



|                             |   |
|-----------------------------|---|
| <b>PATIENT</b>              | <b>PRESENTING CLINICAL SIGNS</b>  |
| Raven Bailey                | Cat presented ADR. Was neutered at another hospital 5 days ago. Has been lethargic since that time. Bloodwork today show increased WBC (24K), PCV = 29%, rest Chem/CBC WNL. Temp - 103.7 Has been on clavamox and onsior from other vet for 2 days. Ultrasound done for further diagnostics   |
| <b>SPECIES</b>              | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| Feline                      | <b>Urinary System</b>   |
| <b>BREED</b>                | 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.  |
| DMH                         |   |
| <b>SEX</b>                  | Kidneys are large in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.4 cm. The right kidney measures 4.9 cm. |
| Neutered Male               |   |
| <b>AGE</b>                  | <b>Adrenal Glands</b>   |
| 1 Year                      | The right adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.   |
| <b>WEIGHT</b>               | The area of the left adrenal gland is examined without evident pathology.   |
| 11.1 Pounds                 | <b>Spleen</b>   |
| <b>INTERPRETED BY</b>       | 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.  |
| Beth Johnson, DVM<br>DACVIM | <b>Liver</b>  |
| <b>IMAGING PERFORMED BY</b> | 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.               |
| Dr. Leal                    | <b>Gastrointestinal</b>   |
| <b>HOSPITAL NAME</b>        | 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.  |
| Blairstown AH               |   |
| <b>REFERRING VET</b>        | 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.  |
| Dr. Zeliff                  | 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 per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.                       |
| <b>INVOICE</b>              | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.  |
| 41130                       |   |
| <b>DATE</b>                 |   |
| 9/7/22                      |   |



**PATIENT**

**Pancreas**

Raven Bailey

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**

In the mid caudal abdomen, there is an approximately 3.0 cm x 5.0 cm walled off, anechoic structure filled with echogenic septations. The structure is surrounded by a scant amount of free fluid and enhanced hyperechoic fat and mesentery.

**BREED**

DMH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- **Fluid filled caudal abdominal mass** – Differentials include abscessed or necrotic lymph node versus abscess of other origin versus infiltrative neoplasia versus other.
- **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.
- **Feline renomegaly** – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out.

**AGE**

1 Year

**WEIGHT**

11.1 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

A fine needle aspirate of the caudal abdominal structure/mass is recommended for both cytology as well as culture and sensitivity.

**IMAGING PERFORMED BY**

Dr. Leal

Ultimately, an exploratory laparotomy for surgical removal of the structure may be necessary. However, while waiting for cytology and/or culture results, etc., empirical broad-spectrum, full four quadrant antibiotics coverage is recommended.

**HOSPITAL NAME**

Blairstown AH

In addition, if not already evaluated, comprehensive infectious disease testing including viral testing is recommended.

**REFERRING VET**

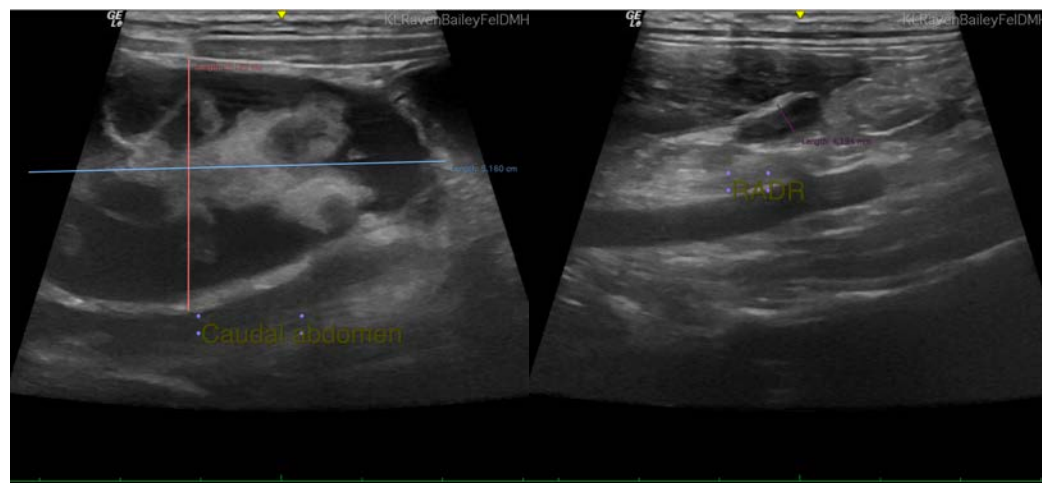
Dr. Zeliff

**INVOICE**

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**PATIENT**

Raven Bailey

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

1 Year

**WEIGHT**

11.1 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

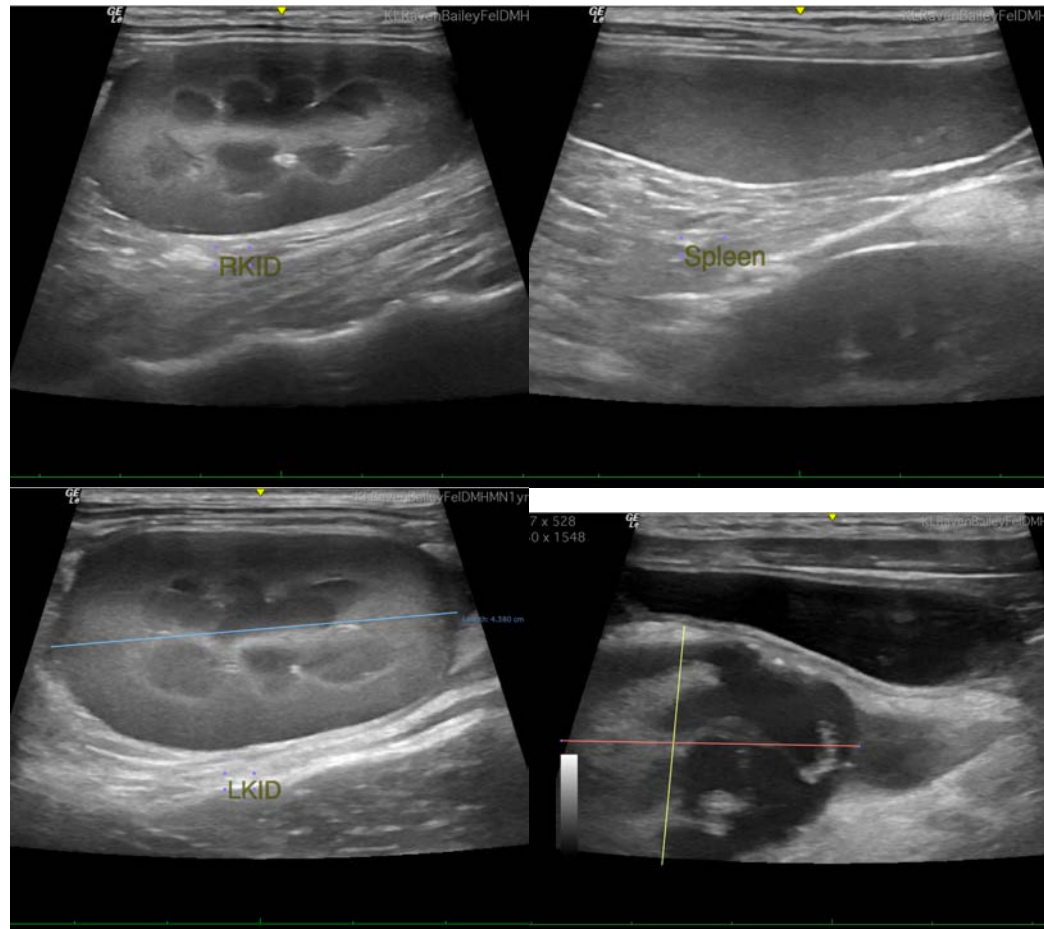
Dr. Zelif

**INVOICE**

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**DATE**

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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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