



PATIENT PRESENTING CLINICAL SIGNS

Kiki D'Addario-Petti

inappetence, irregular shaped kidneys on rads, possible mass seen on rads, abd pain meds: mirtazapine, clavaseptin

Abnormal PE/Chem/CBC/UA Results: low calcium, elevated gluc

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Chronic infarcts noted multifocally and bilaterally. The left kidney measures 3.46 cm. The right kidney measures 3.79 cm.

AGE

13 Years

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

16.8 Pounds

The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

Liver

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Dog & Cat Clinic of
Niagara

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

REFERRING VET

Dr. Nick

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is markedly distended with echogenic fluid. Pyloric outflow tract appears patent.

INVOICE

40149

The visible small intestines are largely normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). However, in the mid abdomen, there is a focal bowel loop with a hypo- to anechoic complete loss of layering surrounded by echogenic fluid and enhanced hyperechoic mesentery. 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.

DATE

8/4/22

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



PATIENT *Pancreas*

Kiki D'Addario-Petti

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.

SPECIES

Feline

Free Abdomen

There is free fluid and enhanced hyperechoic mesentery, suggestive of a focal peritonitis surrounding the above described bowel mass.

BREED

DSH

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. Some cavitation is also suspected.

SEX

Spayed Female

There is no apparent lymphadenopathy noted in these images.

AGE

13 Years

- **Bowel mass** – concerning for infiltrative neoplasia such as lymphoma versus adenocarcinoma versus other.
- **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.
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

WEIGHT

16.8 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the bowel mass as well as the enlarged lymph nodes, if patient's coagulation status is appropriate.

If clinically this patient has signs of sepsis and/or laboratory changes support sepsis, etc., abdominal fluid sampling to rule out a septic abdomen is recommended, in which case, if sepsis is present, an exploratory laparotomy for bowel mass removal and resection and anastomosis, etc. would be recommended over waiting for cytology results from a fine needle aspirate.

IMAGING PERFORMED BY

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HOSPITAL NAME

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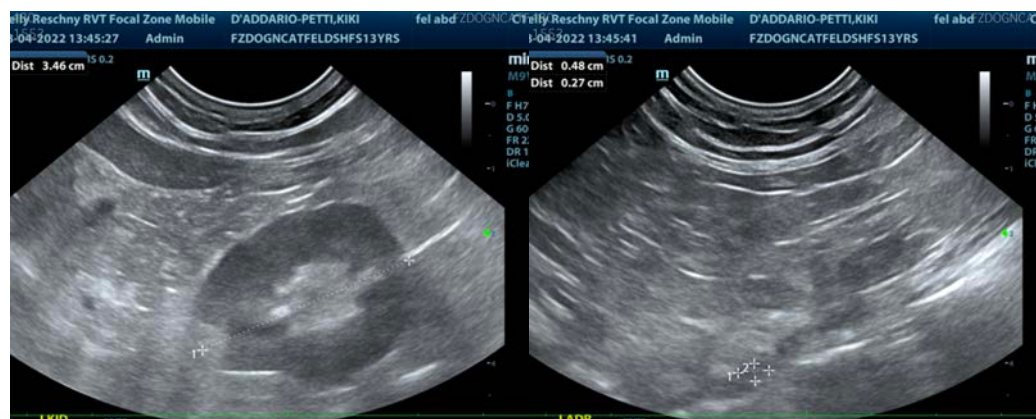
Dr. Nick

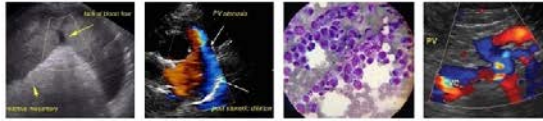
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PATIENT

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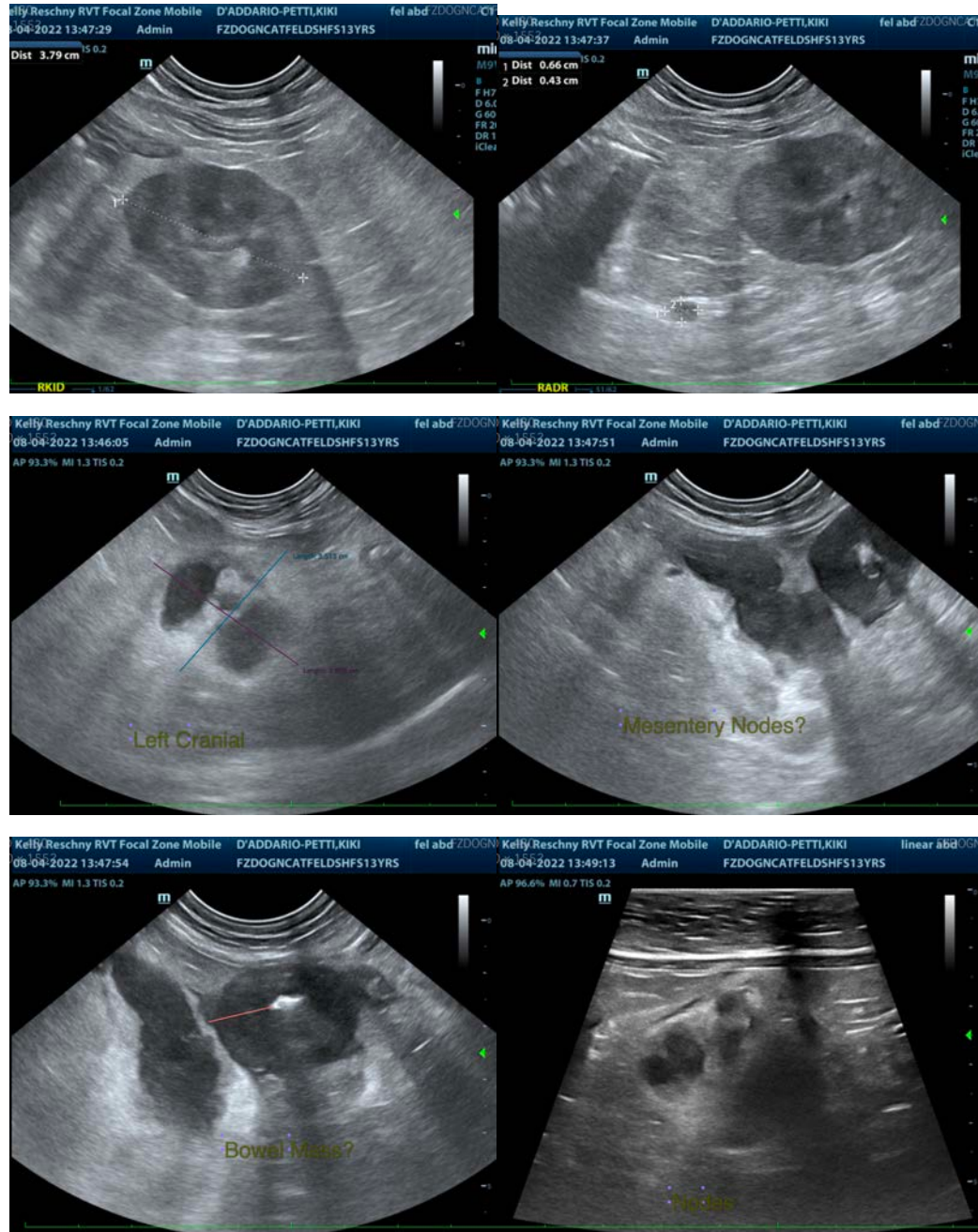
Dr. Nick

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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
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