

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Harriet Bauslaugh

**SPECIES** Feline

**BREED** DLH

**SEX** Spayed Female

**AGE** 9 yrs.

**WEIGHT** 5.2 kg

**INTERPRETED BY** Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY** Kelly Reschny

**HOSPITAL NAME** Hamilton Region  
Veterinary Emergency  
Clinic

**REFERRING VET** Dr. Hill

**INVOICE** 10379

**DATE** 7/27/2023

**PRESENTING CLINICAL SIGNS** Presenting complaint: Vomiting + lethargy + anorexia starting July 26th, 2023. Patient vomited bile 2X yesterday. One episode while owner was away but one in front of owner. No C/S/D/PU/PD. No known toxin ingestion. Couldn't have ingested any of the plants in the home. On PE, QAR, tense abdomen, reactive to palpation of cranial abdomen. Current Medications Maropitant (1mg/kg IV q24hr), Methadone (0.2mg/kg IV q6hr), Pantoprazole (0.7mg/kg IV q24hr), Ampicillin (22mg/kg IV q8hr)

**Abnormal PE/Chem/CBC/UA Results:** Bloodwork yesterday: CBC: Marked neutropenia 0.79 (rr: 2.3-10.29) and moderate monocytosis 1.32 (rr: 0.05-0.67) and moderate eosinopenia 0.06 (rr: 0.17-1.57) Chemistry: Moderate azotemia - BUN 18.8 (rr: 5.7-12.9) and Creatinine 352 (rr: 71-212) Marked elevation ALT 580 (rr: 12-130) Urinalysis (cystocentesis) overnight \*diluted 1:9: USG 1.050 Protein 500 mg/dL Blood/Hb 250 Ery/uL previous US report attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The right kidney is normal in size (3.6 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.

The left kidney is normal in size (3.95 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.

**Adrenal Glands**

The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.3 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

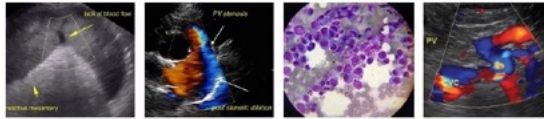
**Spleen**

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is large in size with almost diffusely disrupted normal parenchyma/architecture as a result of multi-focal nodules/masses of mixed echogenicity primarily hyperechoic in echogenicity but containing multiple cysts of varying size. The nodules/masses range in size between 3.5 cm to 4 cm in diameter up to the largest which is 5 cm x 7.5 cm in diameter. In the mid caudal liver, there is a 5 cm x 8 cm walled-off area filled with highly echogenic appearing fluid.

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.



**PATIENT**

**Gastrointestinal**

Harriet Bauslaugh

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 or foreign material. Pyloric outflow tract appears patent.

**SPECIES**

Feline

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 or foreign material.

**BREED**

DLH

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

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**Pancreas**

**AGE**

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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.

**WEIGHT**

5.2 kg

**Free Abdomen**

The cranial abdomen surrounding both the spleen and liver is diffusely enhanced with hyperechoic mesenteric fat.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Kelly Reschny

- **Feline biliary cystadenoma** – In a senior cat, these liver lesions are most consistent with multiple benign biliary cystadenomas. Given the echogenic appearance of fluid, however, combined with this patients' reported neutropenia, etc. infected cysts/abscesses should be further considered and investigated. Malignancy cannot be ruled out but is considered less likely given the lack of clinical signs and/or laboratory changes.
- **Scalloped spleen** – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Hill

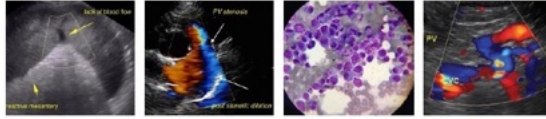
Fine needle aspirates of the liver, as well as the spleen, are recommended for both cytology as well as C/S if the patient's coagulation status is appropriate.

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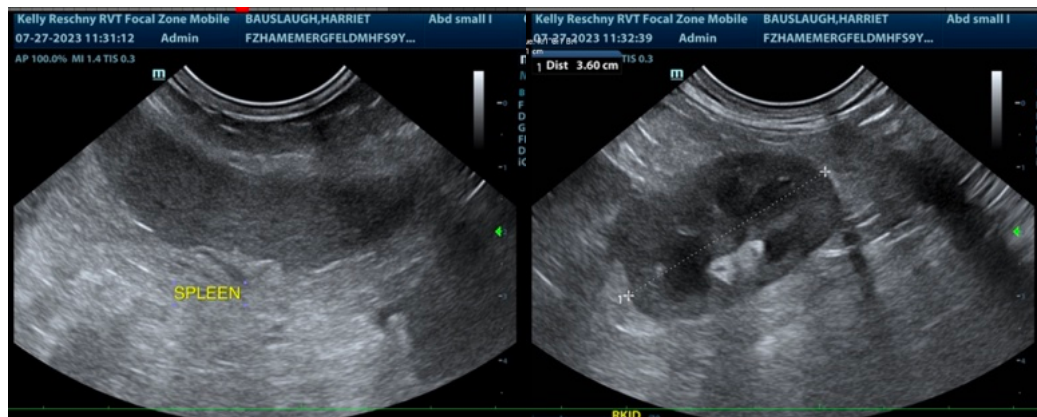
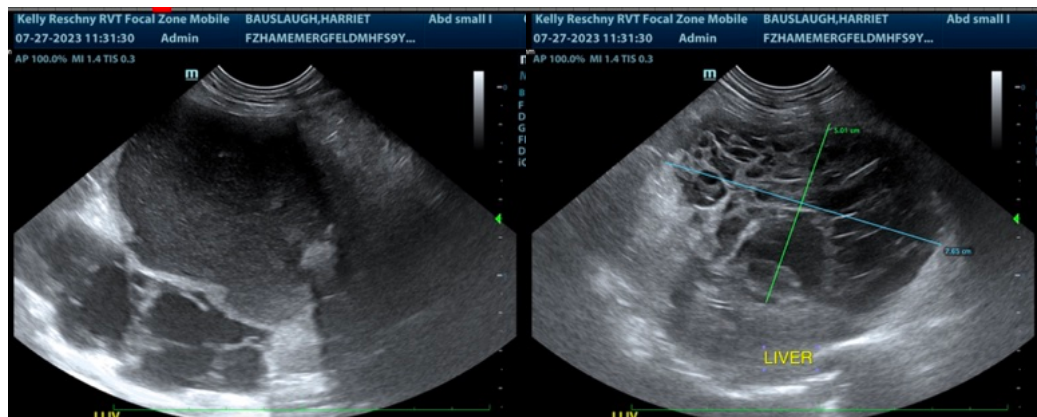
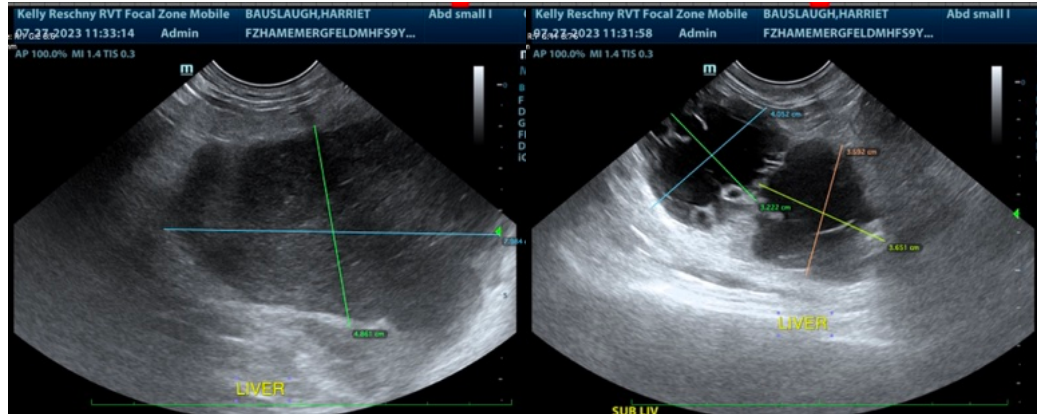
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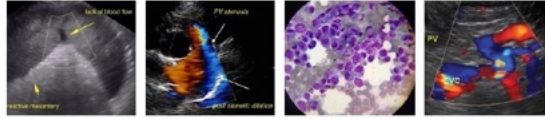
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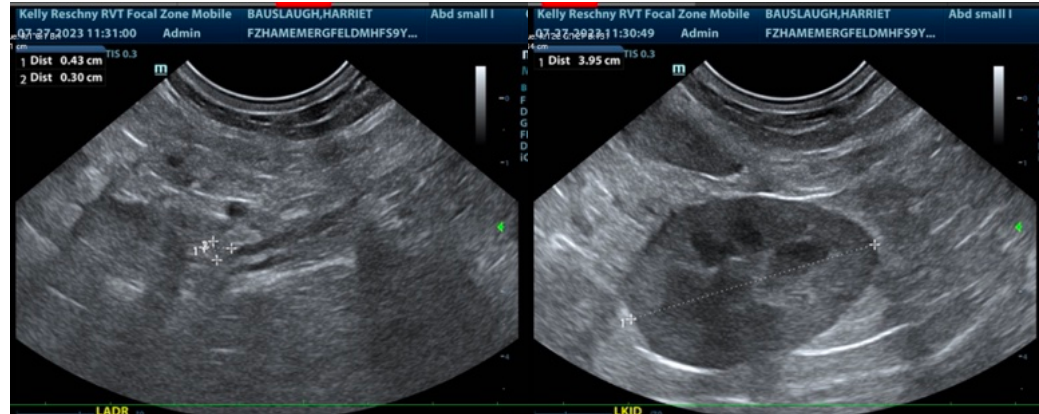
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@sonopath.com