



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sandy Hawk	History: recheck prev u/s on 6/17 showed nodular spleen
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	Urinary bladder is adequately 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.
Domestic Shorthair	
<b>SEX</b>	Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 3.4 cm. The right kidney measured 3.0 cm.
Spayed Female	
<b>AGE</b>	
18 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
12.4 lbs	The adrenal glands are unable to be visualized in these images.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	The appearance of the spleen is similar to the last with multi-focal, hypoechoic capsular disruptive nodules. One was noted at the head of the spleen measuring 1.3 x 1.7 cm and another similar sized one near the tail of the spleen measuring 1.1 x 1.7 cm.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jenn	Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. A right, caudal dorsal hepatic cyst was noted and measures 1.0 x 1.7 cm. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>HOSPITAL NAME</b>	
Rockaway AH	
<b>REFERRING VET</b>	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. A mildly tortuous cystic duct was noted. The cystic duct is an incidental normal aging change.
Dr. Maniar	
<b>INVOICE</b>	<b>Gastrointestinal</b>
31283	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>DATE</b>	
6/28/22	



<b>PATIENT</b>	The visible small intestines are normal in wall thickness and layering. 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.
Sandy Hawk	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
<b>BREED</b>	<b>Pancreas</b>
Domestic Shorthair	The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
<b>SEX</b>	<b>Free Abdomen</b>
Spayed Female	There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.
<b>AGE</b>	
18 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12.4 lbs	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	<ol style="list-style-type: none"> <li><b>Multi-focal, capsular disrupting splenic nodules</b> that are most concerning for infiltrative neoplasia such as round cell neoplasia. The changes are relatively static compared to the last ultrasound.</li> <li><b>Hyperechoic hepatomegaly</b> – This appearance is most consistent with benign hepatic lipodosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible. Caudal right dorsal liver cyst.</li> <li><b>Gallbladder debris</b> – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.</li> <li>Mildly tortuous cystic duct. This combination of liver, gallbladder and cystic duct changes could be consistent with chronic cholangiohepatitis and should be interpreted in combination with laboratory changes and/or clinical signs. However, normal benign aging changes and incidental changes are considered most likely.</li> </ol>
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	
Jenn	
<b>HOSPITAL NAME</b>	
Rockaway AH	
<b>REFERRING VET</b>	<b>SECONDARY FINDINGS:</b>
Dr. Maniar	<ol style="list-style-type: none"> <li>Age related kidneys with non-obstructive mineralization.</li> <li>Pancreatic age related remodeling.</li> </ol>
<b>INVOICE</b>	
31283	
<b>DATE</b>	
6/28/22	



**PATIENT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sandy Hawk

Recommendations for this patient include a FNA of the spleen if the patient's coagulation status is appropriate and recommendations are to premedicate with Diphenhydramine prior to the aspirate.

**SPECIES**

If not already evaluated three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

18 years

**WEIGHT**

12.4 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

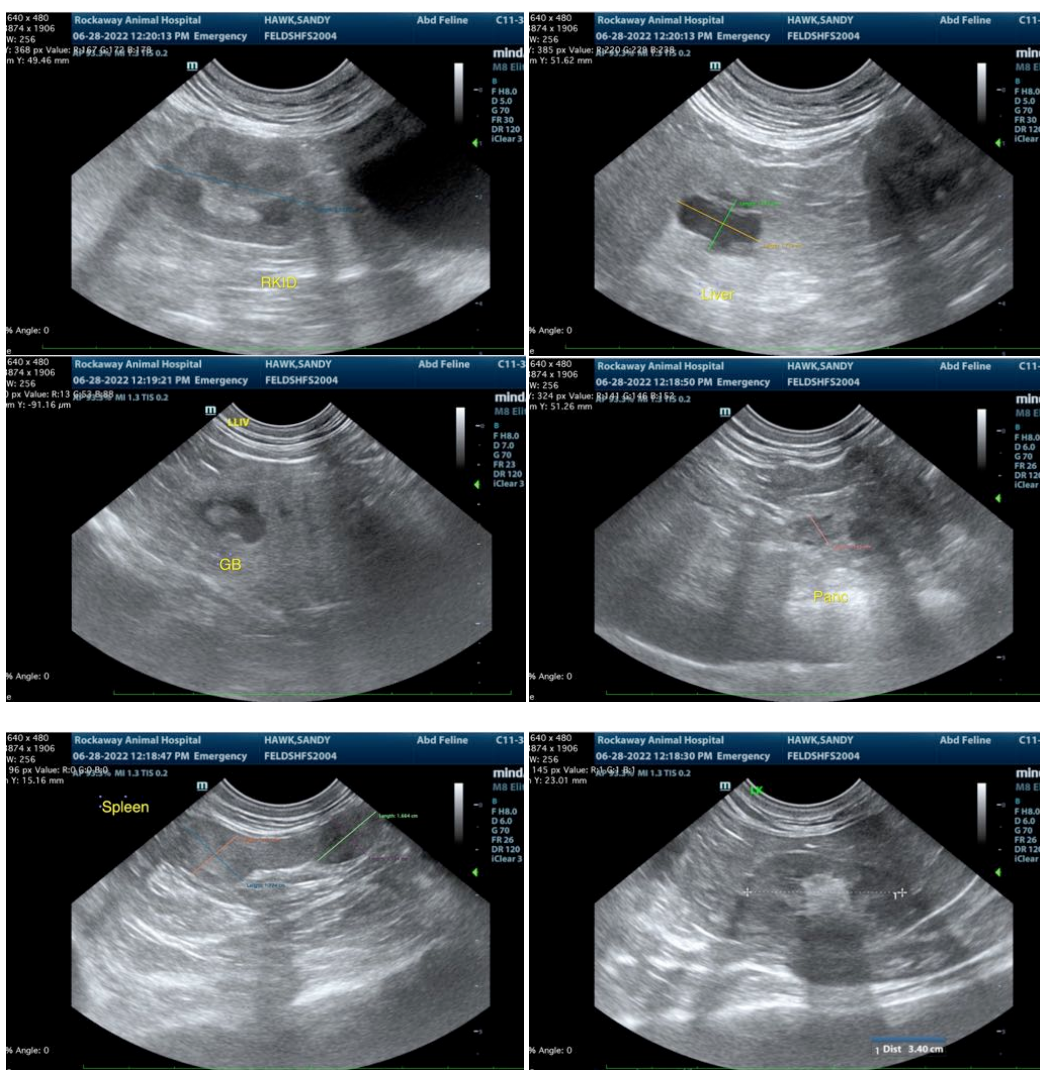
Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar



**INVOICE**

31283

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.

**DATE**

6/28/22

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.



**PATIENT**

Sandy Hawk

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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