



PATIENT

Stella Mankofsky

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia/Hickenbottom

INVOICE

40179

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Not eating/drinking, lethargic, fever, vomiting w/ blood. Current meds: Cerenia, Famotidine, Enrofloxacin, Ampicillin, Methimazole

Abnormal PE/Chem/CBC/UA Results: MCHC 40.3, WBC 21.27, Neu 19.88, Eos 0.04, Baso 0.00, PLT 131, Crea 0.7, ALKP 11, Amyl 490

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 4.3 cm. The right kidney measured 4.68 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.71 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

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 moderately fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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 concentric loss of layering, characterized by a 0.60 cm thick hypoechoic wall. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.



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

Pancreas

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Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

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Free Abdomen

A scant amount of anechoic free fluid is noted around the bowel mass and enhanced hyperechoic mesentery is noted as well.

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There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

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- **Mid abdominal bowel mass** – most concerning for infiltrative neoplasia such as round cell neoplasia versus other. Benign inflammatory disease is possible, but considered less likely. Free fluid and enhanced hyperechoic mesentery present around the bowel mass is suggestive of focal peritonitis.

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- **Coarse splenomegaly** – 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 (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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- Chronic active pancreatitis

SECONDARY FINDINGS

- Age related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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AH of Roxbury

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.

A fine needle aspirate of the bowel mass +/- spleen could be considered, if possible, and if patient's coagulation status is appropriate. However, if a diagnosis cannot be obtained cytologically, an exploratory laparotomy for excisional biopsy/resection and anastomosis is recommended.

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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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In the meantime, medical supportive/symptomatic management of suspected acute on chronic smoldering pancreatitis and gastroenteritis secondary to the bowel mass is recommended with antiemetics, gastroprotectants, appetite stimulants, or other nutritional support including a feeding tube as needed, pain management, broad-spectrum antibiotics, fluid therapy, etc.

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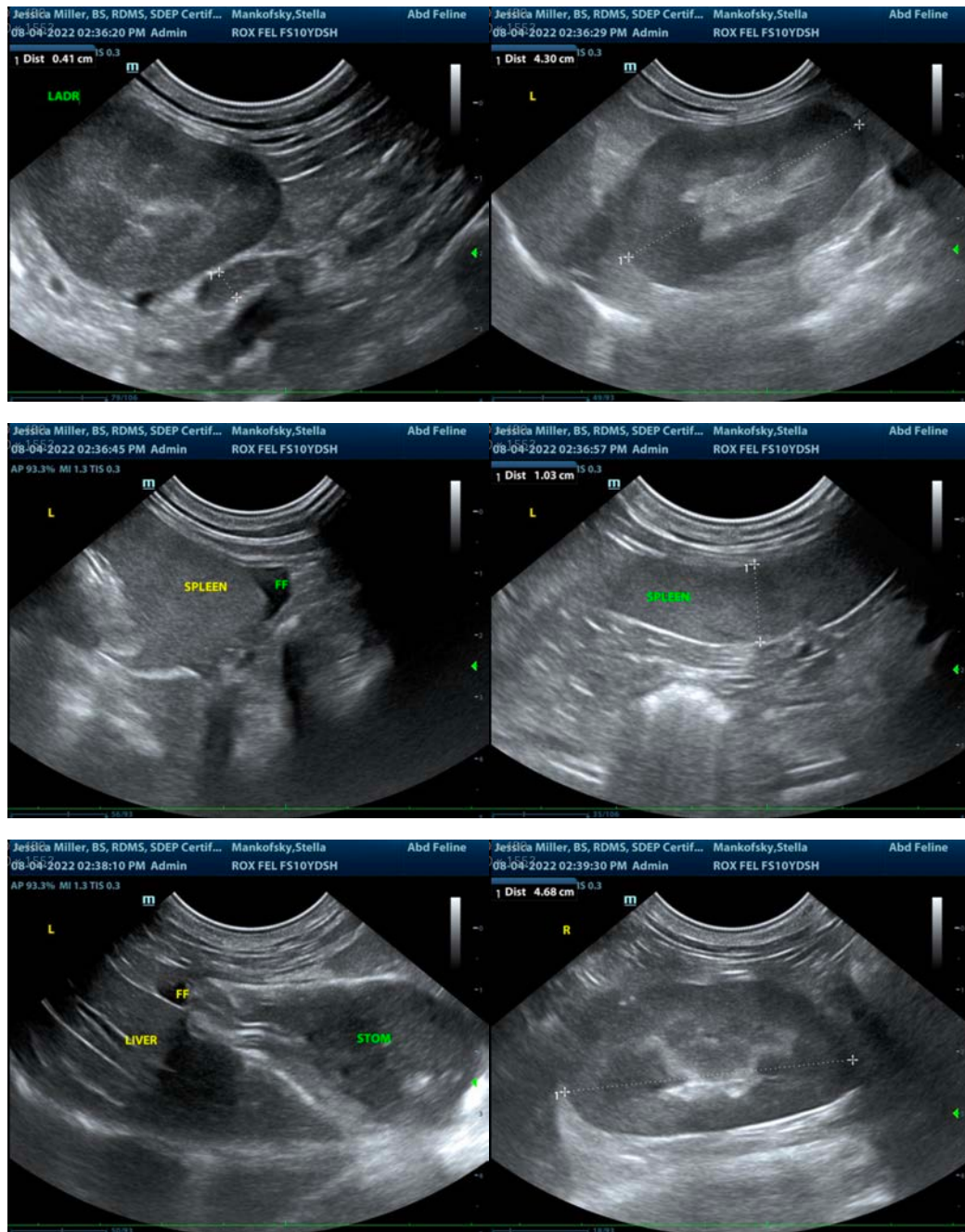
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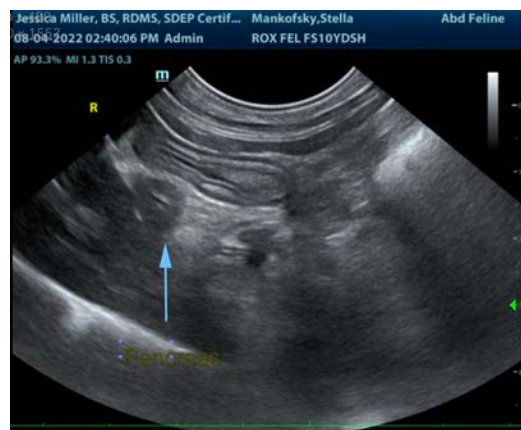
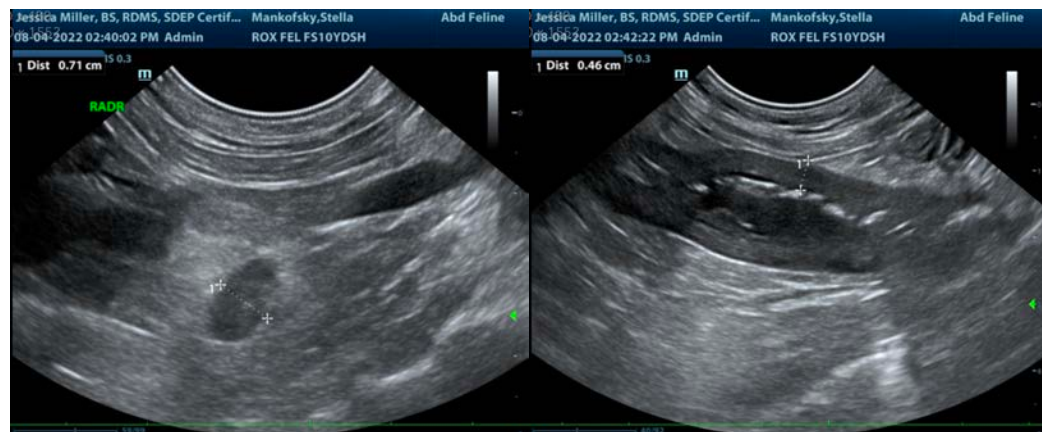
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com