



PATIENT	PRESENTING CLINICAL SIGNS
Mouse (Mayme) Cerini	Mouse presented for weight loss and inappetence. He has been fed an Rx weight loss diet (Purina OM) for several years but his recent weight loss has been excessive. Appetite has been gradually declining over at least the last week. He has not had any vomiting or diarrhea. Current Medications Mirtazapine 3.75mg PO
SPECIES	
Feline	
BREED	
Ragdoll	Abnormal PE/Chem/CBC/UA Results: Brief abdominal ultrasound: 5cm irregular-shaped, cavitated mass in the mid-abdomen, no free abdominal fluid, small bladder. The CBC shows an elevated WBC that is likely a stress response +/- inflammatory response. The HCT is on the low end of normal at 33%. The chemistry profile shows a slightly elevated potassium but is otherwise unremarkable.
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	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.
11 Years	Kidneys are large in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 5.41 cm. The left kidney measures 5.01 cm.
WEIGHT	
12.06 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
	The left adrenal gland is normal in size (0.47 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver
VCA Salem AH	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.
REFERRING VET	
Dr. Hovenden	
INVOICE	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.
46432	Gastrointestinal
DATE	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.
4/5/23	



PATIENT	Diffusely, 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). However, in the mid abdomen, there is an approximately 5.5 cm in diameter bowel mass of undeterminable origin, which may involve the ileocecolic junction and is characterized by thick heterogeneous wall, complete loss of mural detail, and highly suspicious for lack of wall integrity/perforation. The mass is surrounded by free fluid and markedly enhanced clumped mesenteric fat. 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.
Mouse (Mayme) Cerini	
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BREED	
Ragdoll	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
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 free peritoneal effusion noted in these images.
WEIGHT	There is no apparent lymphadenopathy noted in these images. However, lymph nodes adjacent to the mass cannot be definitively ruled out. There is free fluid noted around the mass.
12.06 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Mid abdominal mass of unknown origin – Concerning for possible lack of wall integrity/rupture and focal peritonitis. • Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out, especially in a large cat.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jenna Walsh, CVT	Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
HOSPITAL NAME	Given the concern for lack of wall integrity, an exploratory laparotomy for planned bowel mass removal/resection and anastomosis is recommended as soon as the patient is stable enough to undergo surgery. Given the lack of ability to rule out ileocecolic junction involvement, consultation with a veterinary surgeon or a pre-surgical planning abdominal CT scan may be beneficial.
VCA Salem AH	
REFERRING VET	
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4/5/23	



PATIENT

Mouse (Mayme) Cerini

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

11 Years

WEIGHT

12.06 Pounds

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Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

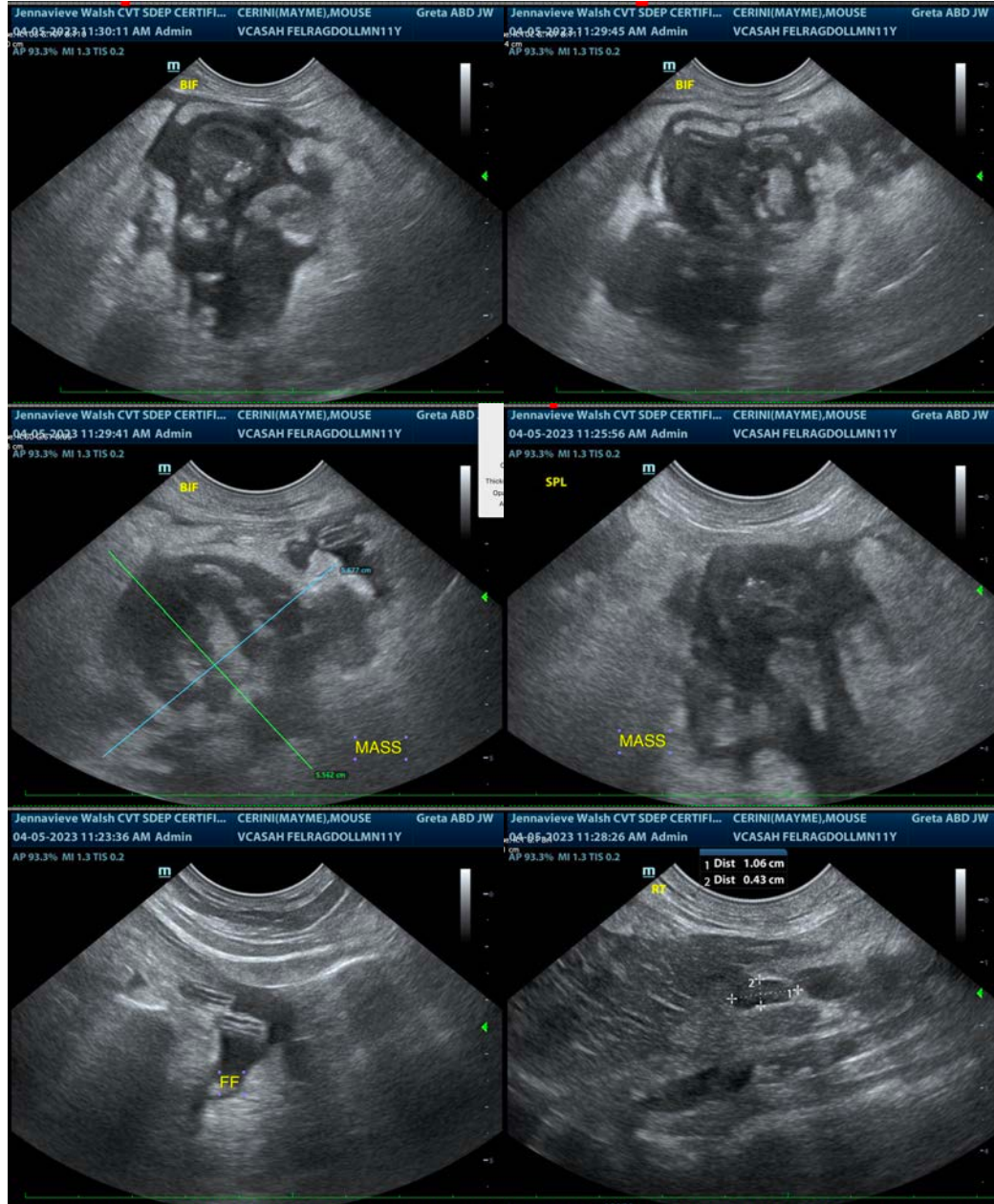
Dr. Hovenden

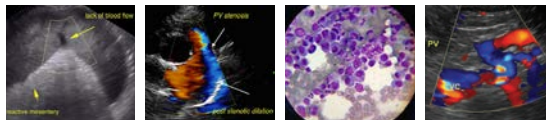
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SPECIES

Feline

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SEX

Neutered Male

AGE

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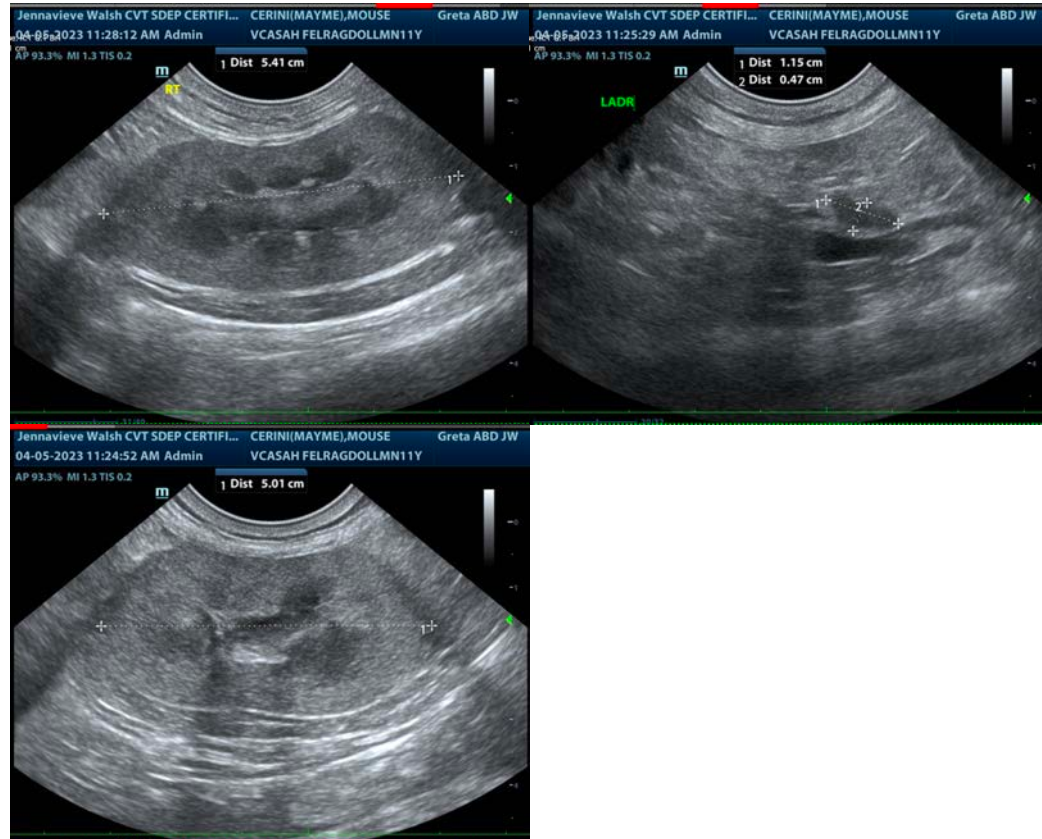
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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