



PATIENT	PRESENTING CLINICAL SIGNS
Gracie Morris	weight loss managed hyperthyroid Abnormal PE/Chem/CBC/UA Results: chronic sinus/rhinitis, decreased body condition CBC: wnl Chem: wnl, T4 1.6 from 7.3 Rule out neoplasia
SPECIES	
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
BREED	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.
DSH	
SEX	The right kidney is normal in size (3.06 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.
Spayed Female	
AGE	The left kidney is normal in size (2.86 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.
16 Years	
WEIGHT	Adrenal Glands
6.4 Pounds	The right adrenal gland is unable to be well visualized in these images. No pathology is present in the area of the right adrenal gland.
INTERPRETED BY	The left adrenal gland is normal in size (0.29 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	The spleen is unable to be visualized in these images.
Chelsea Pastor	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. There is a discrete hypoechoic nodule measuring just under 1.0 cm diameter in the left liver. Visible vasculature and biliary tree appear normal without distension or congestion.
Fredon 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. Linda Grau	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.
36714	
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.
4/6/22	



PATIENT

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

SPECIES

Pancreas

Feline

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.

BREED

Free Abdomen

DSH

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

PRIMARY FINDINGS

Spayed Female

- Hypoechoic liver nodule – likely representative of benign nodular regeneration. However, infiltrative neoplasia, while unlikely, cannot be ruled out.

AGE

SECONDARY FINDINGS

16 Years

- 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.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6.4 Pounds

Given this patient’s weight loss, appetite should be assessed, and if the patient’s appetite is decreased, the weight loss could be secondary to the decreased appetite possibly by caused the chronic rhinitis, and recommendations would include workup/management of the rhinitis with infectious disease testing. CT rhinoscopy could be considered, or empirical therapy with broad-spectrum antibiotics and steroids could be considered.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

If this patient’s caloric intake is adequate, and weight loss is still present, gastrointestinal disease should be suspected, and a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended, followed potentially by biopsies of the gastrointestinal tract if evidence of gastrointestinal dysfunction is present in the panel.

IMAGING PERFORMED BY

Chelsea Pastor

There is no evidence of neoplasia present in these images. However, a fine needle aspirate of the liver could be considered if patient’s coagulation status is appropriate, to definitively rule out round cell neoplasia, given the presence of the hypoechoic nodule described.

HOSPITAL NAME

Fredon AH

REFERRING VET

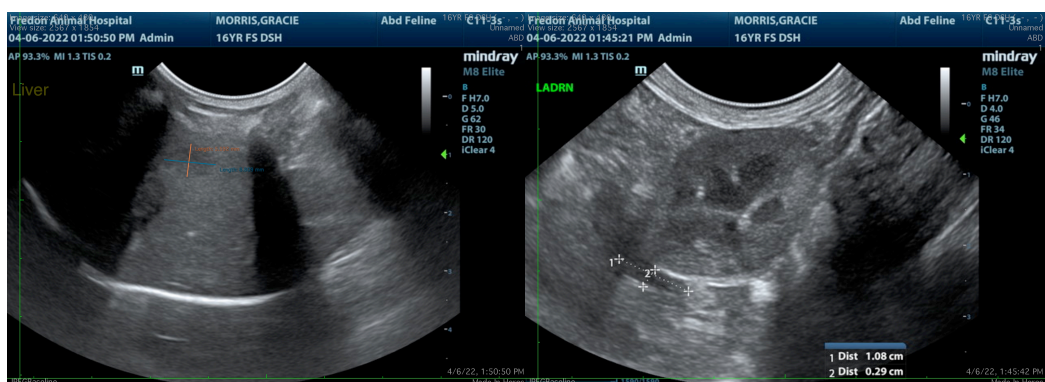
Dr. Linda Grau

INVOICE

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DATE

4/6/22





PATIENT

Gracie Morris

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

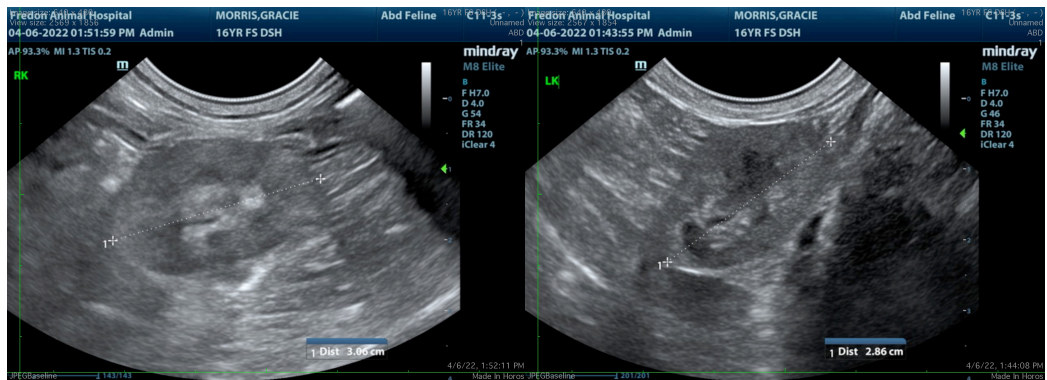
Dr. Linda Grau

INVOICE

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DATE

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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