



PATIENT	PRESENTING CLINICAL SIGNS
Frank Sinatra Gesualdi	History of intermittent hematochezia and weight loss. Abnormal PE/Chem/CBC/UA Results: HCT 31%. Fecal and maldigestion panel pending.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	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	The 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 small, measuring 2.93 cm. The right kidney is large (compensatory), measuring 4.08 cm.
SEX	Adrenal Glands
Neutered Male	The right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
AGE	The left adrenal gland is normal in size (0.48 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
15 Years	Spleen
WEIGHT	The spleen is unable to be visualized in these images.
17.1 Pounds	Liver
INTERPRETED BY	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. A 1.5 cm hypoechoic nodule is noted in the ventral left liver with curvilinear patterns maintained. Visible vasculature and biliary tree appear normal without distension or congestion.
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	Gastrointestinal
Kelly Vazquez	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.
HOSPITAL NAME	The visible small intestines are largely 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. There is an approximately 3.0 cm sized heterogeneous, hyperechoic mass present, which appears to be associated with small bowel in the mid right abdomen. Association with the ileocecolic junction cannot be ruled out, but is considered less likely.
Animal General on the Hudson	DATE
REFERRING VET	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. **Note: See small bowel description.
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PATIENT

Frank Sinatra Gesualdi

Pancreas

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 evidence of peritoneal effusion. There is no apparent lymphadenopathy.

BREED

DSH

PRIMARY FINDINGS

- Mixed heterogeneous bowel mass – most concerning for infiltrative neoplasia with adenoma carcinoma as well as round cell neoplasia being differentials.

SEX

Neutered Male

- Hypoechoic liver nodule – both benign nodular hyperplasia as well as metastatic nodule need to be considered.

SECONDARY FINDINGS

AGE

15 Years

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

17.1 Pounds

3-view thoracic radiographs recommended, if not recently evaluated, to look for further evidence of possible metastatic disease, followed ideally by surgical laparotomy for bowel mass removal, resection and anastomosis with biopsy of the liver nodule at the same time.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

If a more conservative approach is elected, a fine needle aspirate of the mass and the liver nodule (if patient's coagulation status is appropriate) could be considered, in case this is round cell neoplasia and can be managed medically.

IMAGING PERFORMED BY

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SPECIES

Feline

BREED

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SEX

Neutered Male

AGE

15 Years

WEIGHT

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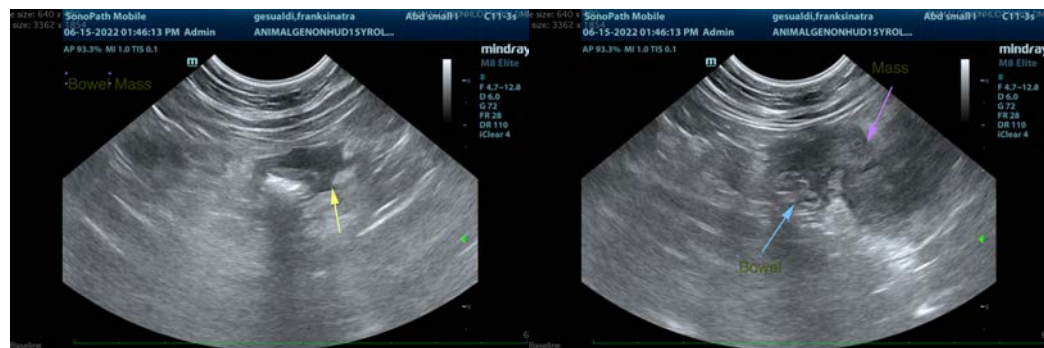
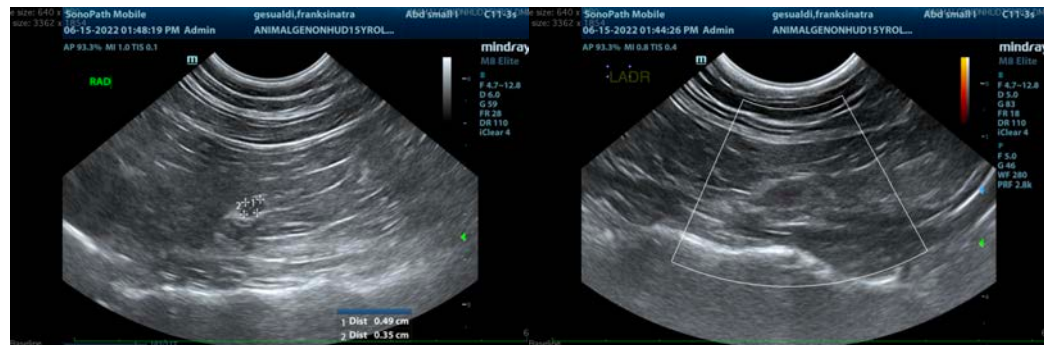
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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