



PATIENT

Smudge Hancock

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 3 Months

WEIGHT

7.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

16698

DATE

PRESENTING CLINICAL SIGNS

History: Last week noticed that she was laying around. Saturday she started throwing up liquid. This happened sometime last year. They gave some hairball meds and that seemed to help her last year. They started the hairball meds and that doesn't seem to be helping. Not wanting to eat or drink any water. Stools are back to normal now.

Abnormal PE/Chem/CBC/UA Results: PE: PALE Pink, TACKY, CRT <2 seconds Abdomen TENDER, FULL CRANIALLY, EMPTY BOWEL. SCLEROSIS NORMAL FOR AGE. BROWN CAKE IN FUR AROUND MOUTH. GENERALIZED MUSCLE ATROPHY. STAGE IV DENTAL DISEASE BLOOD RAN IN HOUSE CBC: Monocytes 4.58 KuL Platelets >227 KuL Chem: BUN 43 mg/dL Sodium 175 mmol/L Globulin 5.8 g/dL GGT 13 U/L

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.

Left kidney is normal in size (3.29 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.

Right kidney is normal in size (3.17 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

Left adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.6 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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. A 1.0 cm X 1.5 cm cystic area was present in the mid liver, as well as a 1.3 cm in diameter, hyperechoic cystic region near the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic duct is cystic, which is a normal anatomic variant in a patient of this age.

Gastrointestinal



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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.

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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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- In a senior cat, the liver lesions described are consistent with benign biliary cystadenomas. Malignancy cannot be ruled out, however, without tissue sampling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given this patients clinical signs, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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- A T4 and free T4 are recommended, if not recently evaluated.
- While considered a most likely benign biliary cystadenomas, a fine needle aspirate of the liver lesions could be considered if patients coagulation status is appropriate.
- 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.

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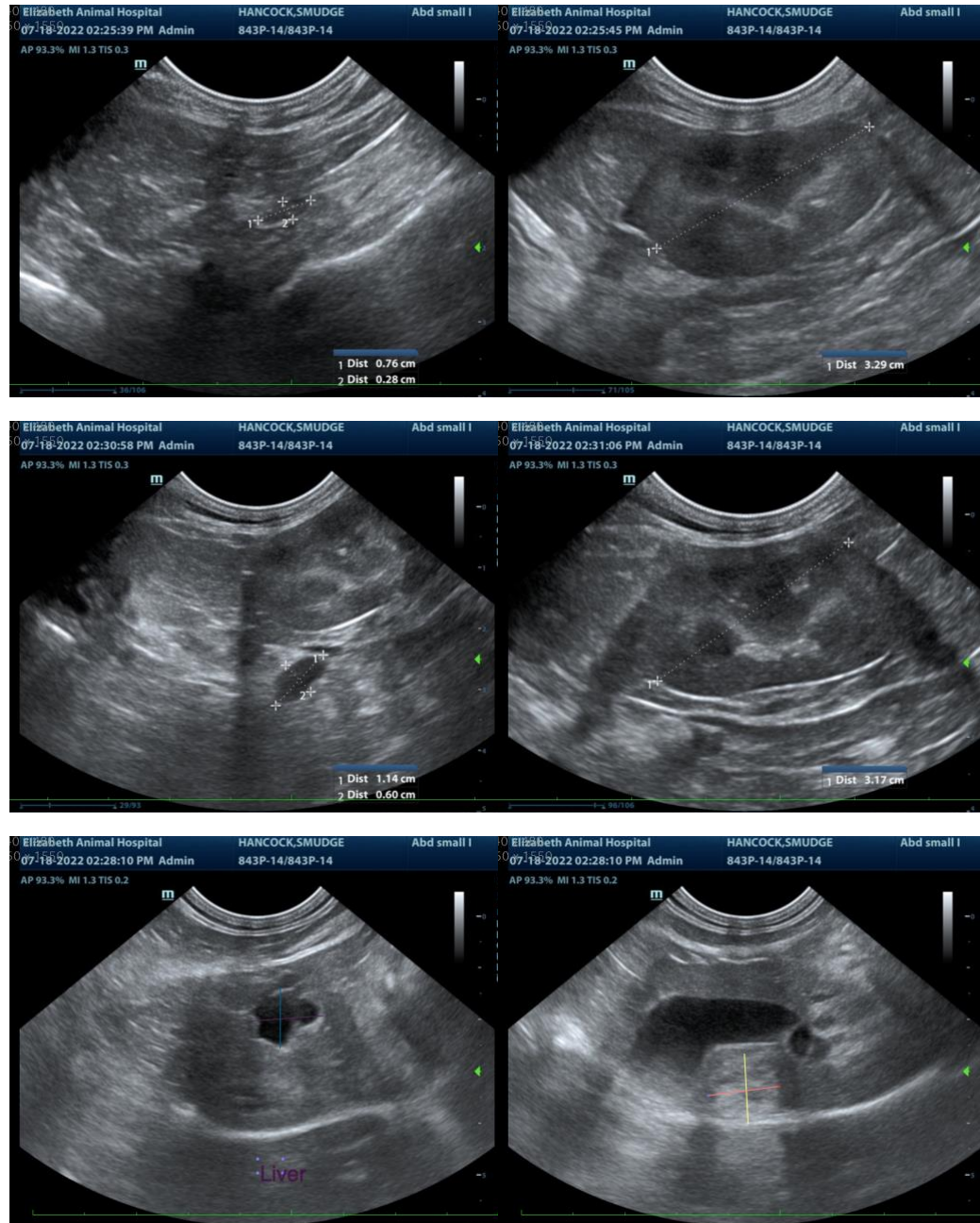
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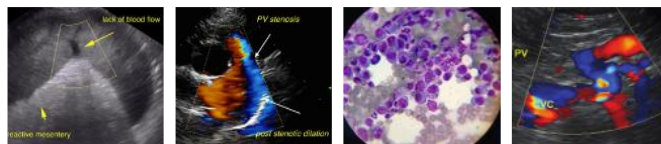
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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