



**PATIENT PRESENTING CLINICAL SIGNS**

Mickey Beckon History of off and on bouts of constipation. Possible mass palpated at last appointment for nail trim and shave out some matts, xrays were taken but were not definitive. Has been on Methimazole gel 2.5mg SID for hyperthyroidism. Decided to go straight to ultrasound.

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Neutered male

**AGE**

15.5 years

**WEIGHT**

3.4 kg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

Urinary bladder is adequately 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.

Left kidney is overall normal in size (4.75 cm) 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.

Right kidney is overall normal in size (4.6 cm) 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

*Adrenal Glands*

Left adrenal gland is normal in size (0.31 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be fully visualized.

*Spleen*

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal. There is also one focal, hyperechoic, non-capsular disrupting nodule was noted near the mid head of the spleen.

*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. A focal mass is noted in the cranial left liver of mixed echogenicity, primarily hyperechoic in echogenicity but containing multiple cysts of varying size Visible vasculature and biliary tree appear normal without distension or congestion.

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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Hartzel AH

**REFERRING VET**

Dr. Morris

**INVOICE**

31088

**DATE**

6/20/22



**PATIENT**

**Gastrointestinal**

Mickey Beckon

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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Feline

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 empty with no evidence of obstruction, foreign material or infiltrative disease.

**BREED**

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. There is a focal, hypoechoic, homogenous mass that appears to be associated with the ileocecolic junction (bowel mass). However, a lymph node adjacent to the bowel cannot be ruled out given the marked lymphadenopathy in the area. Contents are consistent with normal formed feces and gas.

**SEX**

Neutered male

**Pancreas**

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.

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**Free Abdomen**

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.

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DACVIM

**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Aggressive lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Suspicion for a bowel mass associated with the ileocecolic junction concerning for infiltrative neoplasia such as round cell neoplasia versus adenocarcinoma. However, an enlarged lymph node adjacent to the bowel cannot be ruled out given the marked lymphadenopathy in the area.
- Splenic micronodular hyperplasia – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out. Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

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**SECONDARY FINDINGS:**

- **Feline biliary cystadenoma** – In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely given lack of clinical signs and/or laboratory changes.

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**PATIENT**

Mickey Beckon

- Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. Non-obstructive nephrolith in the right kidney.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Domestic Medium Hair

- FNA of the enlarged lymph nodes as well as the possible bowel mass near the ileocecolic junction if the patient's coagulation status is appropriate.
- 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.
- If diagnosis is not obtained from cytology of the lymph nodes then a FNA of the spleen could be considered if the patient's coagulation status is appropriate with recommendations to pre-medicate with Diphenhydramine in case this is a mast cell tumor.

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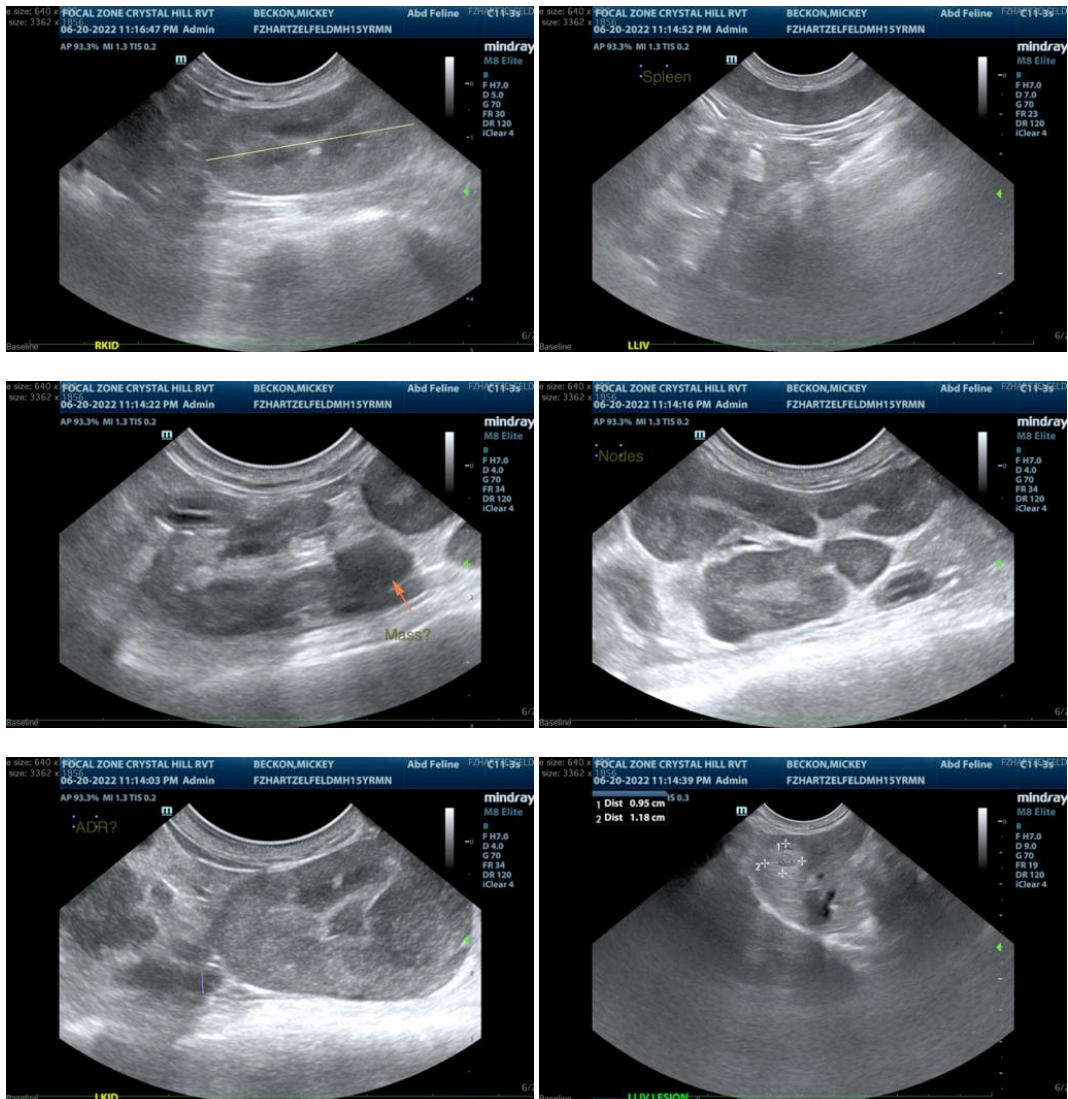
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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