



**PATIENT PRESENTING CLINICAL SIGNS**

Marley Muehler

Chronic history of weight loss, inappetence and vomiting since at least April 5th 2022. Partial improvement with Mirtazapine / Cerenia. Dexamethasone 0.5 mg: Give 1 tablet orally once every 24 hours for 5 - 7 days then give 1 tablet every other day for 7 days then twice per week. Started August 11th 2022

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: BW results from 24/06/2022 Mild neutrophilia - stress related vs inflammatory / infectious? Normal Glucose / ALT / ALP / ALB / Glob / SDMA / TT4 BUN and Crea low - secondary to muscle mass loss - reduced appetite / low protein diet - other. No X rays performed

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

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.

**AGE**

9 Years

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.

**WEIGHT**

5.5 Pounds

The left 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.

**Adrenal Glands**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The right adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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**Liver**

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.

**REFERRING VET**

Dr. Velez

**INVOICE**

40501

The gallbladder is empty and difficult to fully examine. However, no pathology is present in the area of the gallbladder.

**Gastrointestinal**

**DATE**

8/16/22

The stomach wall is diffusely markedly thick, measuring 1.5-2.0 cm thick in some places with diffusely hypoechoic loss of layering noted. There is some ingesta retained in the stomach.



**PATIENT**

Marley Muehler

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 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.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

**SEX**

Spayed Female

**Free Abdomen**

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

**AGE**

9 Years

Cranial abdominal suspect pancreaticoduodenal lymphadenopathy, concerning for infiltrative neoplasia, given the concurrent pathology. However, reactive lymphadenopathy cannot be definitively ruled out.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.5 Pounds

- **Gastric mass** – most concerning for infiltrative neoplasia such as round cell neoplasia/lymphoma. A benign inflammatory process/edema secondary to the concurrent suspected acute pancreatitis can't be definitively ruled out, but is considered much less likely.
- Acute pancreatitis suspected
- **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.
- **Lymphadenopathy** – concerning for infiltrative neoplasia such as lymphoma. However, reactive lymphadenopathy can't be ruled out.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include a fine needle aspirate of the gastric wall for cytology +/- culture and sensitivity, if indicated, if patient's coagulation status is appropriate. In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended.

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The gastric changes are the most significant. However, if a cytologic diagnosis is not obtained from a fine needle aspirate of the gastric wall, fine needle aspirate of the spleen could be considered, yet will likely be of lower yield. Ultimately, biopsies of the gastric wall via endoscopy or potentially exploratory laparotomy may be necessary to definitively diagnose and therefore definitively manage this patient's infiltrative process.

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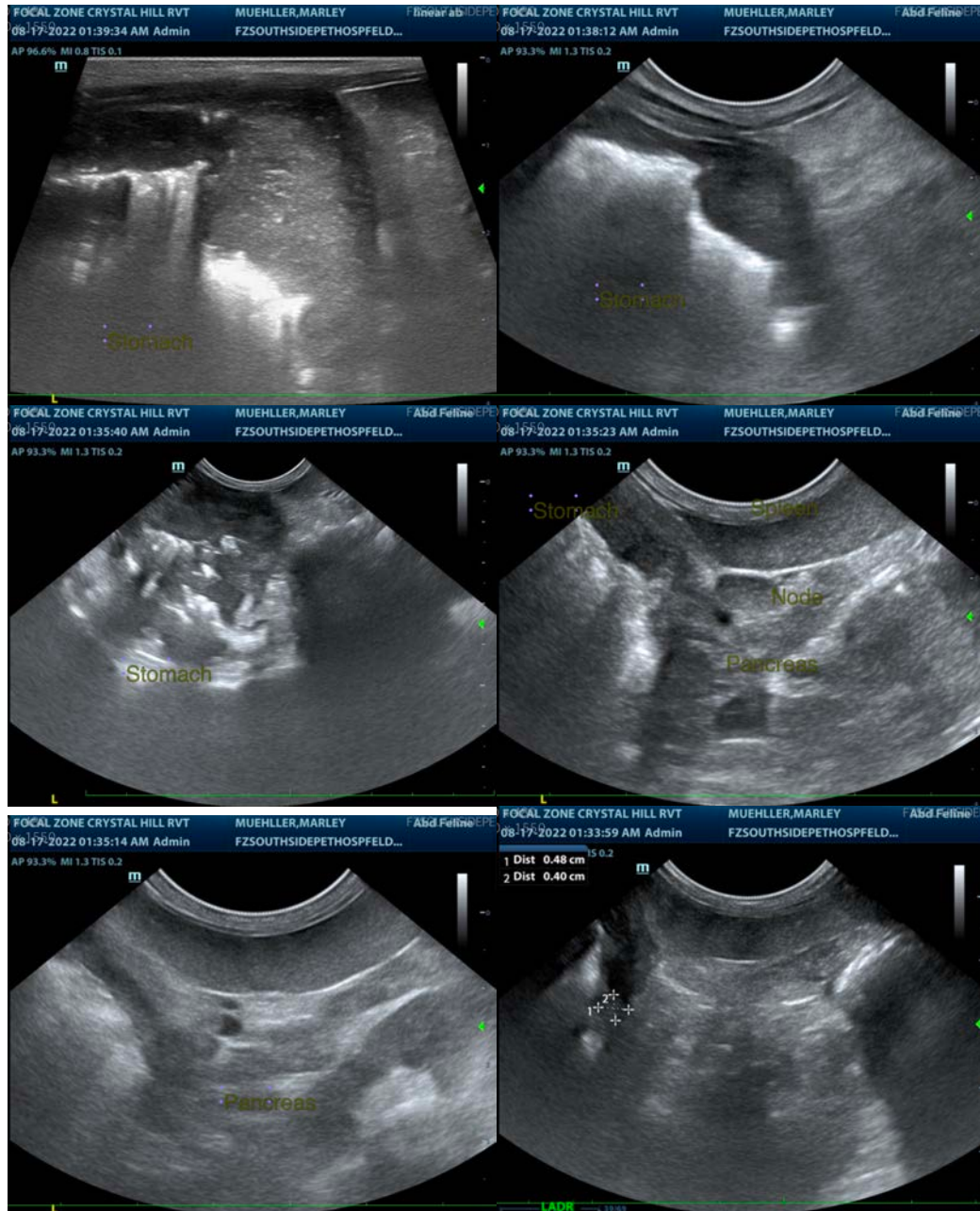
Dr. Velez

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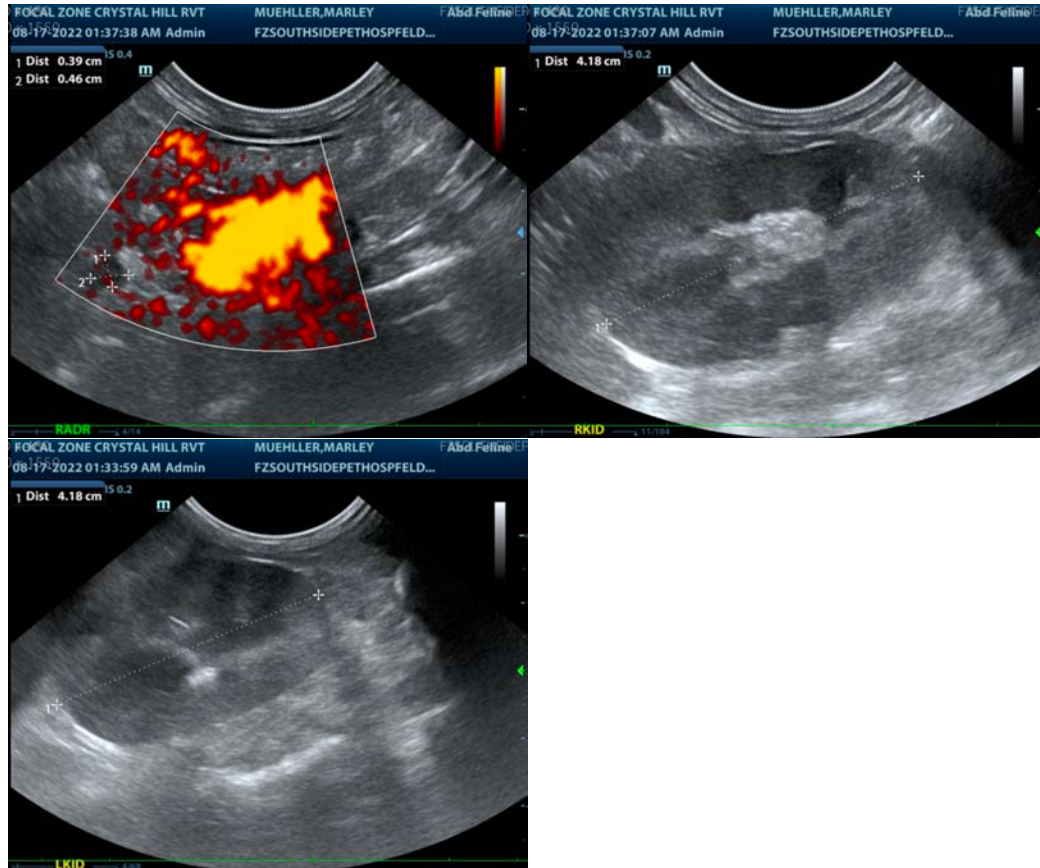
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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