



PATIENT PRESENTING CLINICAL SIGNS

Gigi Leger
Initially seen July 27 for inappropriate urination + hematuria; in house UA suggested bacterial cystitis (cocci); treated with clavaseptin but she experienced GI upset - went off her food, became quite ill; only received about 5 days of treatment - came in for recheck due to these side effects - was mounting a significant inflammatory response but no other significant findings ; treated w/ supportive care (cerenia, SC fluids, pain meds, convenia) and she improved. - since stopping her buprenorphine (was on it for a week) she has declined significantly - disinterested in food, not herself; she has been losing weight (in March of 2023 she was 5kg, now 4.2);

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: x-rays: there is a strange area of mineralization on her abd rads
CBC: NSF except neutrophilia - NEU 24.16 (1.63 13.37 10⁹/l) Chem: ALB 19 (22.0 44.0 g/L) ALP 9 (10.0 90.0 U/L) TP 93 (54.0 82.0 g/L) GLOB 74 (15.0 57.0); otherwise NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

5.5 Years

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.

WEIGHT

4.25 kg

The right kidney is normal in size (3.65 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (3.43 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.

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Dr. Trudeau

Adrenal Glands

The right adrenal gland is normal in size (0.18 cm at the cranial pole and 0.24 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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The left adrenal gland is normal in size (0.35 cm at the cranial pole and 0.31 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. A 0.40 cm x 0.50 cm hypo- to anechoic non-capsule disrupting nodule noted in the mid body. Splenic vasculature appears normal.

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Liver

DATE

8/17/23

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT 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.

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Gastrointestinal

SPECIES

Feline

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, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

DSH

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. **See other.

SEX

Spayed Female

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

AGE

5.5 Years

Pancreas

WEIGHT

4.25 kg

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. **See other.

Free Abdomen

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

In several images, there is an approximately 3.0+ cm homogeneous, hypoechoic mass that can't be definitively localized from these images.

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ULTRASONOGRAPHIC FINDINGS

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- An abdominal mass of undeterminable location/origin is present in these images. Differentials include likely lymph node. However, given some views, bowel involvement and/or even pancreatic involvement can't be definitively ruled out. Regardless, the lesion is concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma), especially given concurrent pathology.
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

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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.

Fine needle aspirates of the mass/enlarged lymph node, spleen and liver could be considered if patient's coagulation status is appropriate.



PATIENT

Further diagnostic as well as therapeutic recommendations, etc. are dependent on cytology results.

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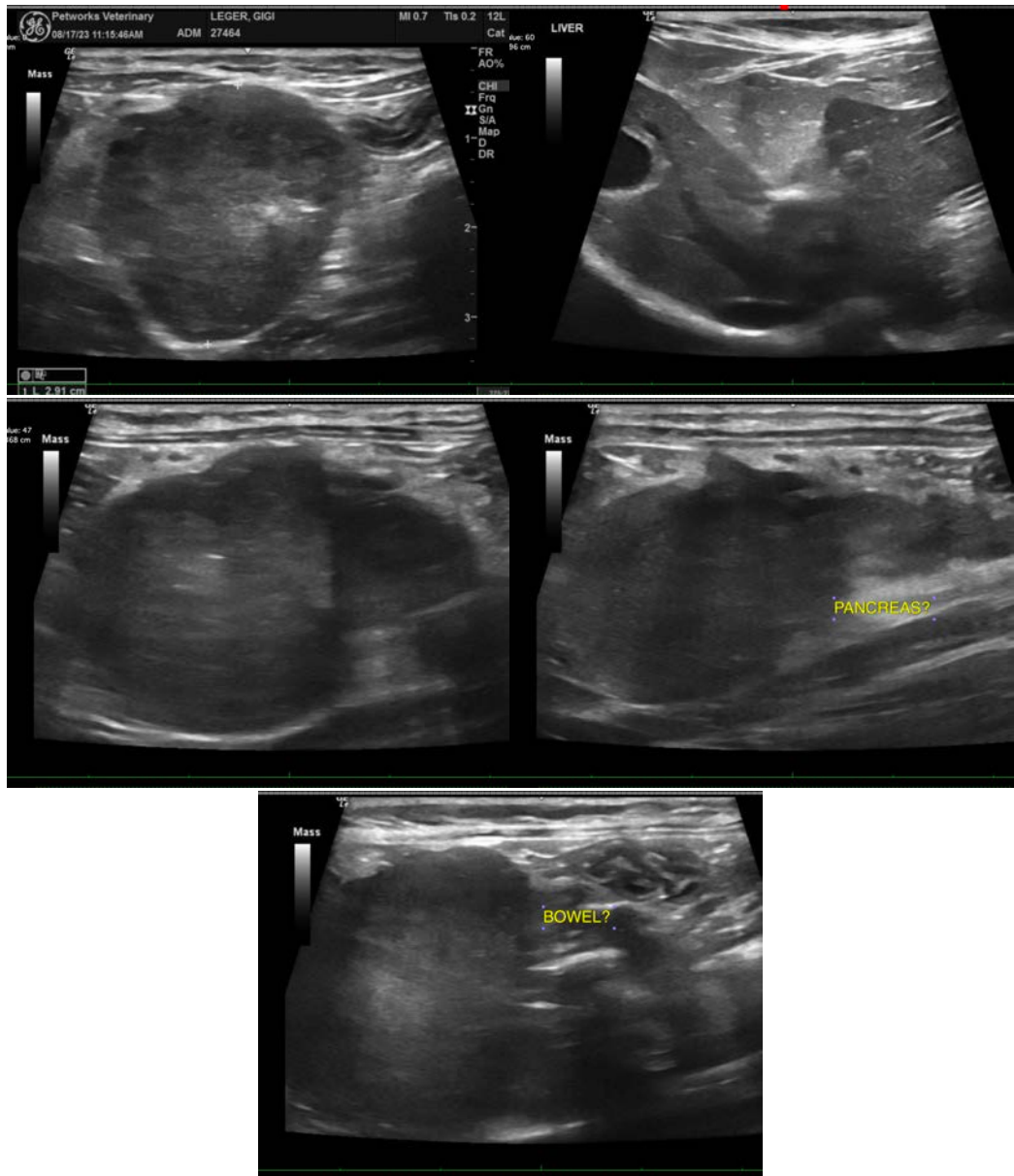
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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