

PATIENT

The Cat Clinic
Hamilton Sneakers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.13 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
(Hamilton)

REFERRING VET

Dr. Hall

INVOICE

44896

DATE

8/23/23

PRESENTING CLINICAL SIGNS

History of pancreatitis, constipation, IBD and possible OA. Has dental disease. Rest of PE WNL. Increased abdominal fat, no obvious masses palpated. Now sometimes drops food from his mouth and seems constipated, possibly nauseous. Pre Dental COHAT - heart appears normal, 2 suspicious densities on abdominal rads. Has been on Prednisolone EOD, Gabapentin BID, Cobalequin SID, Maroptitant SID. BP 157/116. HR 170 RR 16, No murmur.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4/fPL Within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate to large amount of echogenic non-shadowing debris, which could be partially consistent with incidental suspended lipid in a cat, likely 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. **Some images appear to contain a mass within the lumen of the urinary bladder. However, this is believed to be in fact a colonic mass impinging on the urinary bladder wall versus a mass effecting the urinary tract.

The right kidney is normal in size (3.96 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 (3.63 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 (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

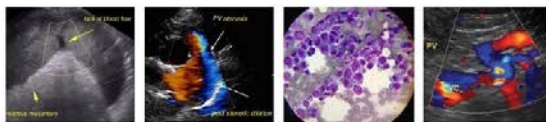
The left adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. There is an almost rounded nodular appearance to the mid body of the spleen. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver contains multiple large, multifocal nodules/masses of mixed echogenicity, the largest of which measures 4.5 cm in diameter, primarily hyperechoic in echogenicity but containing multiple cysts of varying size.



PATIENT

The Cat Clinic
Hamilton Sneakers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.13 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
(Hamilton)

REFERRING VET

Dr. Hall

INVOICE

44896

DATE

8/23/23

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

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

The colon is normal proximally. However, dorsal to the urinary bladder and appearing to connect to the wall of the colon, there is a 1.5 cm x 2.5 cm heterogeneous hypoechoic mass with complete loss of mural detail.

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.

Free Abdomen

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

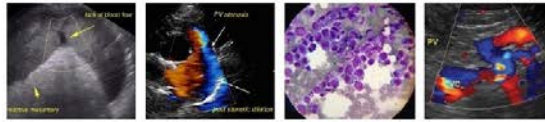
Cranial to the colonic mass, caudal to the kidney, there is a 2.5 cm round, hypoechoic structure that appears almost fluid filled and is believed to be a fluid filled loop of colon. However, a very hypoechoic lymph node can't be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

- Colonic mass – Concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma) versus carcinoma versus other.
- Hypersplenism 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, etc. are possible. However, given this patient's other pathology, infiltrative round cell neoplasia must be considered.
- Feline biliary cystadenomas – In a senior cat, these liver lesions are most consistent with benign biliary cystadenomas. Malignancy cannot be ruled out but is considered less likely given lack of clinical signs and/or laboratory changes.
- Large amount of urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.



PATIENT

The Cat Clinic
Hamilton Sneakers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.13 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
(Hamilton)

REFERRING VET

Dr. Hall

INVOICE

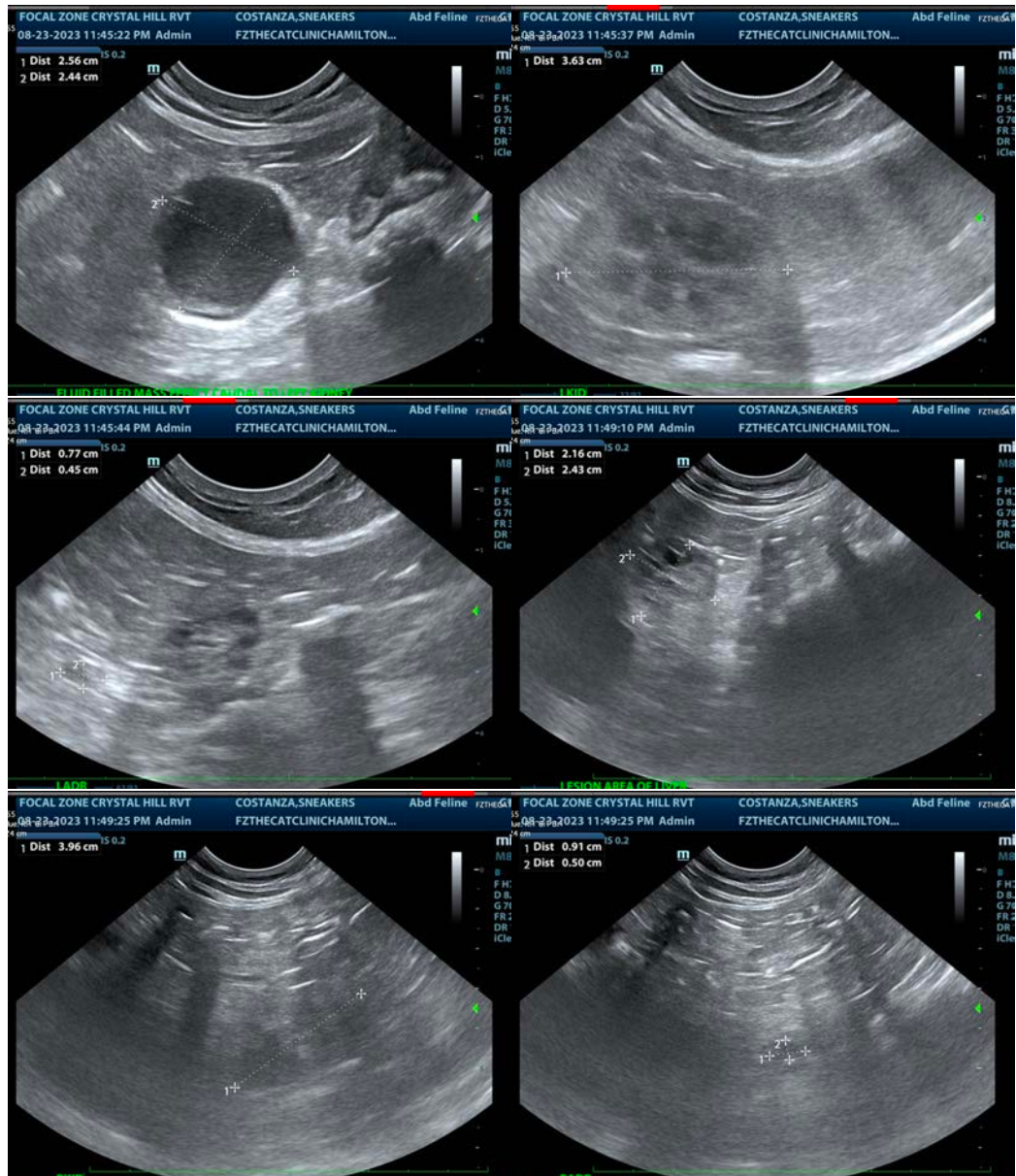
44896

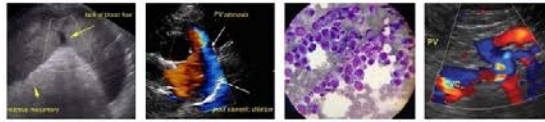
DATE

8/23/23

A fine needle aspirate of the colonic mass is recommended if patient's coagulation status is appropriate. A concurrent fine needle aspirate of the spleen could be considered but may or may not be necessary for a diagnosis.

Further recommendations are dependent on cytology results.





PATIENT

The Cat Clinic
Hamilton Sneakers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.13 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

The Cat Clinic
(Hamilton)

REFERRING VET

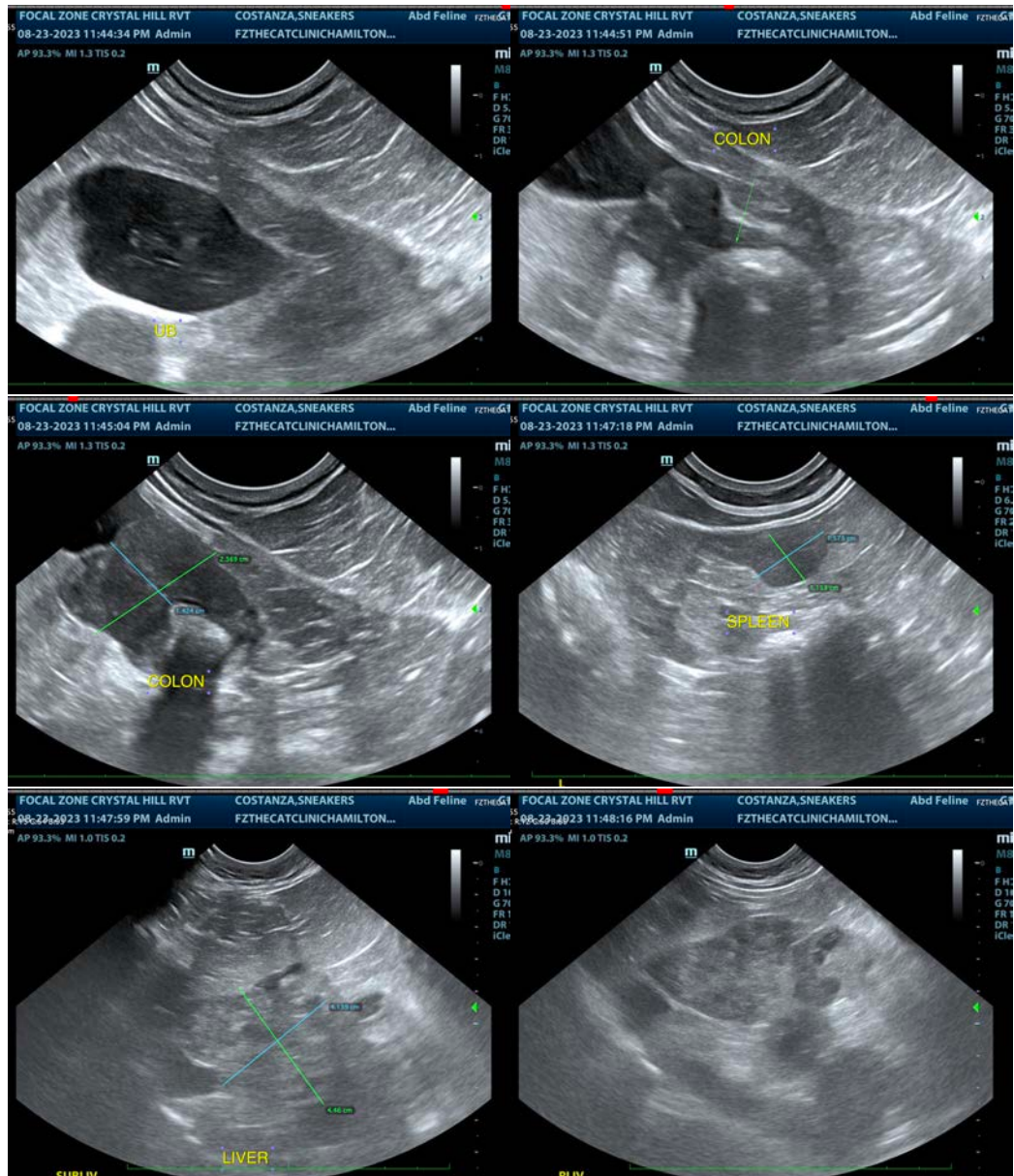
Dr. Hall

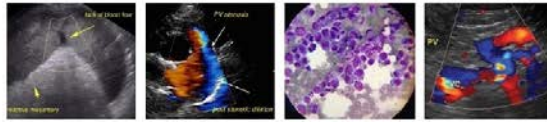
INVOICE

44896

DATE

8/23/23





PATIENT

The Cat Clinic
Hamilton Sneakers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.13 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
(Hamilton)

REFERRING VET

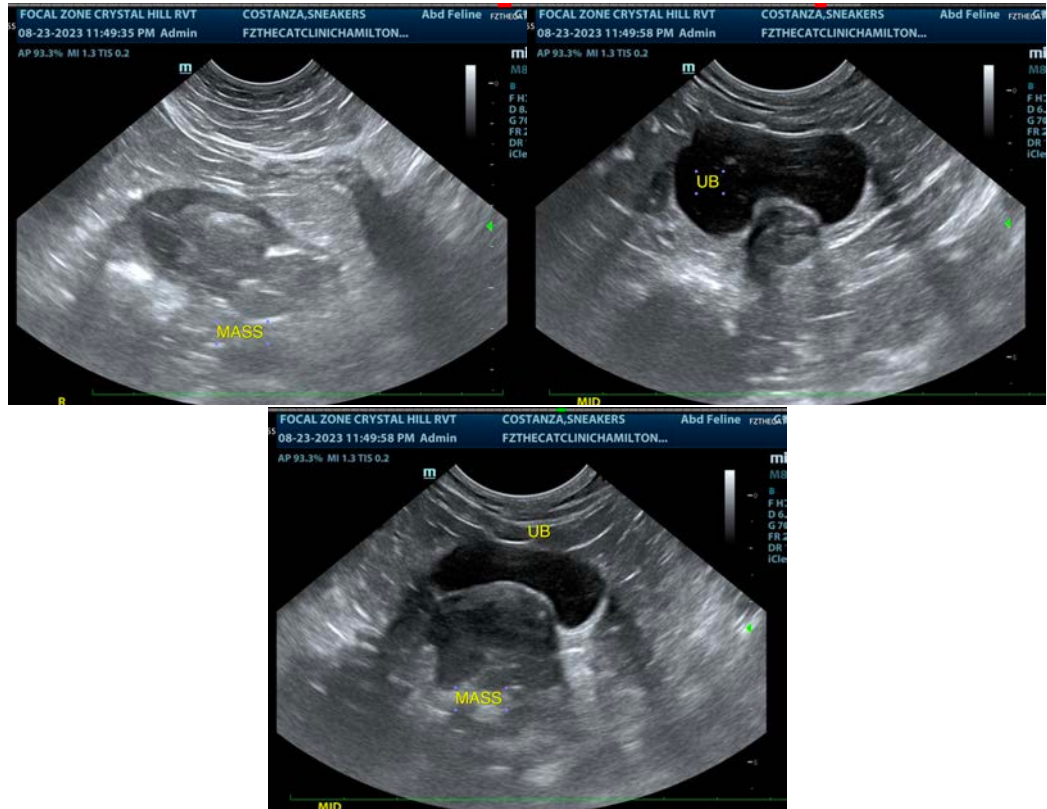
Dr. Hall

INVOICE

44896

DATE

8/23/23



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