



PATIENT

Professor Chaos
Johansson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Mohanrah

INVOICE

38809

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Professor Chaos has gradual weight loss over the last 2 years. On wellness check and cystocentesis, abd effusion was noted. Today on US, pleural effusion is noted. Thoracocentesis: serosanguinous: 300cc. Abdominocentesis: serous, stopped at 100cc. Rad immediate post chest tap: no masses noted
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/UA/T4 are unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (3.9 cm), shape and echogenicity. It has smooth peripheral margination. 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 left kidney is normal in size (4.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.57 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is enlarged in size with irregular scalloped margins. Parenchyma is normal in echogenicity with a coarse, slightly nodular echotexture. No focal masses are observed and splenic vasculature appears normal.

Liver

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.

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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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



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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

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.

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Free Abdomen

There is a large amount of abdominal effusion and pleural effusion noted. The fluid has echogenic suspended debris, as a cellular fluid would appear. There is no apparent lymphadenopathy.

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PRIMARY FINDINGS

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- Coarse, scalloped splenomegaly – This finding can be associated with congestion caused by sedation, if patient was sedated, but can also be associated with diffuse infiltrative disease. Benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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- Large amount of bicavitary effusion – concerning for a neoplastic effusion such as carcinomatosis. An effusion from a vasculitis and/or congestive heart failure should also be evaluated.

SECONDARY FINDINGS

- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

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1. Echocardiogram, if not already evaluated.
2. Cytology of both the abdominal fluid and the pleural fluid +/- culture of the fluid if indicated based on cytology.
3. If a cytologic diagnosis is not obtained from the fluid, a fine needle aspirate of the spleen is recommended, if patient's coagulation status is appropriate. Pre-medication with Diphenhydramine is recommended, in case of mast cell tumor.

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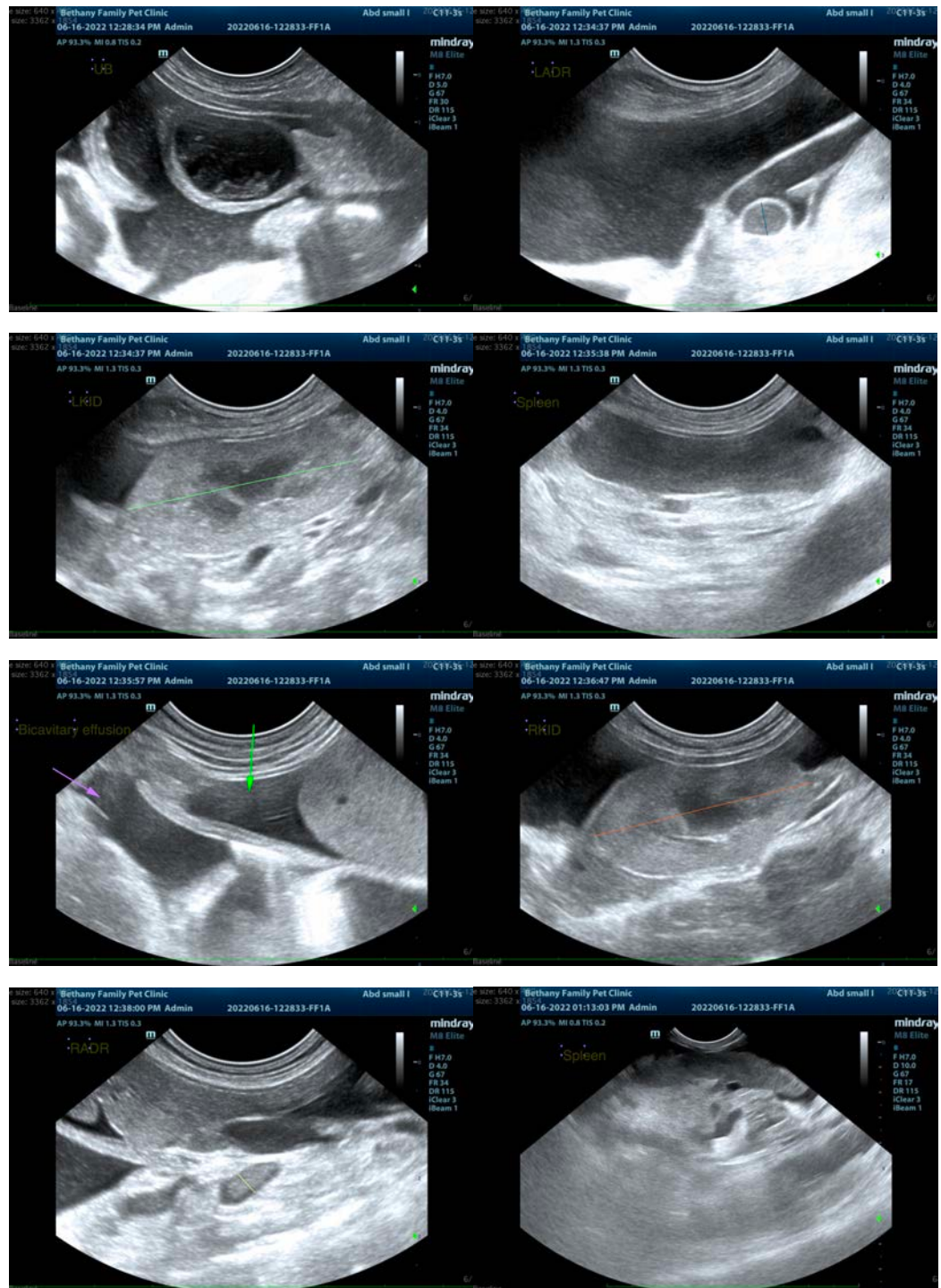
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com