



PATIENT PRESENTING CLINICAL SIGNS

Tillie Moga weight loss, inappetence
Abnormal PE/Chem/CBC/UA Results: no current BW

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

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.

BREED

DSH Right kidney is normal in size (4.3 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.

SEX

Spayed Female

Left kidney is normal in size (4.5 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.

AGE

5 Years

Adrenal Glands

Right adrenal gland is normal in size (0.32 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (1.2 cm long x 0.26 cm at cranial pole and 0.29 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

11.25 Pounds

Spleen

The spleen is not well visualized due to the large amount of reactive hyperechoic abnormal tissue in the cranial abdomen.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

Sherwood Family PC

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.

REFERRING VET

Dr. Christina Sitton

Gastrointestinal

The greater curvature of the stomach is diffusely thick, ranging from 2.0-3.5 cm with a hypoechoic wall and complete loss of normal layering. Attached to the caudal aspect of the stomach is a 6-7 cm walled off, anechoic, fluid-filled structure. Surrounding cranial abdominal tissue is markedly hyperechoic and clumped with free fluid also noted and suspect lymphadenopathy throughout the inflamed area.

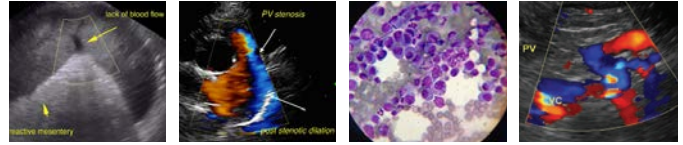
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Normal layering is maintained in the small intestine except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per

DATE

9/22/21



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

Tillie Moga

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

SPECIES

Pancreas

Feline

No obvious pancreatic pathology evident. Please see "other".

Other

BREED

DSH

A round, hypoechoic structure with a hyperechoic caudal rim is noted just medial to the left kidney, measuring 1.3 cm x 1.6 cm in diameter, most consistent with a lymph node. Left adrenal gland cannot be ruled out, but there is a more normal appearing left adrenal gland accounted for. Therefore, an enlarged lymph node is more probable for this structure's origin.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Thickened muscularis - This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

AGE

5 Years

- Gastric mass

WEIGHT

11.25 Pounds

- Large, cellular appearing, fluid-filled structure in the cranial abdomen that appears to be associated with the gastric mass. However, another structure located just caudal to the stomach such as pancreas or lymph node cannot be ruled out. Infiltrative neoplasia is a top differential for the gastric wall thickening and concurrent walled off, fluid-filled structure and concurrent lymphadenopathy. However, given the marked focal peritonitis surrounding these abnormal structures, an abscess from a penetrating foreign body or other benign lesion cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Recommendations include lab work, CBC/Chem panel, electrolytes if not already performed, as well as blood pressure if not already evaluated and sampling of the abdominal fluid +/- fine needle aspirate of the gastric wall thickening, the enlarged lymph nodes, the fluid filled structure etc. if the patient's coagulation panel is appropriate in order to assess for possible septic abdomen. If sepsis is present, recommendations include exploratory surgery for removal/biopsy of the abnormal tissues. If there are no signs of sepsis, fine needle aspirate for diagnosis with treatment recommendations made based on cytology results may also be appropriate. Thoracic radiographs to assess this patient's cardiopulmonary status as well as further assessment for metastatic disease are also recommended.

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PATIENT

Tillie Moga

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

11.25 Pounds

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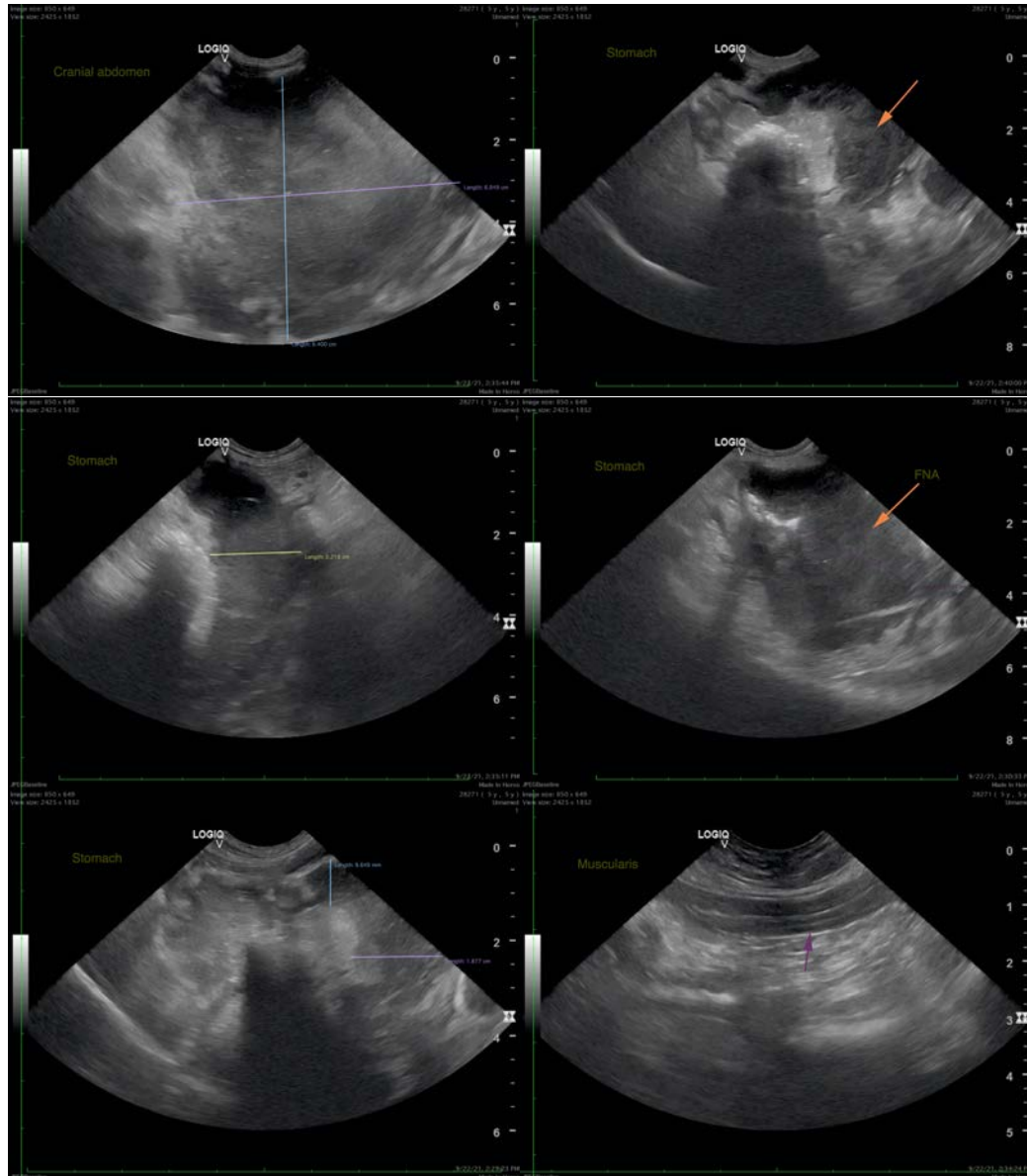
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PATIENT

Tillie Moga

SPECIES

Feline

BREED

DSH

SEX

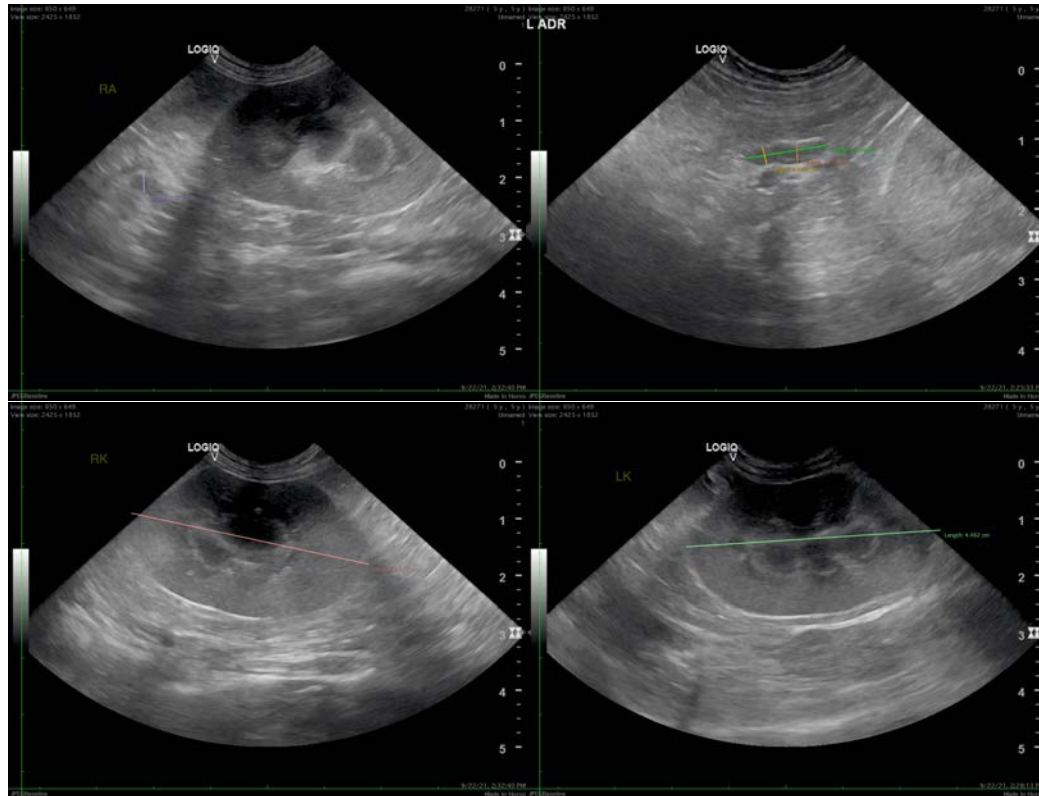
Spayed Female

AGE

5 Years

WEIGHT

11.25 Pounds



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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

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