



PATIENT

Marley Linette

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 9 Months

WEIGHT

7.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Laura Green

INVOICE

39990

DATE

8/1/22

PRESENTING CLINICAL SIGNS

Started about 3 days ago, very lethargic, hiding, not eating.. no vomiting/diarrhea. Losing weight (was 9.3# in June, now 7.9#)

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/Lytes: tBili 2.0, nothing else of significance on bloodwork. Rads: busy abdomen. Primary liver issue vs heplip, concern for cancer due to severity of weight loss. O elected to hospitalize on IVF/supportive care

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (4.18 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.

The left kidney is normal in size (4.26 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

The right adrenal gland is normal in size (0.26 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete heterogeneous, primarily hypoechoic nodules of varying sizes "moth-eaten". Visible vasculature and biliary tree appear normal without distension or congestion.

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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is distended with echogenic fluid with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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, without evident loss of layering appreciated. However, in the caudal left abdomen there is a 4.0 cm long concentric bowel mass characterized by hypoechoic loss of layering, measuring between



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0.6-0.7 cm thick. The bowel mass is surrounded by enhanced hyperechoic fat and mesentery. The lumen is empty with no evidence of obstruction or foreign material.

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

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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.

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Free Abdomen

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

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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- **Small bowel mass** – most concerning for infiltrative neoplasia such as lymphoma. Other malignant neoplasia or benign disease can't be ruled out, but is considered much less likely, especially given the concurrent findings.

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- **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.

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- **Nodular Liver** - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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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A fine needle aspirate of the liver nodules as well as possibly the bowel mass if patient's coagulation status is appropriate could be considered to look for evidence of round cell neoplasia that may be able to be managed medically. However, if patient's clinical status continues to decline and/or a diagnosis cannot be obtained cytologically, an exploratory laparotomy for bowel mass removal, resection and anastomosis of the bowel, and liver biopsy may be necessary to definitively diagnosis and therefore medically manage the infiltrative process.

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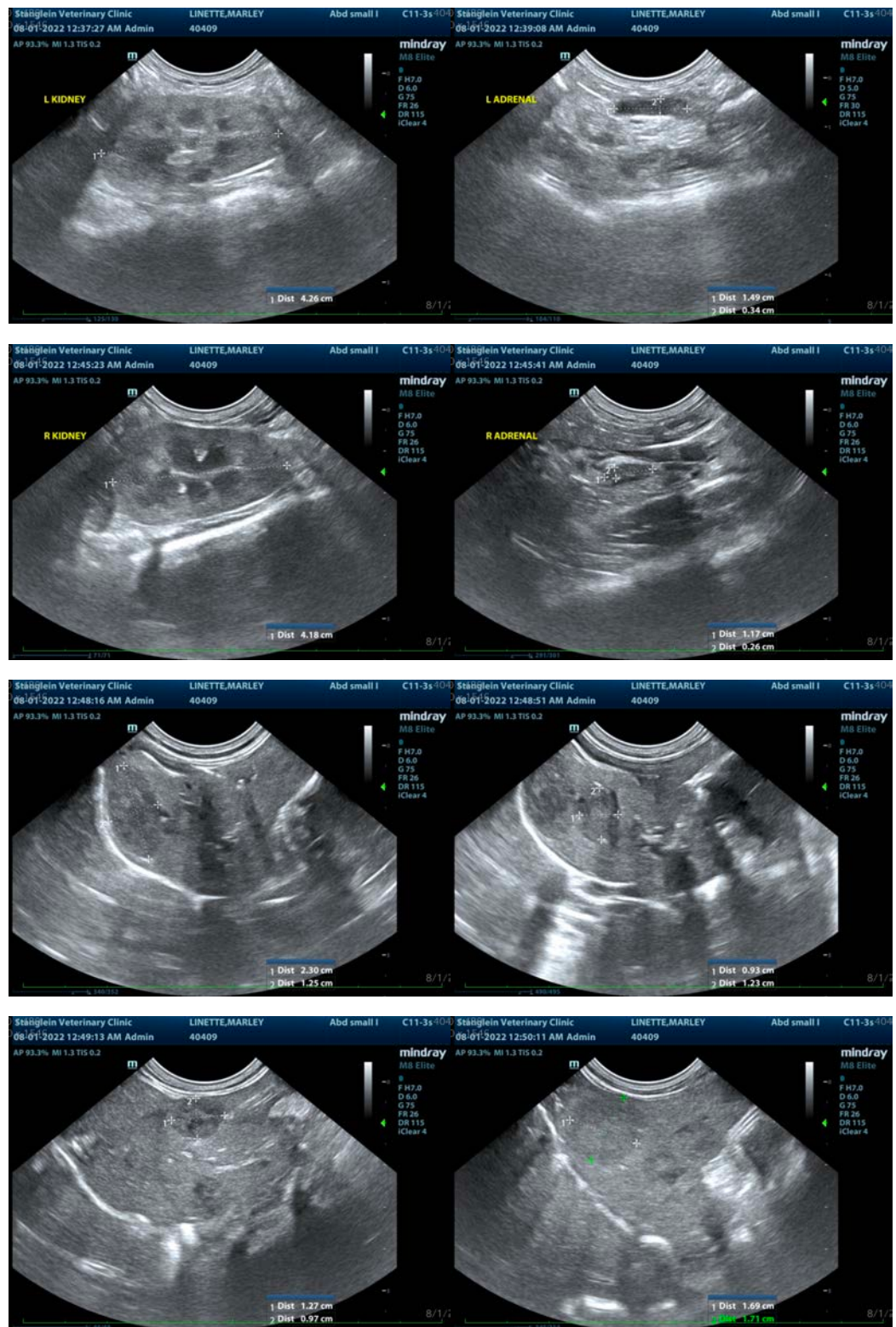
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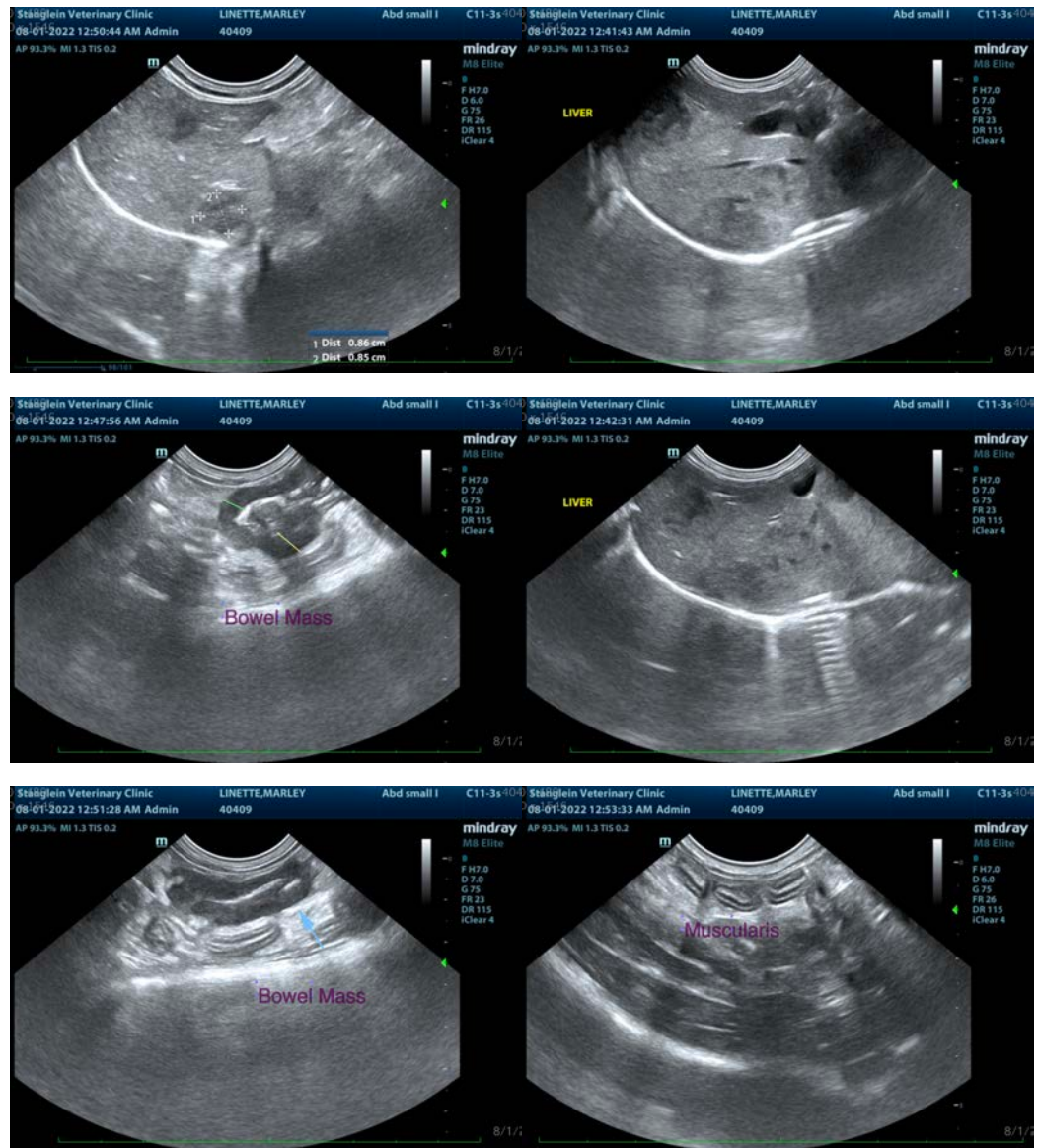
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com