



**PATIENT PRESENTING CLINICAL SIGNS**

Jack Johannes History: Abdominal mass palpated on exam  
Abnormal PE/Chem/CBC/UA Results: Blood pending

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly 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.

DSH

**SEX**

Neutered Male

**AGE**

15 years

**WEIGHT**

7 lbs

Left kidney is normal in size (3.65 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.

Right kidney is normal in size (4.37 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 adrenal glands are unable to be well-visualized in these images.

**Spleen**

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.

**IMAGING PERFORMED BY**

JK

**Liver**

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**

Hamburg VC

**REFERRING VET**

Dr Branning

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately to markedly over-distended with fluid. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**INVOICE**

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

**DATE**

8.9.23

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.



**PATIENT** *Pancreas*

Jack Johannes

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SPECIES** *Free Abdomen*

Feline

**BREED**

DSH

There is a trace amount of anechoic free fluid in these images. In the cranial abdomen, just caudal to the stomach, there is a 2.50 x 1.90 cm homogenous hypoechoic structure. In the caudal abdominal, just cranial to the urinary bladder, there is a similar-appearing 3.30 x 6.00 cm homogenous hypoechoic structure. Caudal to the urinary bladder, ventral to the colon, is a 2.40 x 1.70 cm heterogenous, partially mineralized area. There is no apparent lymphadenopathy.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

Neutered Male

**Findings**

**AGE**

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- Multiple homogenous hypoechoic masses are noted, both presumably lymph nodes, concerning for a infiltrative neoplasia, such as round cell neoplasia (i.e., lymphoma). Having said that, association with bowel cannot be definitively ruled out.
- The more heterogenous, partially mineralized pelvic structure could also be a lymph node, although a mineralized urethral thickening/mass or even urethroliths are difficult to definitively rule out.
- The gastric distention is concerning for at least partial obstruction, likely secondary to the presumed lymph nodes.
- Urinary bladder debris

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- As is reportedly already pending, a general metabolic health screen is recommended to include CBC, chemistry panel, electrolytes, and urinalysis (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 ration is recommended.
- Fine-needle aspirates of the enlarged lymph nodes are recommended (if coagulation status of the patient is appropriate).
- Additional recommendations are in part dependent on results of the above, as well as patient's clinical signs, etc., especially if urinary signs are present; in which case further evaluation of the pelvic structure could be considered in the form of a CT scan vs traumatic catheterization or cystoscopy, etc.

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**PATIENT**

Jack Johannes

**SPECIES**

Feline

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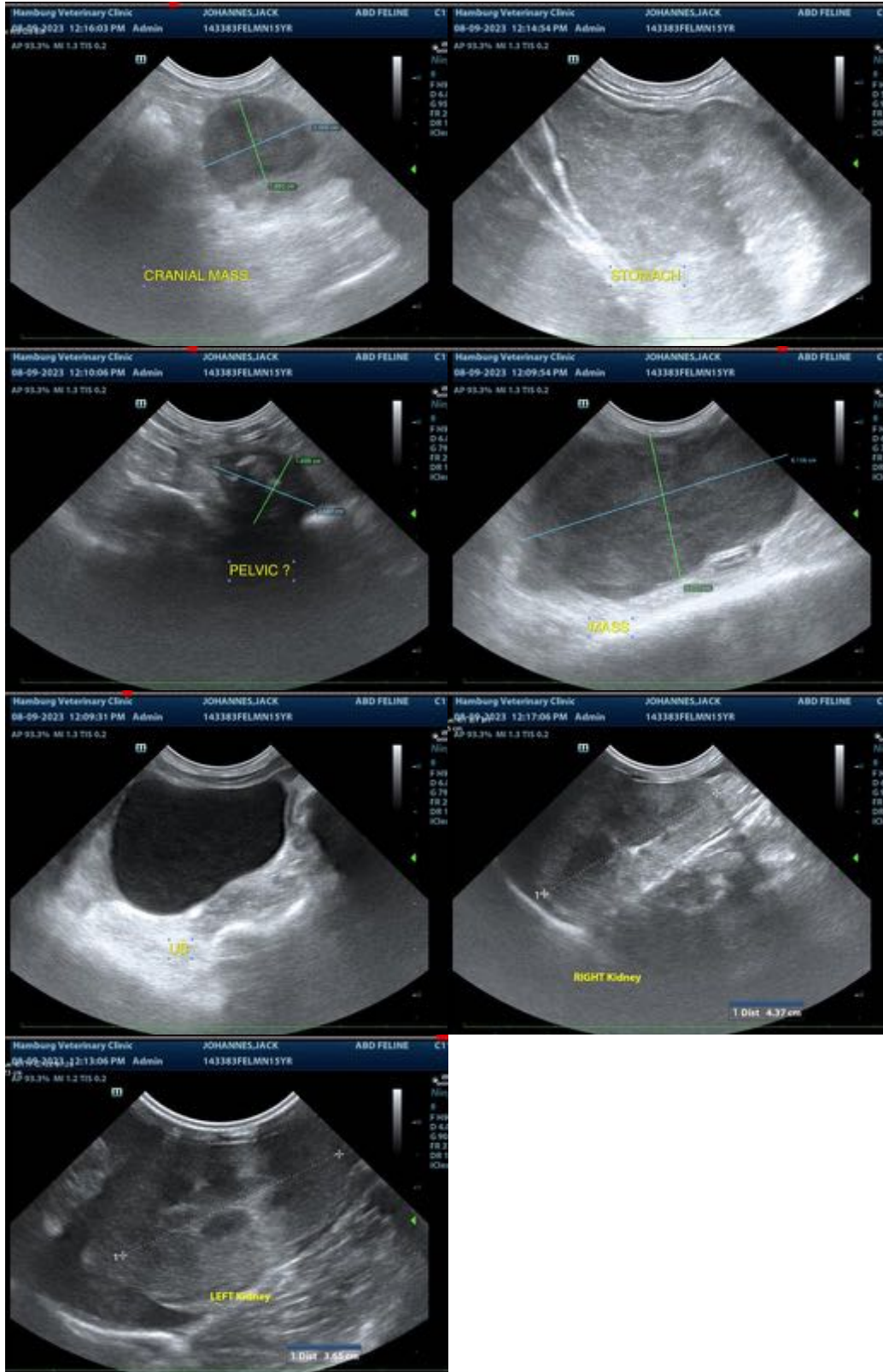
Dr Branning

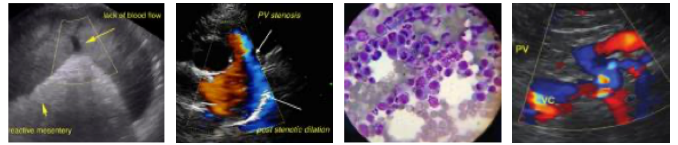
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**PATIENT**

Jack Johannes

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

**SPECIES**

Feline

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.

**BREED**

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