



PATIENT PRESENTING CLINICAL SIGNS

Atlas Baillie Abdominal mass, midventral abd, not doing well nowhere.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

6 kg

The right kidney is normal in size (4.25 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 (4.14 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 (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Cat Hospital of
Burlington

REFERRING VET

Dr. Lowrey

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.

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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

DATE

8/16/23

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 or infiltrative disease. Pyloric outflow tract appears patent. There are several luminal contents with acoustic shadow that still likely represent ingesta, given the



PATIENT appearance of the other contents. However, non-obstructive foreign objects can't be definitively ruled out.

Atlas Bailie

SPECIES 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.

Feline

BREED At the ileocecolic junction, at what appears to involve the cecum, there is a 2.6 cm x 3.3 cm heterogeneous, partially anechoic mass. The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

DSH

SEX *Pancreas*

Neutered Male

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.

AGE

5 Years

Free Abdomen

WEIGHT

6 kg

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

There is no apparent lymphadenopathy noted in these images.

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Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous, partially anechoic mass at the ileocecolic junction – appears to be cecal in origin. Differentials include severe typhlitis secondary to parasitic, infectious versus other underlying disease, as well as infiltrative neoplasia. While considered less likely, involvement of bowel other than the cecum and/or even lymph node are other possible considerations.
- There is some suspicion for small non-obstructive foreign objects within the stomach. However, normal ingesta, given the apparent post-prandial state of this study is possible.
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen is recommended in the form of CBC/Chem panel and electrolytes.

REFERRING VET

Dr. Lowrey

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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If not recently evaluated, a fecal exam is recommended.

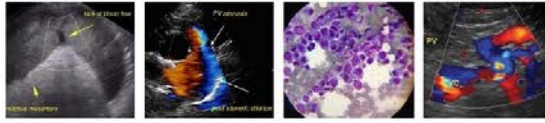
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Other diagnostic considerations to look for evidence of bowel disease that could be contributing to typhlitis could include:

DATE

8/16/23

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.



PATIENT

Atlas Bailie

SPECIES

Feline

BREED

DSH

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Neutered Male

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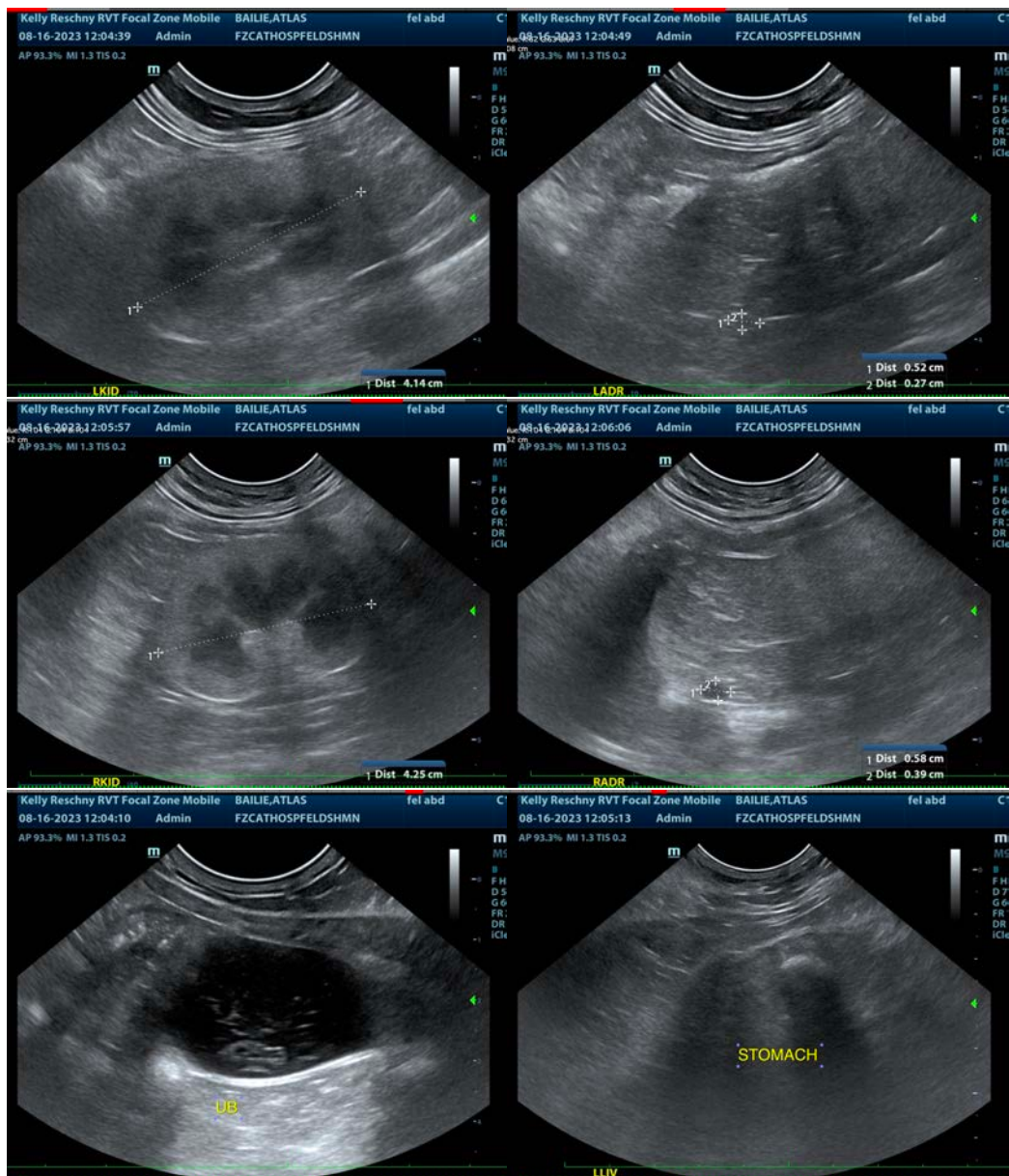
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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Lastly, a fine needle aspirate of the mass could be considered if patient's coagulation status is appropriate, versus alternatively endoscopy/colonoscopy, being sure to include the ileum and cecum for both visual evaluations and biopsies. If a cytologic diagnosis is not obtained, and/or endoscopy/colonoscopy is not available or possible, an exploratory laparotomy for planned excisional biopsy could be considered. However, given the location of the mass, consultation with a veterinary surgeon should be considered.





PATIENT

Atlas Bailie

SPECIES

Feline

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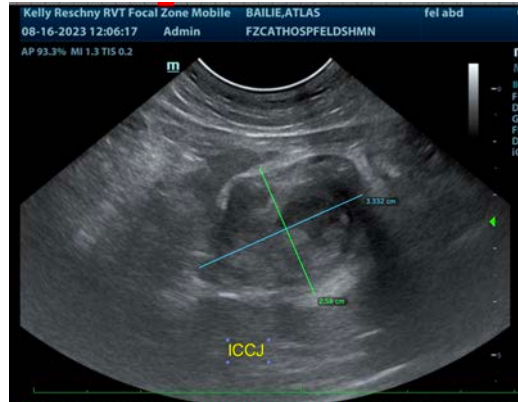
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com