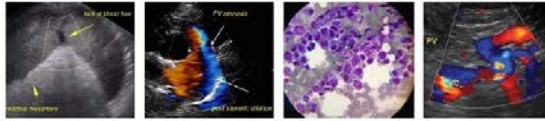




PATIENT	PRESENTING CLINICAL SIGNS
Murray Winstock	Suspect abdominal mass, ongoing weight loss. NO meds.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Balinese	Kidneys are significantly enlarged in size with increased cortical echogenicity and disruption of normal corticomedullary architecture caused by multifocal heterogenous (primarily hypoechoic) nodules. A hypoechoic subcapsular rim "halo" is present. The pericapsular area is enhanced by hyperechoic fat and mesentery. No mineral is observed. The left kidney measured 4.61 cm. The right kidney measured 5.22 cm.
SEX	Adrenal Glands
Neutered Male	The right adrenal gland is normal in size (0.54 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
AGE	The left adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
13 Years	Spleen
WEIGHT	The 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.
4.79 kg	Liver
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
IMAGING PERFORMED BY	Gastrointestinal
Crystal Hill	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.
HOSPITAL NAME	The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic. In the cranial abdomen there is a 4.0 cm long small bowel mass characterized by concentric hypoechoic wall thickening, measuring 3.0 cm overall. Additionally, in the mid abdomen, there is a 2 nd 4.0 cm long small bowel mass characterized by concentric hypoechoic wall thickening measuring 0.76 cm thick. The lumen is empty with no evidence of obstruction or foreign material.
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DATE	
7/4/23	



PATIENT

Murray Winstock

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

SPECIES

Feline

Pancreas

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

Balinese

Free Abdomen

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

SEX

Neutered Male

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- **Gastrointestinal lymphoma (suspect) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Given the concurrent pathology noted, infiltrative neoplasia is considered more likely, but benign IBD cannot be ruled out without tissue sampling.

WEIGHT

4.79 kg

- **Renal lymphoma** – This appearance is highly suggestive of renal lymphoma. Other malignant neoplasia, severe nephritis and feline infectious peritonitis can at times mimic this presentation, but it's less common.

INTERPRETED BY

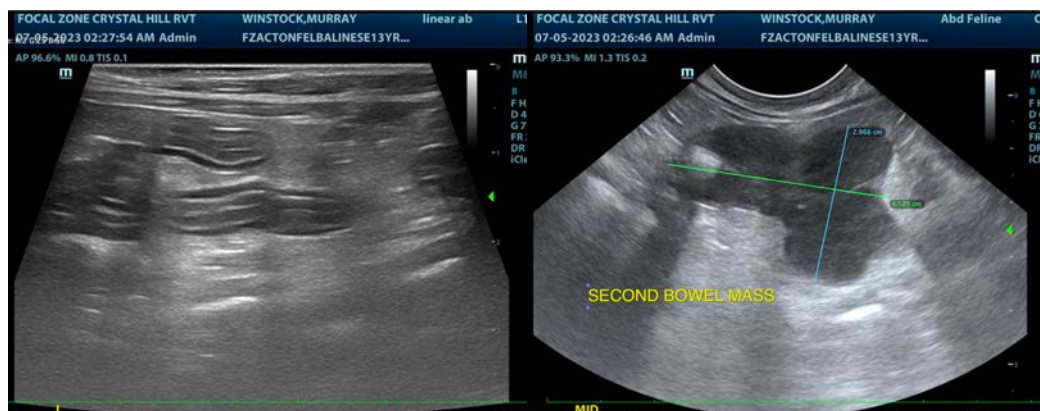
Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the bowel masses +/- the kidneys could be considered if patient's coagulation status is appropriate. Ultimately, pending results, consultation with a veterinary oncologist could be considered.

IMAGING PERFORMED BY

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PATIENT

Murray Winstock

SPECIES

Feline

BREED

Balinese

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.79 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Acton Vet Clinic

REFERRING VET

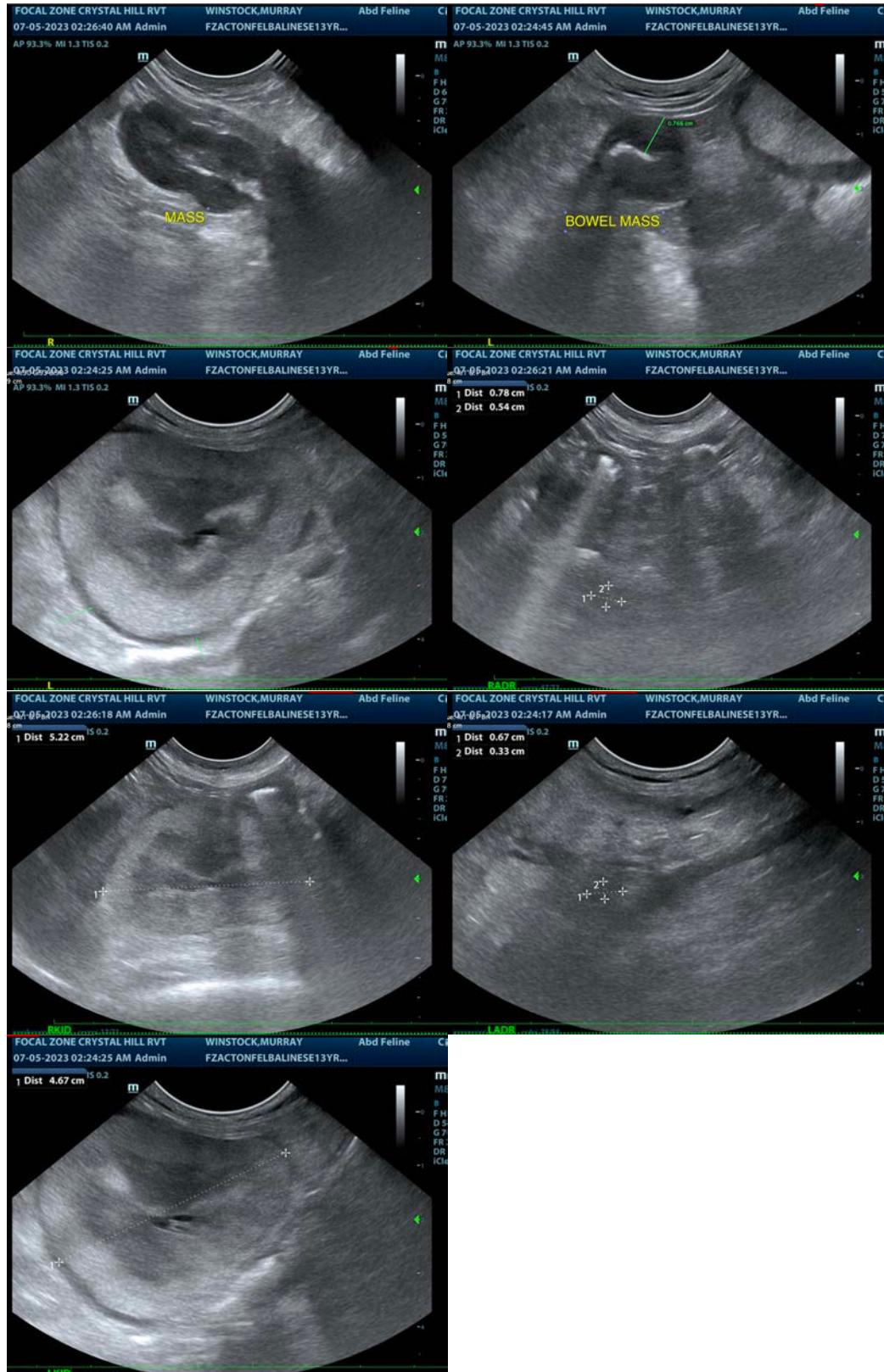
Dr. Hess

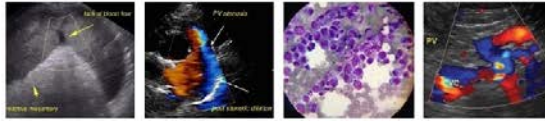
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PATIENT

Murray Winstock

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

Balinese

Beth Johnson, DVM, DACVIM
info@sonopath.com

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.79 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

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