



PATIENT	PRESENTING CLINICAL SIGNS
Mr. Tom Fisher	Bladder outflow obstruction, lung changes, possible kidney changes meds: methimazole, gabapentin, buprenorphine.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder is only mildly distended (empty). Visible contents are partially anechoic with some mineral sand/debris and multiple small cystoliths versus mineral embedded in the wall suspected. The wall appears thick and irregular. However, it is unable to be fully assessed for pathology without further distention. There is no visible pathology in the area of the trigone or visible pelvic urethra.
DSH	
SEX	Kidneys are large in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 measures 4.02 cm. The right kidney measures 5.35 cm.
Neutered Male	
AGE	Adrenal Glands
12 Years	
WEIGHT	The right adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
5.5 kg	
INTERPRETED BY	The left adrenal gland is normal in size (0.25 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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.
Kelly Reschny	Liver
HOSPITAL NAME	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.
Cat Hospital of Burlington	
REFERRING VET	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.
Dr. Lowrey	Gastrointestinal
INVOICE	The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted.
44720	
DATE	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.
8/16/23	



PATIENT

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

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

DSH

Other

SEX

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

Neutered Male

In the area of the ileocecolic junction, potentially the cecum versus possibly a lymph node, there is a 2.0 cm x 2.75 cm heterogeneous, hypoechoic mass surrounded by markedly enhanced hyperechoic mesenteric fat.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.5 kg

- Mid abdominal suspect cecal mass. However, lymphadenopathy can't be definitively ruled out. This finding is concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma). However, a benign infectious or inflammatory etiology can't be ruled out without tissue sampling.
- Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney.
- The urinary bladder is difficult to fully assess but appears at least partially consistent with chronic cystitis and potentially cystoliths, which potentially contributed to the reported recent blockage.
- Gastric Hairball – similar density soft foreign material cannot be ruled out.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Cat Hospital of
Burlington

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A general metabolic health screen is recommended, beginning with CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

REFERRING VET

Dr. Lowrey

Fine needle aspirates of the mid abdominal/cecal/possible lymph node mass as well as potentially the larger (right) kidney could be considered if patient's coagulation status is appropriate.

INVOICE

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Alternatively, given the lack of ability to definitively identify the location of the mass, advanced imaging in the form of an abdominal contrast CT scan could be considered prior to more invasive tissue sampling.

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Remaining diagnostic and therapeutic recommendations are largely dependent on results of the above as well as patient's clinical status, etc.



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Mr. Tom Fisher

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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WEIGHT

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IMAGING PERFORMED BY

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REFERRING VET

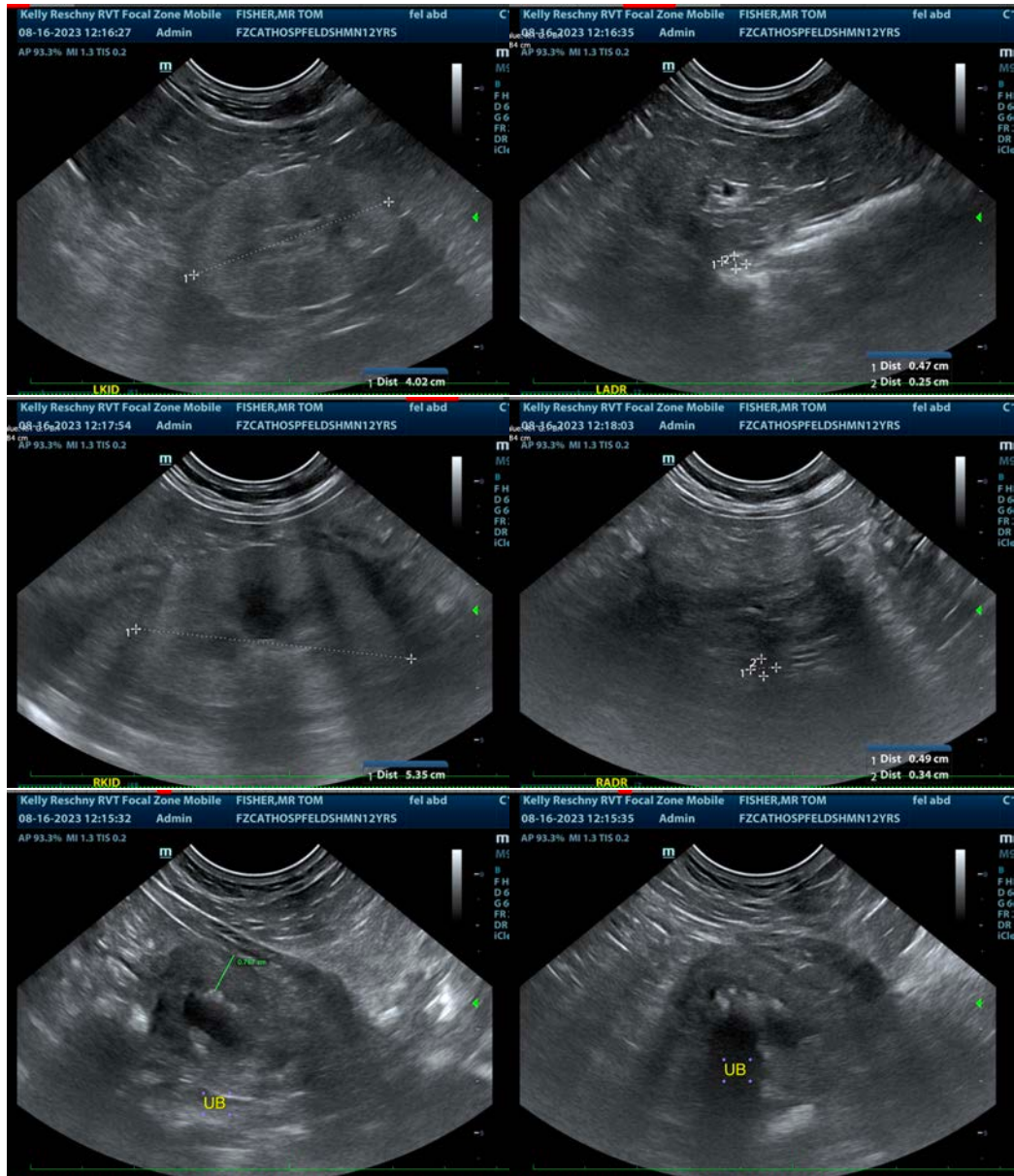
Dr. Lowrey

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Neutered Male

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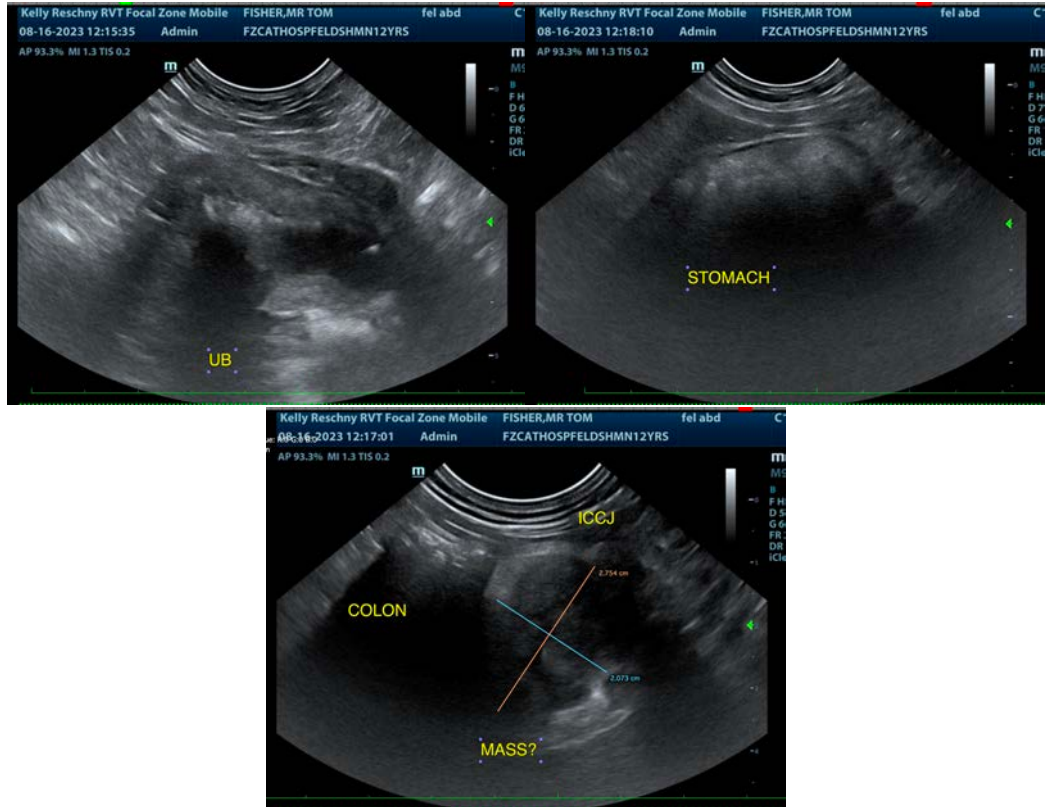
Dr. Lowrey

INVOICE

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DATE

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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