



PATIENT	PRESENTING CLINICAL SIGNS
Bubba Cosgriff	Possible abdominal mass, inappetence, abdominal discomfort. Current anemia, history of melanoma, weak, painful in abdomen. Noted thickened palpable area of small intestine on exam.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
DSH	The right kidney is normal in size (4.46 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.
SEX	The left kidney is normal in size (4.2 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.
Neutered Male	Adrenal Glands
AGE	The right adrenal gland is unable to be visualized in these images.
9 Years	The left adrenal gland is normal in size (0.55 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	Spleen
8 Pounds	Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. A 0.3 cm in diameter hypoechoic nodule is noted near the head of the spleen. Splenic vasculature appears normal.
INTERPRETED BY	Liver
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	Gastrointestinal
Chaley Hunt, LVT	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. **See other.
HOSPITAL NAME	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.
Kibby Park AH	
REFERRING VET	
Dr. Melissa Owings	
INVOICE	
39888	
DATE	
7/28/22	



PATIENT

Bubba Cosgriff

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

Pancreas

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Neutered Male

Other

Near the end of the study, in the mid abdomen, there is an area of the GI tract believed to be the stomach. However, small bowel and/or even ileocecolic junction cannot be ruled out based on these images. This area contains several echogenic foci with strong acoustic shadow. There is a large amount of interfering GI artifact obscuring the acoustic window, making full identification/interpretation difficult. The focal portion of the gastrointestinal tract being described cannot be definitively traced for localization identification based on these images.

AGE

9 Years

WEIGHT

8 Pounds

ULTRASONOGRAPHIC FINDINGS

- **Coarse splenomegaly** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Focally isolated area of the gastrointestinal tract (reportedly handheld during the ultrasound) that appears to contain echogenic foci with acoustic shadowing – Differentials could include gastric foreign bodies. However, the stomach appears to also contain normal ingesta. Therefore, normal ingesta, gas, etc. cannot be ruled out, given the concurrent artifact. Small and/or large bowel involvement versus stomach is considered possible as well.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Kibby Park AH

REFERRING VET

Dr. Melissa Owings

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

39888

The identity/localization of the palpable gastrointestinal structure reported cannot be determined based on these images. Normal ingesta/stool, foreign material, and/or even infiltrative tissue disease are all considered differentials.

DATE

7/28/22

Therefore, recommendations include either supportive symptomatic medical management of clinical signs combined with fluid support and fasting for 24 hours followed by recheck imaging of the area, being sure to trace it, if possible, to its origin, versus an abdominal CT scan for more specific tissue origin



PATIENT

identification, versus an exploratory laparotomy for further investigation/removal, if necessary.

Bubba Cosgriff

In the meantime, a fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate, and pre-medication with diphenhydramine is recommended prior to the aspirate.

SPECIES

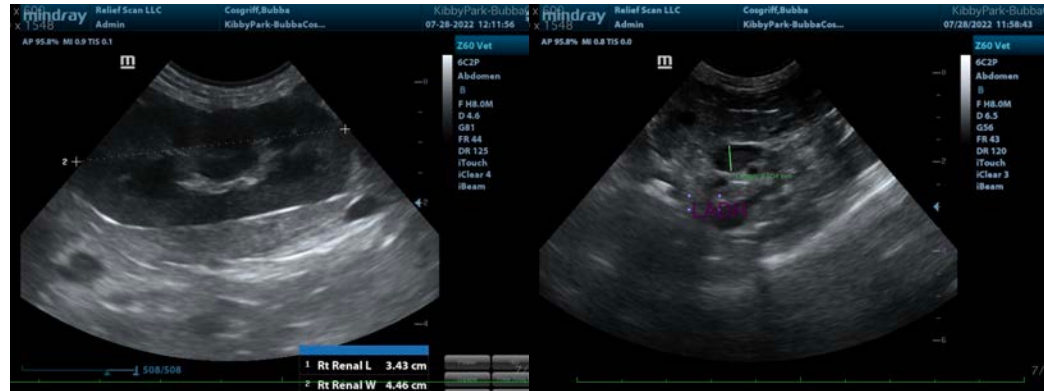
Feline

BREED

DSH

SEX

Neutered Male



AGE

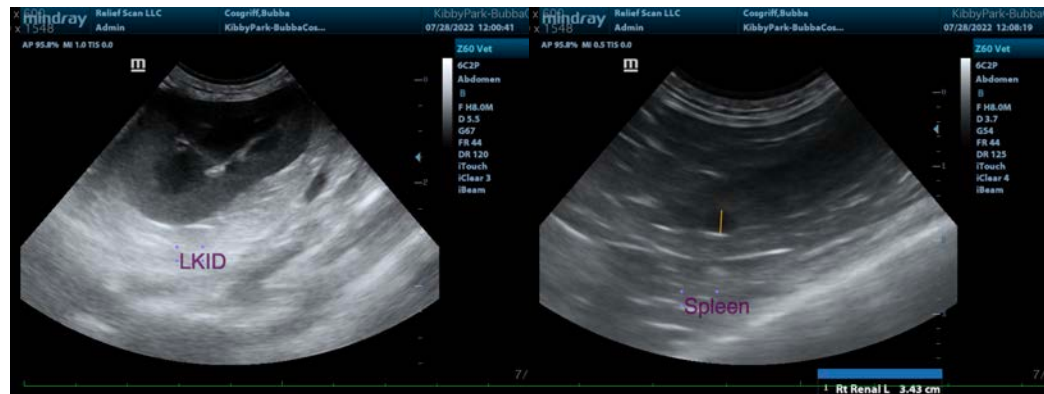
9 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

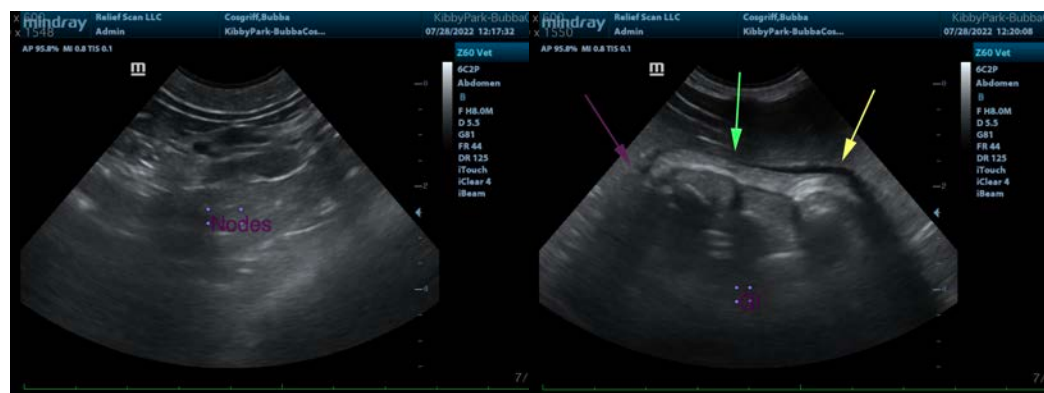


IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Kibby Park AH



REFERRING VET

Dr. Melissa Owings

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.

INVOICE

39888

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.

DATE

7/28/22

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