

**PATIENT**

Winnie Dygert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.81 Pounds

INTERPRETED BYJessica Midence, DVM,
DACVIM (SAIM)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Notarius

INVOICE

45050

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Dad started to notice weight loss in past month. Regularly weighs on baby scale at home. Loss has been progressive. Appetite in past couple weeks has been significantly decreased. Has been obsessed with water since kitten, now this is decreased overall (last night drank well out of glass). Vomited yesterday when given pumpkin and water to stimulate BM. Started Miralax 1/4tsp yesterday and this am. Yesterday produced glob of dark stool. No vomiting otherwise. Prior had been 4 days since last BM Insulin (prozinc) d/c 2021, in remission with diet. Owners regularly check BG No insulin for past 1-2 months. BG currently in 90s. Last time tested BG=112 1 week ago. Seen Friday (4 days ago) by vet on Williams Lake Road. Blood and radiographs taken. Given steroid shot (4 days ago) Dexamethasone. Started Doxycycline but vomited after first dose so discontinued and started Amoxicillin BID Started eating well in few days after steroid injection but producing minimal stool. Labs 2/7/23 Hct WNL=36.6% (28.2-52.7%) WBC WNL=14.6 (3.9-19) Glu=123 DSMA=10 Creat=1.2 Ca=8.7(8.2-11.2) Alb=2.5 (2.6-3.9) ALP=100 (12-59) T4=1.4

Abnormal PE/Chem/CBC/UA Results: Was seen at another vet on Friday the 3rd Was seen 2 days ago for not having a BM for 1 week and not eating. DR.SA gave Enema and did labs- The ALP was slightly elevated as was the PLI (3.7). She has a very small BM -tary like that Tuesday but no BM since. Sewnt home on : Miralax 1/4 tsp , Amoxi drops, Mirtaz gel, Cerenia. Cat seems to want to eat but isn't much. Last night ate 1/2 can wet. Dry althe time. Likes to eat tape. Doesn't eat litter. Vomited projectile v- ton of it and smelled like stool.. HX Diabetes.. in remission since Nov. Not drinking much. Straining to defecate- a lot on Sunday. Hasn't started Zeniquin. T4 is wnl from other vet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is distended with a moderate volume of anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size, shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.27 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.35 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT**Liver**

Winnie Dygert

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. In the caudate liver lobe, there is a hypoechoic round nodule measuring 1.1 cm x 1.0 cm. There is hyperechoic fat within the porta hepatis surrounding the stomach and pancreas. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The common bile duct is mildly dilated measuring 0.27 cm, but this is considered normal, given the age of the patient (normal is <0.4 cm)

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears empty.

AGE

14 Years

The visualized areas of duodenum and jejunum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The ileum is diffusely thickened, measuring 0.44 cm (normal is up to 0.32 cm). The mucosa is thickened and diffusely hyperechoic leading up to a large mass at the ileocolic junction. This mass is large, irregular, hypoechoic, and circumferential. The mass measures 1.4 cm in width and 2.4 cm in length. There is complete loss of layering and loss of normal architecture. There is hyperechoic fat around the mass, and the surrounding ileocolic lymph nodes are enlarged and hypoechoic, the largest measuring 0.50 cm x 0.80 cm.

WEIGHT

7.81 Pounds

The colon contains incompletely formed feces in the descending colon. The ascending colon just aboral to the mass is thickened, measuring up to 0.27 cm (normal is up to 0.17 cm). The colonic muscularis is significantly thickened in certain areas, but there are areas that measure normal.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

Pancreas

The right pancreas is hypoechoic and there is surrounding bright fat, consistent with mild to moderate pancreatitis. There is also a small anechoic cyst that measured 0.2 mm within the right pancreas.

IMAGING PERFORMED BY

Amy Mayhew, LVT

Free Abdomen**HOSPITAL NAME**

SVS Imaging MI

There is scant peritoneal effusion cranial to the liver. There are also several mildly enlarged, mildly irregular hypoechoic mesenteric lymph nodes, the largest measuring 1.2 cm long x 0.54 cm in width. These could be reactive, but there is concern for metastasis. The omentum is of normal uniform echogenicity.

REFERRING VET

Dr. Notarius

PRIMARY FINDINGS

- Large circumferential ileocolic mass with concern for lymph node and hepatic metastatic nodule, most likely adenocarcinoma
- Mild to moderate pancreatitis of the right limb with a small cyst

INVOICE

45050

SECONDARY FINDINGS

- Colitis, ileitis – considered to be secondary to the mass.

DATE

2/10/23

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Winnie Dygert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.81 Pounds

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Notarius

INVOICE

45050

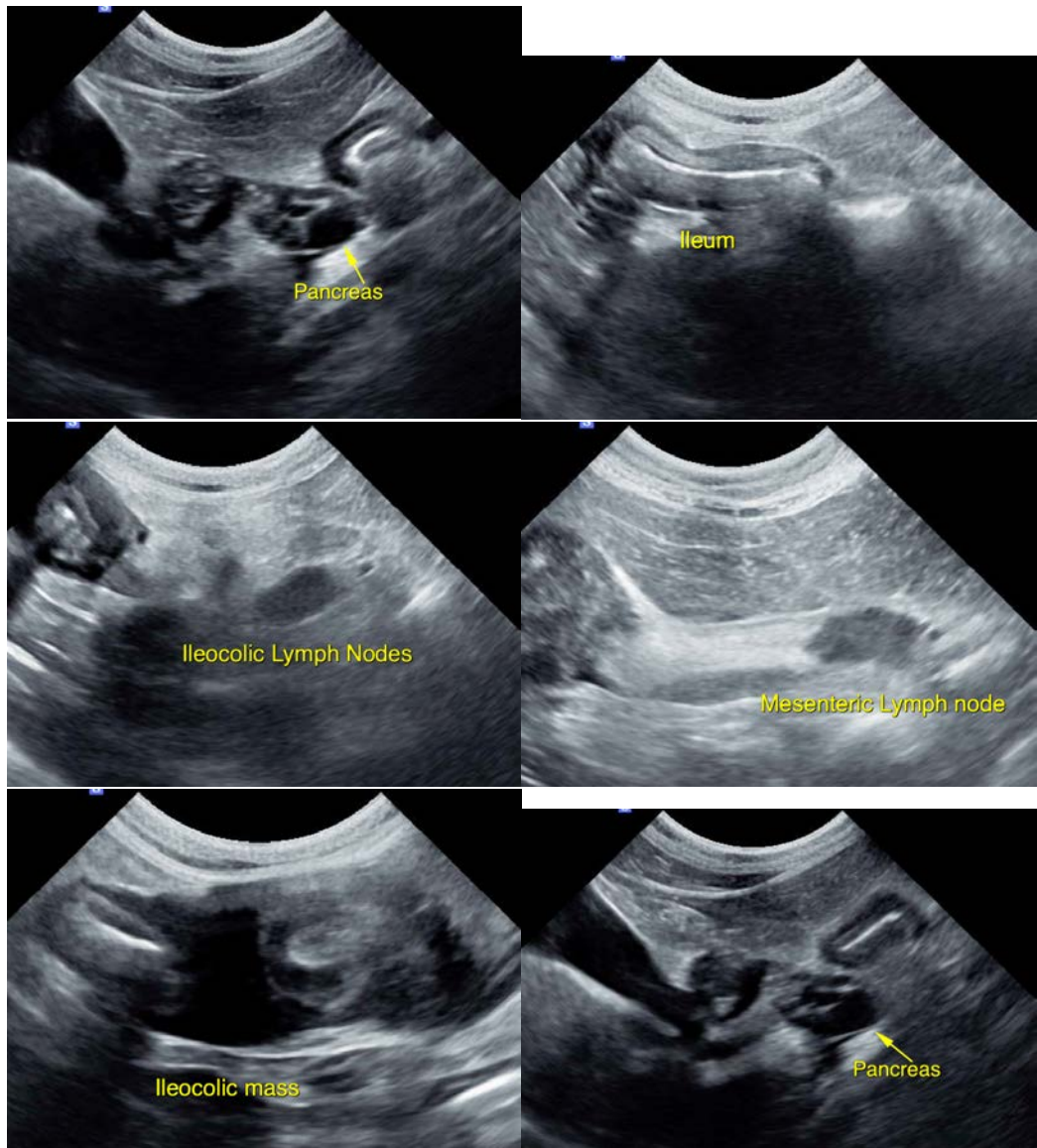
DATE

2/10/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ileocolic mass is most likely to be adenocarcinoma with concern for metastatic lymph nodes and a possible metastatic lesion in the liver, although the lymph nodes could be reactive. Other differentials include a GIST, lymphoma, mast cell tumor, or eosinophilic sclerosing fibroplasia. The ileum leading up to the mass is thickened and abnormal with a hyperechoic mucosa, and the colonic wall is also thickened in areas as well. These changes represent colitis and ileitis, considered secondary to the presence of the mass.

The mass of the ileocolic junction is amenable to fine needle aspiration, and it is focal, so it could be surgically removed, but investigation of the liver nodule would be prudent (or an attempt to remove could be made at surgery). There is also mild to moderate pancreatitis in the body/right pancreas as well as the hypoechoic liver nodule in the caudate liver lobe, which is concerning for a metastatic lesion, though fine needle aspirate is suggested to confirm.



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Winnie Dygert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.81 Pounds

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

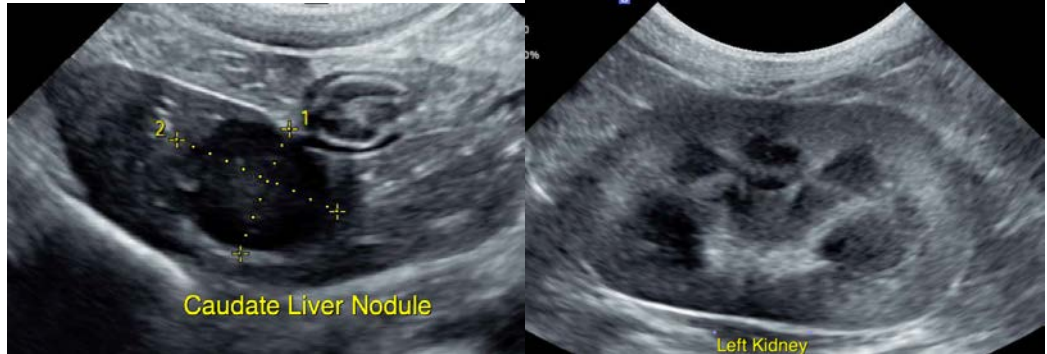
Dr. Notarius

INVOICE

45050

DATE

2/10/23



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Winnie Dygert

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.

SPECIES

Feline

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.

BREED

DSH

Jessica Midence, DVM, DACVIM (SAIM)

info@SonoPath.com

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.81 Pounds

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Notarius

INVOICE

45050

DATE

2/10/23