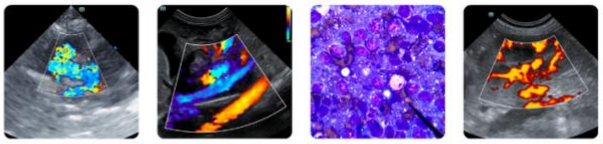

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PATIENT

Bounce Webber

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

6 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Ironton Animal Hospital

REFERRING VET

Dr. Creech

INVOICE

16077

DATE

05/11/26

PRESENTING CLINICAL SIGNS

P presented for US due to weight loss and inappetence. Mass effect seen on x-rays

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen.

Kidneys are overall normal in shape with smooth peripheral margination with the left kidney measuring at the low ends of normal in size and the right kidney being normal in size. 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. The left kidney measures 3.0 cm. The right kidney measures 4.9 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.6 mm.

The right adrenal gland was not seen.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with a moderate amount of echogenic dependent debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

In what appears to be the descending colon, there is a focal hypoechoic irregularly shaped intramural mass lesion in the thickest area that measures 1.3 cm in width. This lesion is approximately 4.4 cm in length. Given the appearance of this lesion, there are two main differentials. One would be neoplasia, either infiltrative lymphoma, mast cell disease or possibly adenocarcinoma or leiomyosarcoma. A second differential would be infectious disease such as feline infectious peritonitis. A benign etiology to this suspected colonic mass is unlikely.

The stomach has normal wall layering and thickness. The pylorus is patent and measures 2.2 mm width and appears normal in thickness. Some moderate amount of hypoechoic fat surrounding the ileocolic junction. There are also multiple hypoechoic rounded enlarged mesenteric lymph nodes surrounding the ileocolic junction. A representative node measures 7.7 mm x 3.3 mm. These nodes are possibly reactive as a cause of their enlargement. A neoplastic cause is possible or infiltrative neoplasia such as

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lymphoma or mast cell disease. Less likely but possibly metastatic neoplasia, possibly from the mass in the colon. Small bowel contains a moderate amount of ingesta. Visible small bowel wall appears normal in thickness and layering.

Pancreas

The visible pancreas is diffusely hypoechoic measuring 7.4 mm width. No significant surrounding hyperechoic fat.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

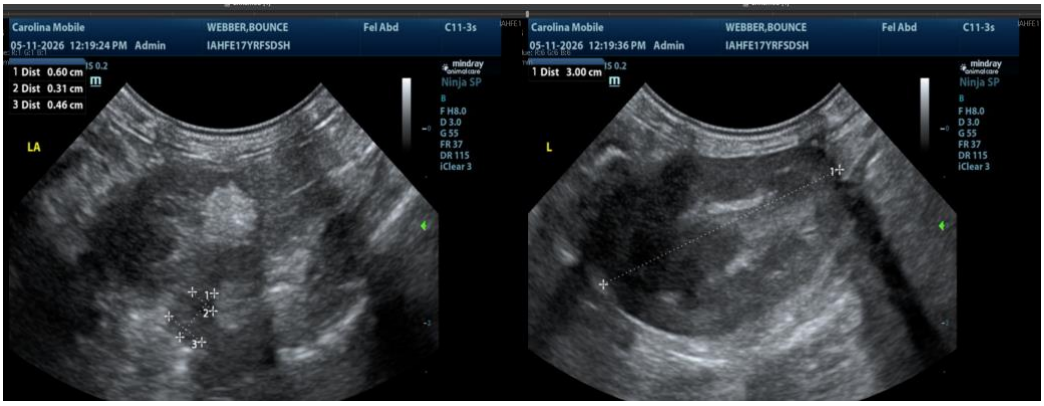
- Chronic kidney disease.
- Suspect reactive pancreatitis.
- Colonic mass.
- GI lymph nodes.
- Gallbladder debris.
- Intestinal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider submitting fPLI to confirm suspicion of reactive pancreatitis.

Patient appears to have chronic kidney disease. Based off the appearance of the kidneys on this ultrasound, recommend full IRIS staging, monitoring and managing.

Recommend fine needle aspirate of colonic mass and submitting for cytology. If cytology is inconclusive, recommend endoscopic colonic biopsies for histopathology to determine etiology. This mass does not appear to be obstructing the upper GI tract at this time.



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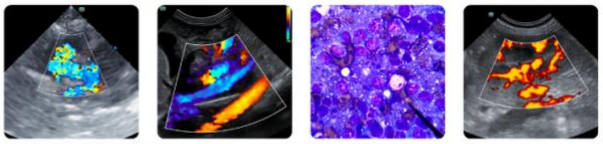

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Educational Teleconsultation Services™

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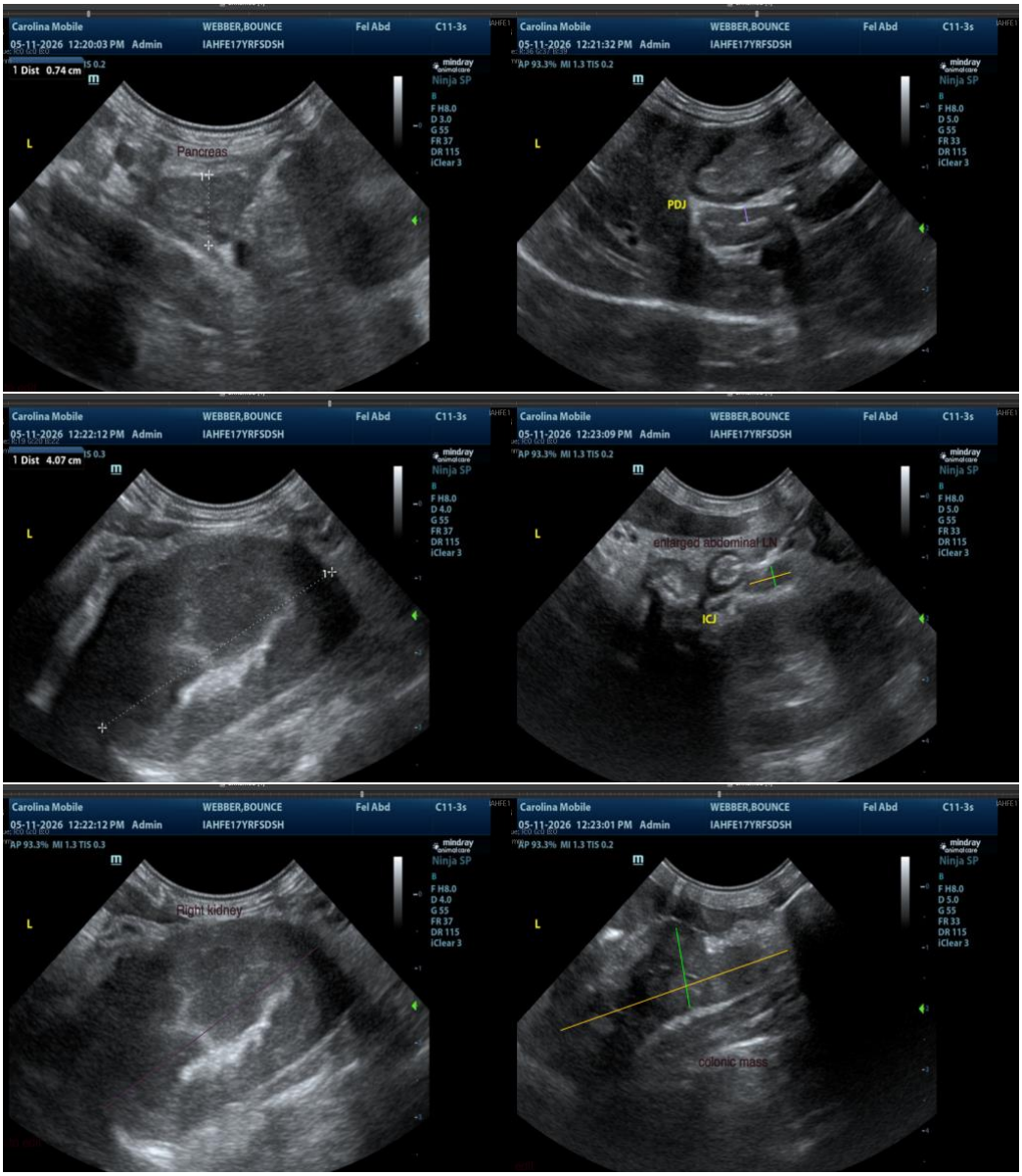

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com