



PATIENT	PRESENTING CLINICAL SIGNS
George Tozer	History: 8 yo MN DSH history of vomiting, weight loss, dental disease Possible mass felt on palpation
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Domestic Shorthair	
SEX	Kidneys are bilaterally normal in size, 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 4.0 cm. The right kidney measured 4.15 cm.
Neutered male	
AGE	Adrenal Glands
8 years	The regions of the adrenal glands were imaged with no evidence of pathology.
WEIGHT	Spleen
10.7 lbs	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
INTERPRETED BY	Liver
Beth Johnson, DVM DACVIM	Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
IMAGING PERFORMED BY	Gallbladder
Dr. Petrone	Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
HOSPITAL NAME	Gastrointestinal
Long Branch AH	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
REFERRING VET	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. There is a focal abnormality believed to be jejunal in nature that is a 2.0-2.5 x 2.5-3.5 cm mass characterized by concentric loss of layering and a thick, 1.0 cm hypoechoic appearance to the wall. There are no luminal contents noted within small intestines.
Dr. Petrone	
INVOICE	Colon is normal in wall thickness (< 0.2 cm) and layering.
30981	
DATE	
6/13/22	



PATIENT

Pancreas

George Tozer

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SPECIES

Feline

Free Abdomen

Mild mesenteric lymphadenopathy is noted. There is no apparent free fluid visible in these images.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

PRIMARY FINDINGS:

Small bowel mass most concerning for infiltrative neoplasia such as carcinoma or round cell neoplasia.

Mild mesenteric lymphadenopathy. Differentials include reactive lymph nodes as well as infiltrative neoplasia.

AGE

8 years

Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

WEIGHT

10.7 lbs

Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

Chronic Kidney Disease– This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

IMAGING PERFORMED BY

Dr. Petrone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include the reportedly already pending FNA of the small bowel mass, urinalysis with follow-up culture if indicated based on urinalysis results is recommended if not recently not evaluated. If a diagnosis is not obtained cytologically a surgical excisional biopsy/resection and anastomosis of the small bowel mass as well as biopsies of the remaining small bowel, because of the diffusely thick muscularis, is recommended.

HOSPITAL NAME

Long Branch AH

REFERRING VET

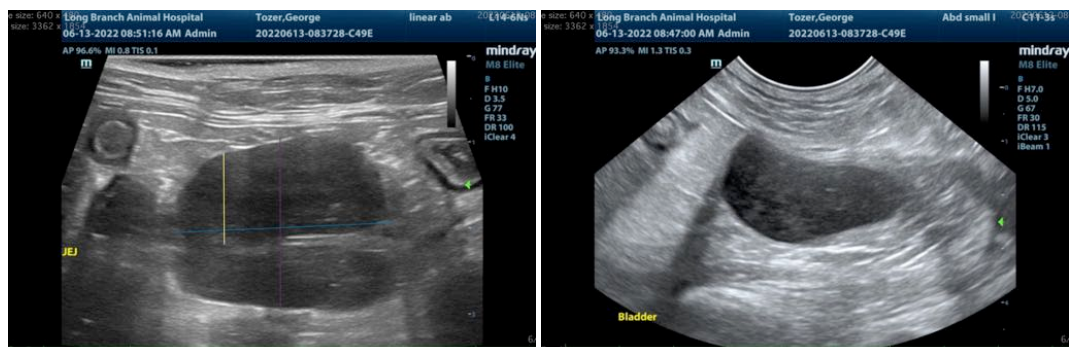
Dr. Petrone

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PATIENT

George Tozer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

10.7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

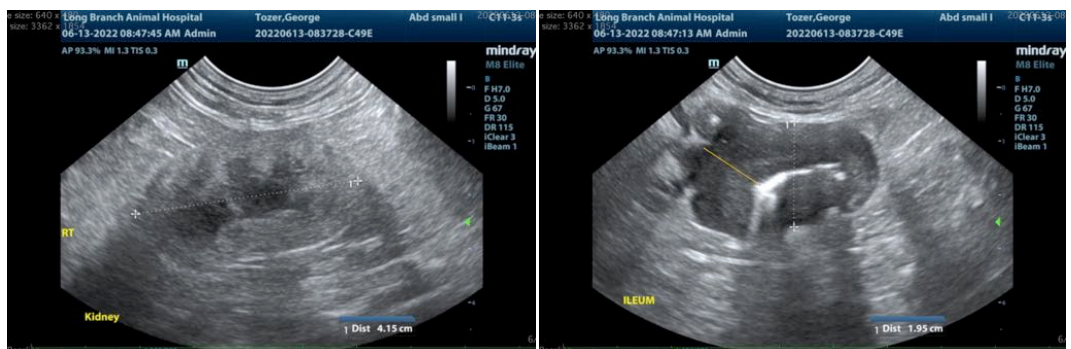
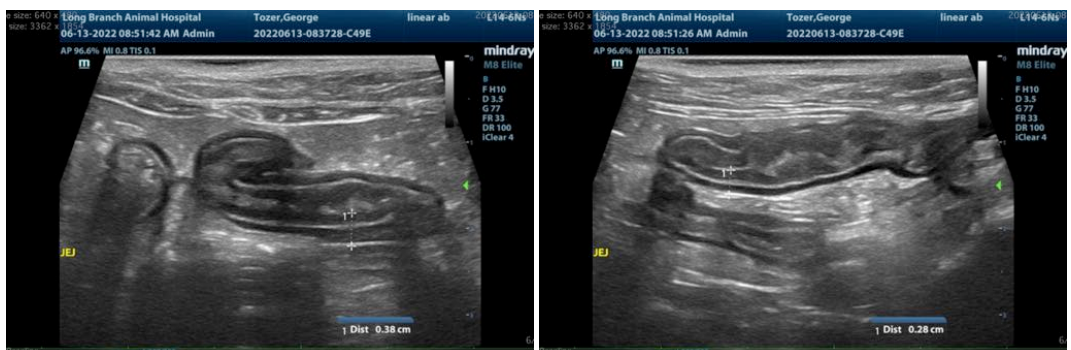
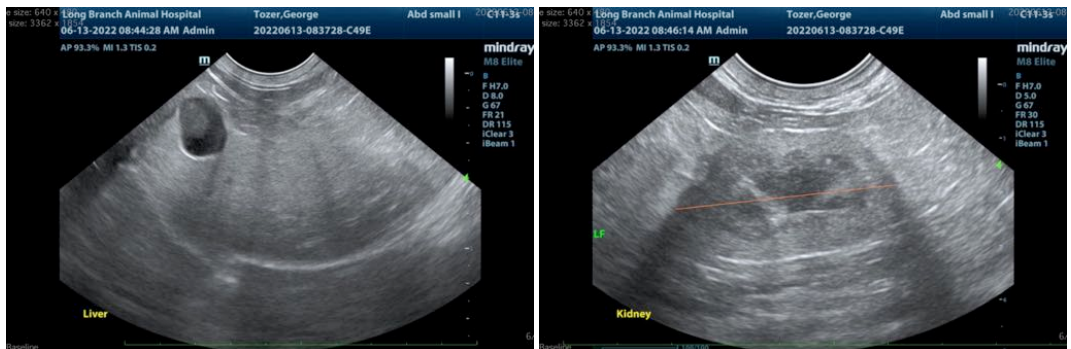
Dr. Petrone

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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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