



PATIENT PRESENTING CLINICAL SIGNS

Zorra Hu History: chronic vomiting, weight loss; diarrhea; normal thyroid (1.8); R/O pancreatitis vs IBD vs lymphoma v other
 Abnormal PE/Chem/CBC/UA Results: monocytes 083k/ul; ALT 139. UA: protein 2+, USPG 1.058

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Domestic Shorthair

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

Left kidney is normal in size (3.98 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

12 years

Right kidney is normal in size (4.08 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

10.5 lbs

Adrenal Glands

Left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Right adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable.

IMAGING PERFORMED BY

Diane McFadden,
 RVT

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Legacy AH

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Potenzzone

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

DATE

6/13/22



PATIENT

Zorra Hu

The small intestines are mildly thick measuring up to 0.4 cm in a midabdominal loop that also shows some early loss of layering and a diffusely thick, slightly corrugated wall.

Colon is normal in wall thickness (< 0.2 cm) and layering.

SPECIES

Feline

Pancreas

The pancreas is diffusely prominent in size with a coarse, heterogenous echotexture and an irregular shape with a mildly dilated, slightly tortuous pancreatic duct. No peri-pancreatic inflammation is noted.

BREED

Domestic Shorthair

Free Abdomen

SEX

Spayed Female

The mesenteric lymph nodes are markedly enlarged, heterogenous/cavitated in appearance with an irregular shape.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Thick small bowel with early loss of layering, concerning for emerging infiltrative neoplasia with lymphoma being the top differential combined with markedly enlarged, cavitated, irregular mesenteric lymph nodes. This is concerning for infiltrative neoplasia such as lymphoma. Reactive benign inflammatory disease for both findings cannot be ruled out, but is considered less likely given the loss of layering and irregular appearance.
- 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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IMAGING PERFORMED BY

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RVT

HOSPITAL NAME

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SECONDARY FINDINGS:

- Urinary bladder sediment (feline) – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Prominent heterogenous pancreas. This finding can be consistent with chronic pancreatitis versus normal age related pancreatic remodeling. Infiltrative disease cannot be ruled out, but is considered less likely.

REFERRING VET

Dr. Potenzone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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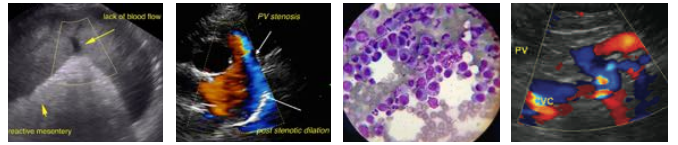
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Recommendation include:

1. FNA of the lymph nodes +/- spleen if the patient's coagulation status is appropriate.
2. Gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of gastrointestinal and pancreatic function.
3. Urinalysis is recommended if not recently evaluated.

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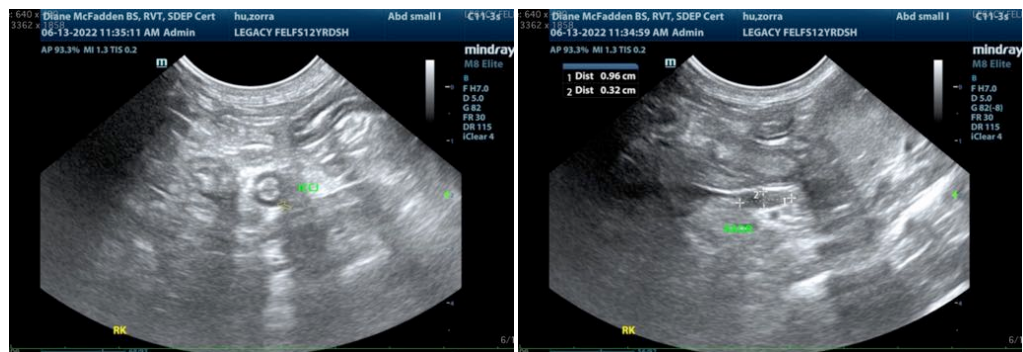
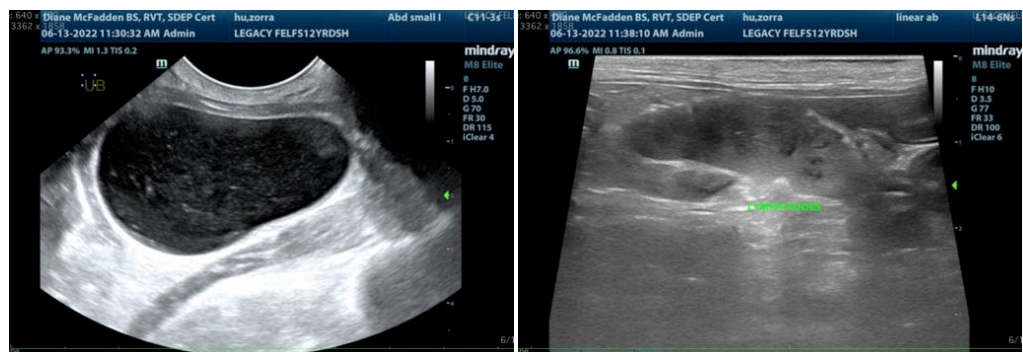
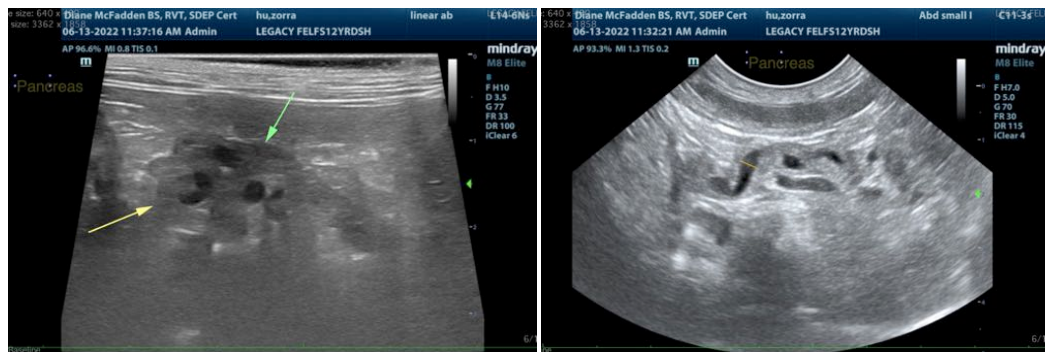
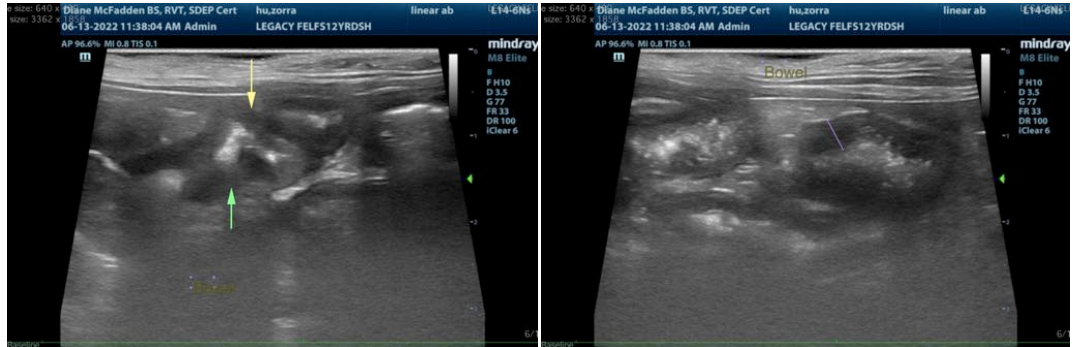
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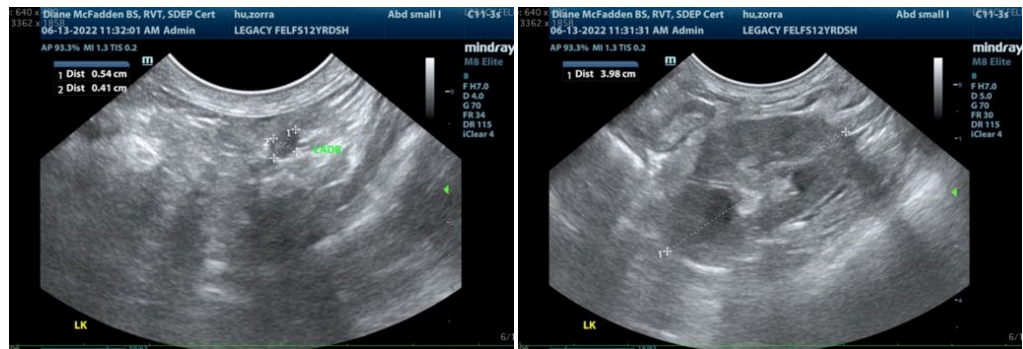
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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