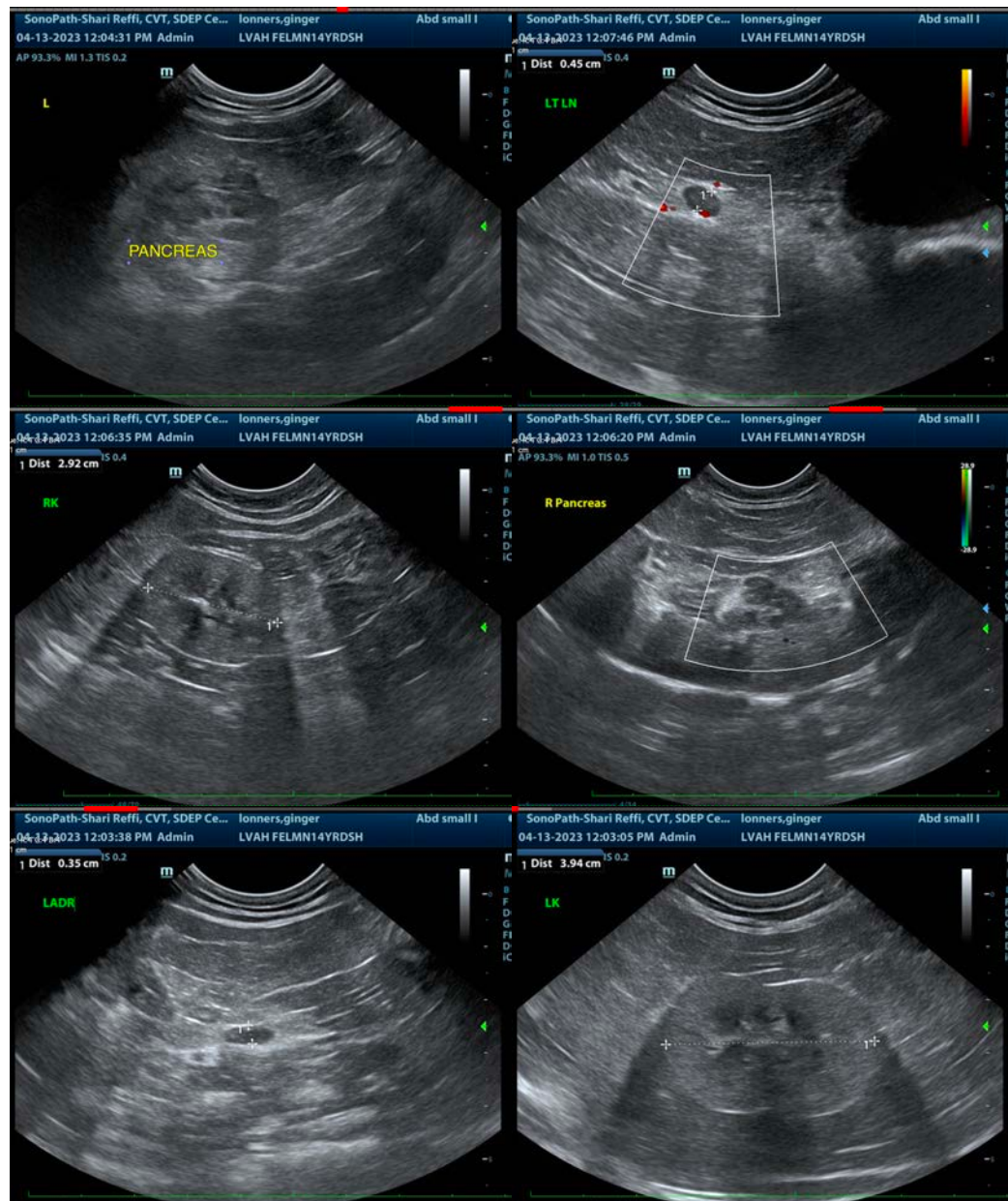
Dr. Earl

INVOICE

46688

DATE

4/13/23



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