



**PATIENT**

Slinky Clayton

**PRESENTING CLINICAL SIGNS**

History: Abdominal mass.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

**BREED**

DSH

Left kidney is normal in size (4.0 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely.

**SEX**

Neutered Male

**AGE**

13 Years 2 Months

Right Kidney is normal in size (4.5 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely.

**WEIGHT**

7.5 Pounds

**Adrenal Glands**

Left adrenal gland is normal in size (0.54 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Right adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is unable to be well visualized in these images.

**IMAGING PERFORMED BY**

Dr. Finder

**Liver**

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.

**HOSPITAL NAME**

Craig Road AH

Gallbladder is unable to be well visualized in these images.

**REFERRING VET**

Dr. Finder

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**INVOICE**

16582

The visible small intestine demonstrates areas of diffusely thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated.

**DATE**

7/11/22



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In the mid right abdomen, there is a 5.0 cm x 6.0 cm hypoechoic mass surrounding bowel that appears to originate from bowel in the area of ileocecolic junction. Small versus large bowel cannot be definitively differentiated.

**SPECIES**

Feline

**Pancreas**

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

DSH

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

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Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Bowel mass, most concerning for infiltrative neoplasia with lymphoma or adenocarcinoma being the top two differentials.

**AGE**

13 Years 2 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. 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.
2. A fine needle aspirate of the bowel mass can be considered if patients coagulation status is appropriate.

**WEIGHT**

7.5 Pounds

If a diagnosis cannot be obtained cytologically, an exploratory laparotomy for bowel mass removal and resection and anastomosis is recommended.

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DACVIM

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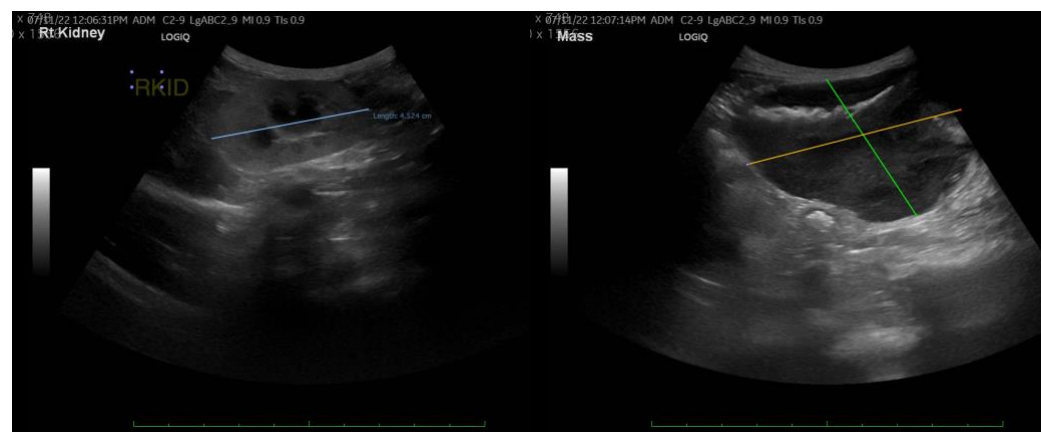
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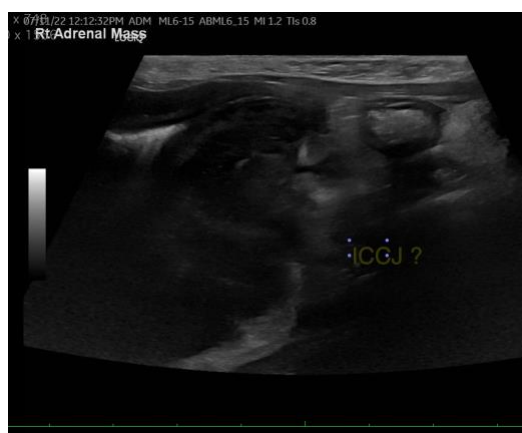
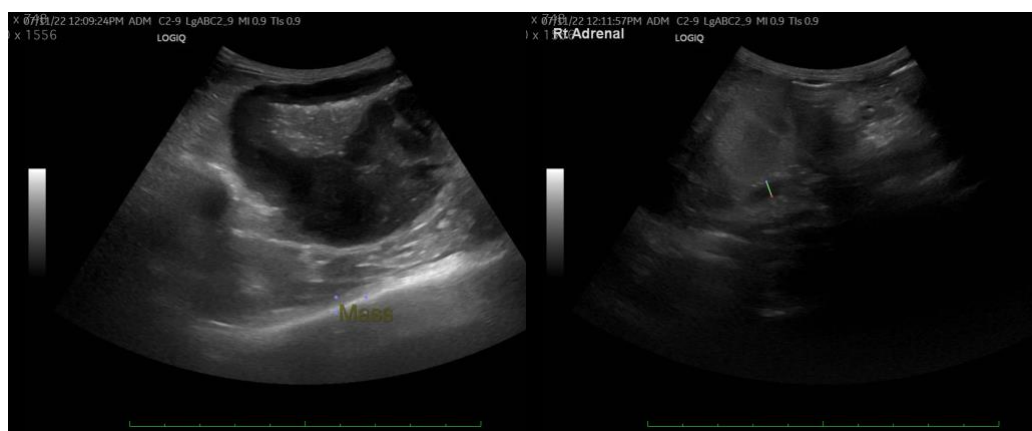
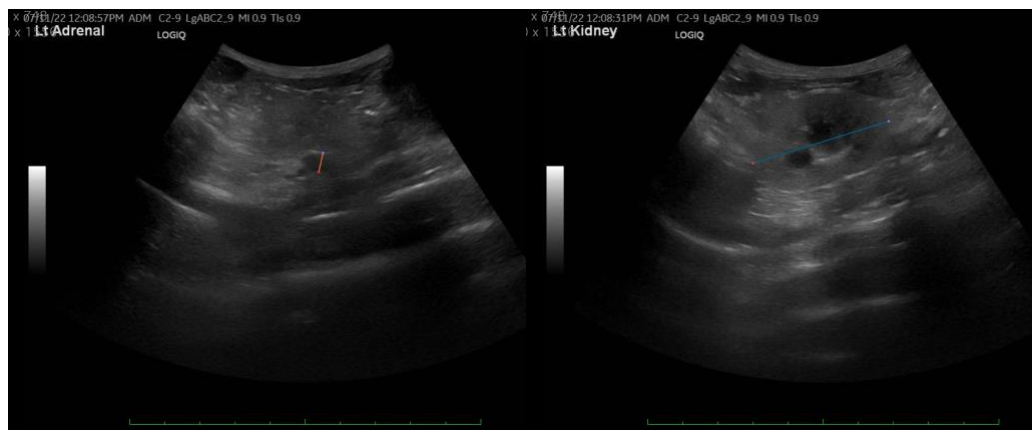
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**



**PATIENT**

Beth.Johnson@SonoPath.com

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