



PATIENT PRESENTING CLINICAL SIGNS

Lily Marshall

Weight loss and inappropriate elimination (urine and feces) at home. Owner has 3 litterboxes for 2 cats in household but noted that P has been defecating and urinating elsewhere in house in addition to weight loss. Recommend abdominal U/S based on abnormal intestinal loop noted at time of cystocentesis.

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: No recent lab work

SEX

Spayed Female

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.

AGE

11 Years

The right kidney is normal in size (4.2 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

11.4 Pounds

The left kidney is normal in size (3.9 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

Adrenal Glands

The right adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

IMAGING PERFORMED BY

Jack Reese

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.

HOSPITAL NAME

Willow Run VC

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. Gwenna Brubaker

INVOICE

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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.

DATE

8/2/23

Gastrointestinal

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.



PATIENT

There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Lily Marshall

SPECIES

Diffusely, 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. In the mid abdomen there is a loop of small bowel measuring at least 3.0 cm long with a concentrically thick, hypoechoic loss of layering, measuring 0.70-0.80 cm thick. The lumen is empty with no evidence of obstruction or foreign material.

Feline

BREED

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

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.

Spayed Female

AGE

Free Abdomen

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

11 Years

WEIGHT

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

11.4 Pounds

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Beth Johnson, DVM
DACVIM

- Small bowel mass – most concerning for infiltrative neoplasia such as lymphoma, given the concurrent lymphadenopathy, etc. A benign inflammatory process is possible but considered less likely.
- Aggressive mesenteric lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, a recheck general metabolic health screen is recommended to include CBC/chem panel and electrolytes.

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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 ratio is recommended.

Dr. Gwenna Brubaker

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If patient's coagulation status is appropriate, fine needle aspirates of the enlarged lymph nodes as well as the bowel mass are recommended.

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REFERRING VET

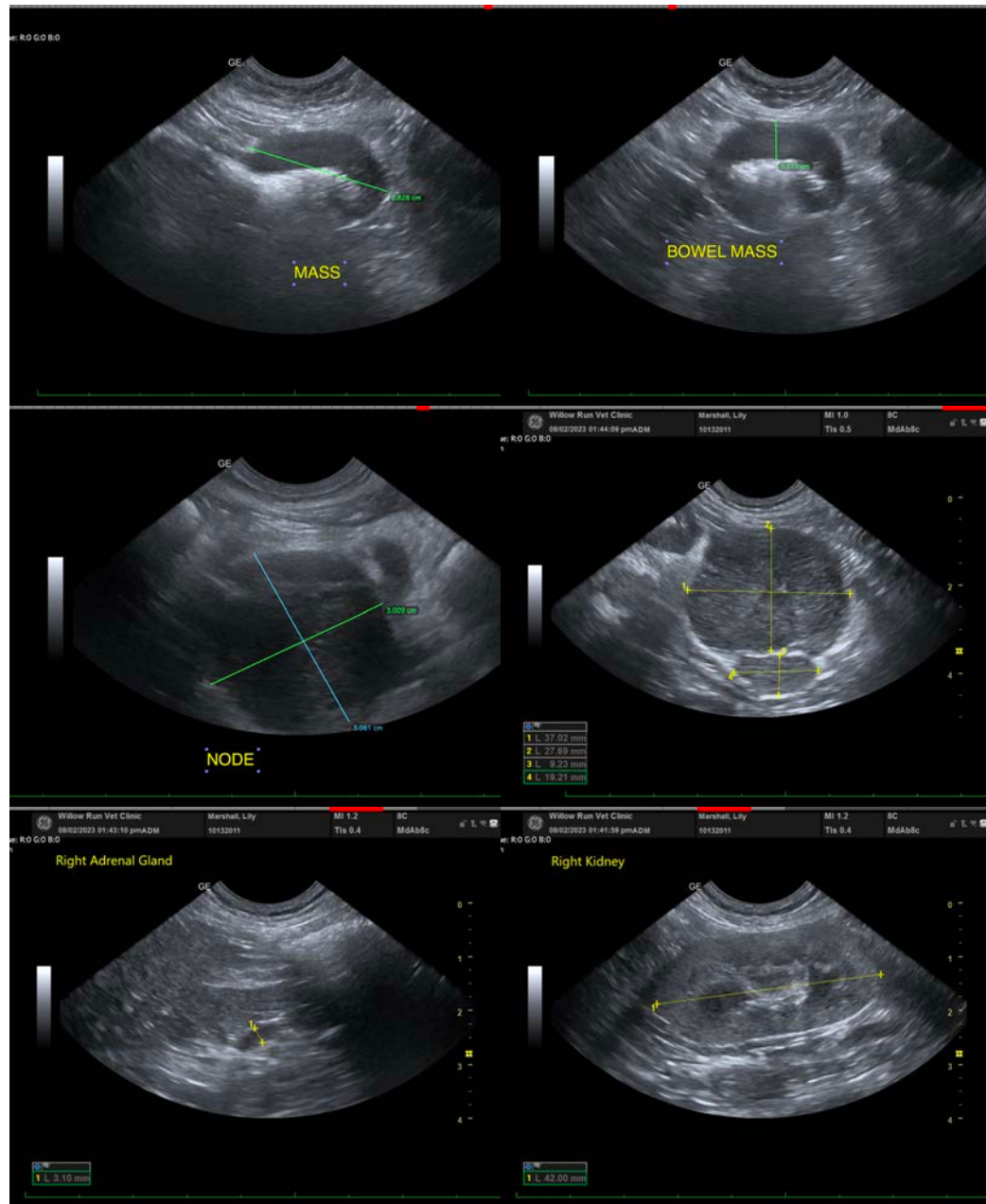
Dr. Gwenna Brubaker

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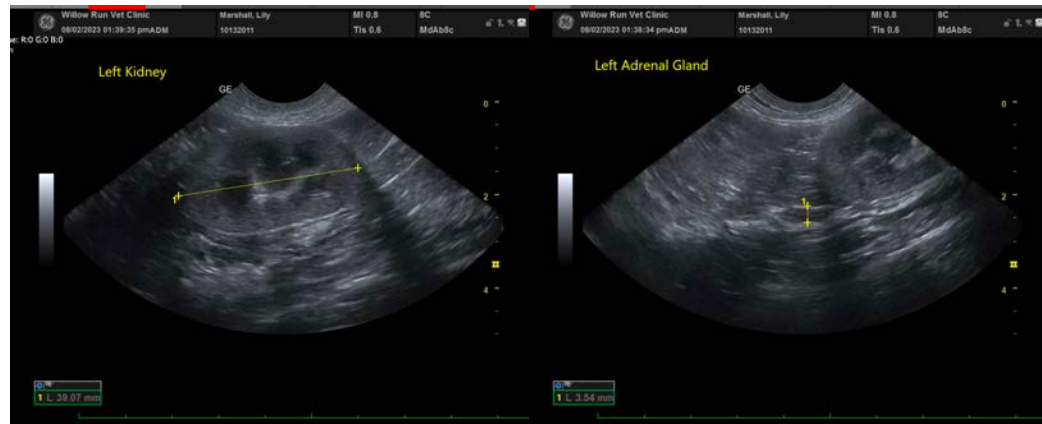
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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