



PATIENT PRESENTING CLINICAL SIGNS

Cali Rylee
Recent history of decrease appetite and weight loss - Cali presented to local emergency clinic due to lethargy, inappetence on 7/12/22. No significant findings were noted on lab work, exam. Decrease appetite and weight loss has persisted, so owner requested abdominal U/S as next step.

SPECIES
Abnormal PE/Chem/CBC/UA Results: No significant abnormalities noted on lab work, radiographs from ER visit 7/12/22. (X-rays unavailable for review).

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

DSH

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.26 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

SEX

Spayed Female

The right kidney is normal in size (3.8 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.

AGE

8 Years

The left kidney is normal in size (3.5 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

8.6 Pounds

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.25 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

In the mid left abdomen, in the area of the spleen, there is a 3.5 cm thick x 5.0 cm long, coarse, heterogenous, mottled, hypoechoic, rounded structure that could be the spleen. Other differentials include lymph node versus other, in which case the spleen is not well visualized.

IMAGING PERFORMED BY

Dr. Jack Reese

Liver

HOSPITAL NAME

Willow Run VC

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. Jack Reese

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

INVOICE

40148

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.

DATE

8/3/22

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



PATIENT

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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

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

Free Abdomen

There is a large amount of anechoic free fluid. The mesentery is diffusely hyperechoic and clumped/nodular.

SEX

Spayed Female

There is no apparent lymphadenopathy noted in these images.

AGE

8 Years

PRIMARY FINDINGS

- Mottled, heterogeneous, hypoechoic structure in the mid left abdomen – consistent with either a coarse spleen or potentially an enlarged lymph node. Either way, top differential includes infiltrative neoplastic disease such as round cell neoplasia versus other.
- Large amount of anechoic free fluid and clumped, nodular, echogenic mesentery – concerning for possible carcinomatosis versus other.

WEIGHT

8.6 Pounds

SECONDARY FINDINGS

- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fluid sampling for cytology and culture is recommended if not recently evaluated. If a diagnosis is not obtained from fluid cytology, a fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

IMAGING PERFORMED BY

Dr. Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

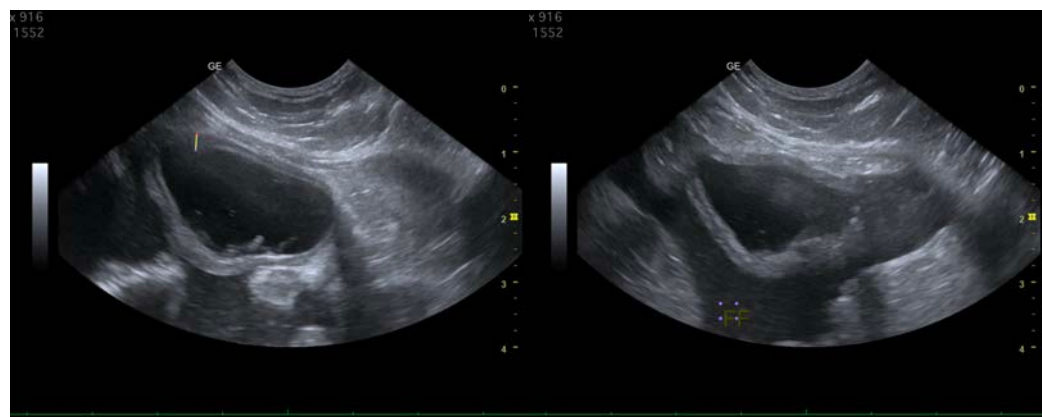
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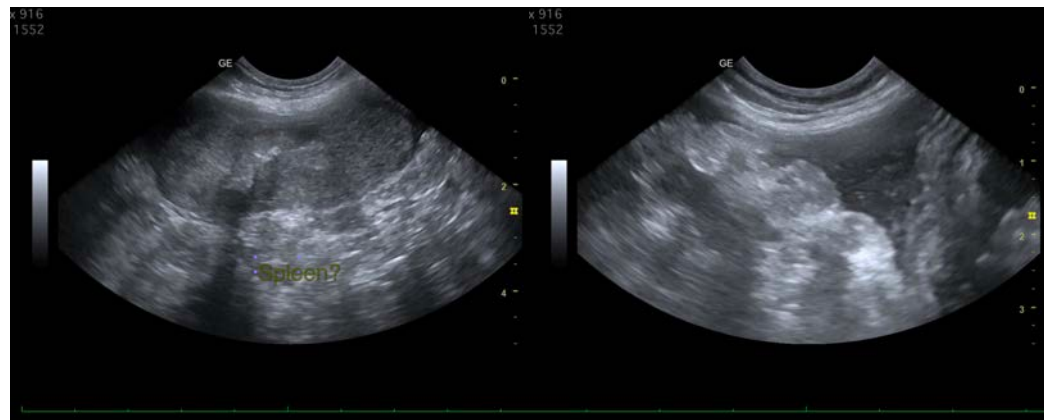
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DATE

8/3/22



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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