

**PATIENT**

Isis Abbott

**PRESENTING CLINICAL SIGNS**

Weight loss, hx of IBD

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Significant elevation in WBC-neutrophils Reactive with palpation in cranial abdomen Rad review shows peritoneal fluid with loss of serosal detail cranially with suspected splenomegaly and gas filled intestines

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Siamese

**Urinary System**

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.

**SEX**

Spayed Female

The right kidney is normal in size (3.63 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.

**AGE**

13 Years 10 Months

The left kidney is normal in size (3.39 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.

**WEIGHT**

7.12 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively large in size (1.5 cm thick) with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**Liver**

The liver is subjectively enlarged in size with mildly irregular, almost nodular margins. Parenchyma is mottled/nodular and hypoechoic in appearance. Visible vasculature and biliary tree appear normal without distension or congestion.

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Dr. Totin

The gallbladder is relatively empty, resulting in a subjectively thick, slightly hyperechoic appearing wall. Luminal contents are anechoic and there is no evidence of cystic or common bile duct dilation.

**Gastrointestinal****INVOICE**

43377

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.

**DATE**

6/22/23

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.

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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.

**SPECIES**

**Pancreas**

Feline

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

**BREED**

**Free Abdomen**

Siamese

There is a large amount of echogenic appearing free fluid throughout the abdomen.

**SEX**

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

Spayed Female

Additionally, the mesentery is diffusely hyperechoic and clumped/nodular in appearance.

**AGE**

13 Years 10 Months

**ULTRASONOGRAPHIC FINDINGS**

- Nodular Liver - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- A large amount of echogenic appearing free fluid and hypoechoic round mesenteric lymphadenopathy combined with the splenic and liver changes is concerning for an infiltrative neoplastic/paraneoplastic effusion/process. Other benign differentials are possible but considered less likely.
- Chronic active pancreatitis.

**WEIGHT**

7.12 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As was reportedly already performed, sampling of the free abdominal fluid is recommended. Submission of samples for cytology is strongly encouraged. Pending results, additional considerations could include fine needle aspirates of the liver, spleen +/- mesenteric lymph nodes if patient's coagulation status is appropriate. This patient's reported respiratory changes/distress could be related to the suspected asthma reported in the medical record. However, therapeutic abdominocentesis may also help increase patient comfort while awaiting additional results.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

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**SPECIES**

Feline

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**SEX**

Spayed Female

**AGE**

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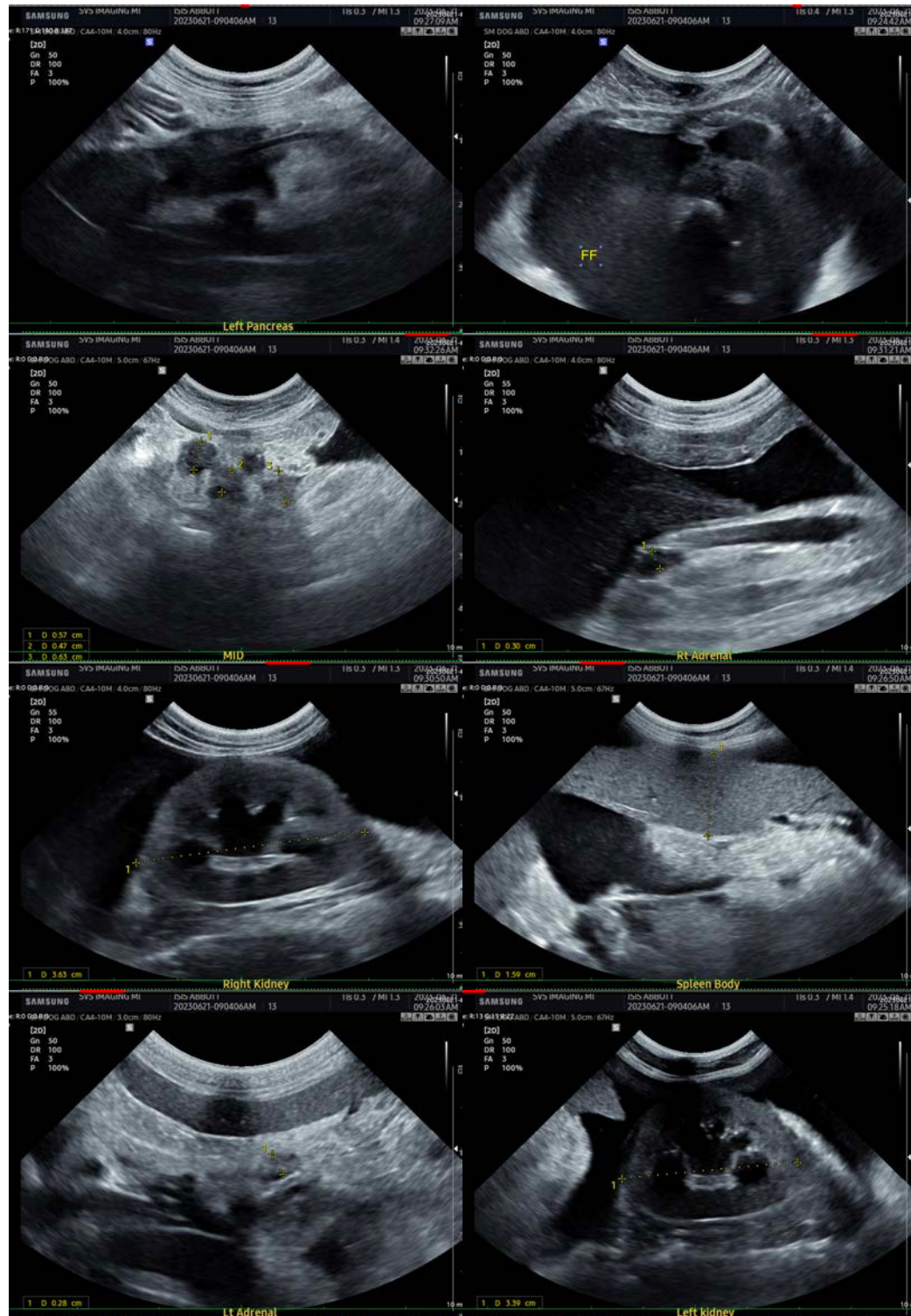
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

Siamese

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com

**SEX**

Spayed Female

**AGE**

13 Years 10 Months

**WEIGHT**

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