

PATIENT PRESENTING CLINICAL SIGNS

Bronwyn Ivarinen

History: Ultrasound requested to evaluate for potential causes of weight loss.
Mast cell tumor removal ear base in Feb 2023

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Small movable dermal mass base of neck, dental disease
CBC/chem pretty normal other than disproportionately elev SDMA (40) with normal Cr USG 1.014
unremarkable otherwise

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 3.00 cm and was normal in thickness and tone.

AGE

13 years, 8 mos

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 3.60 cm in length. The right kidney measured 3.80 cm in length.

WEIGHT

5 kg

The iliac trifurcation revealed normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

Adrenal Glands

The left adrenal gland was visualized and was normal in size (measuring 3.00 mm in width x 7.00 mm in length) with an ovoid shape and homogenous parenchyma. There was no visible capsular expansion or pericapsular inflammation. The right adrenal gland was not distinctly visualized, but the region was unremarkable.

IMAGING PERFORMED BY

Dr. Callihan/Pacific
Crest Mobile VS

Spleen

The spleen was incompletely visualized but appeared normal in the visible portions.

HOSPITAL NAME

Pacific Crest Mobile VS

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

REFERRING VET

Dr. Foote/Village VH

Gastrointestinal

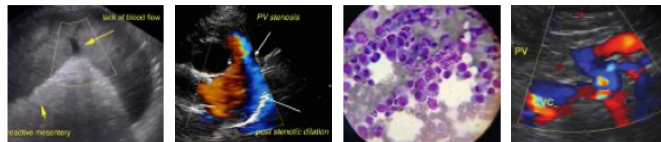
The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine revealed a section of jejunum with a mural lesion where there was a focal loss of layering. The mural lesion was asymmetric and hypoechoic, with mild, bright, mesentery surrounding it. The remainder of the small intestine was normal in thickness with intact wall layers, although the muscularis layer was mildly prominent. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions. The ileocecolic junction was clearly visualized and was normal in size, shape and structure.

INVOICE

13899

DATE

7.28.23



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Pancreas

The pancreas was overall normal in shape and size with a mildly irregular capsule contour. The parenchyma was mildly irregular. The pancreatic duct was mildly dilated. This is largely as expected for the patient's age.

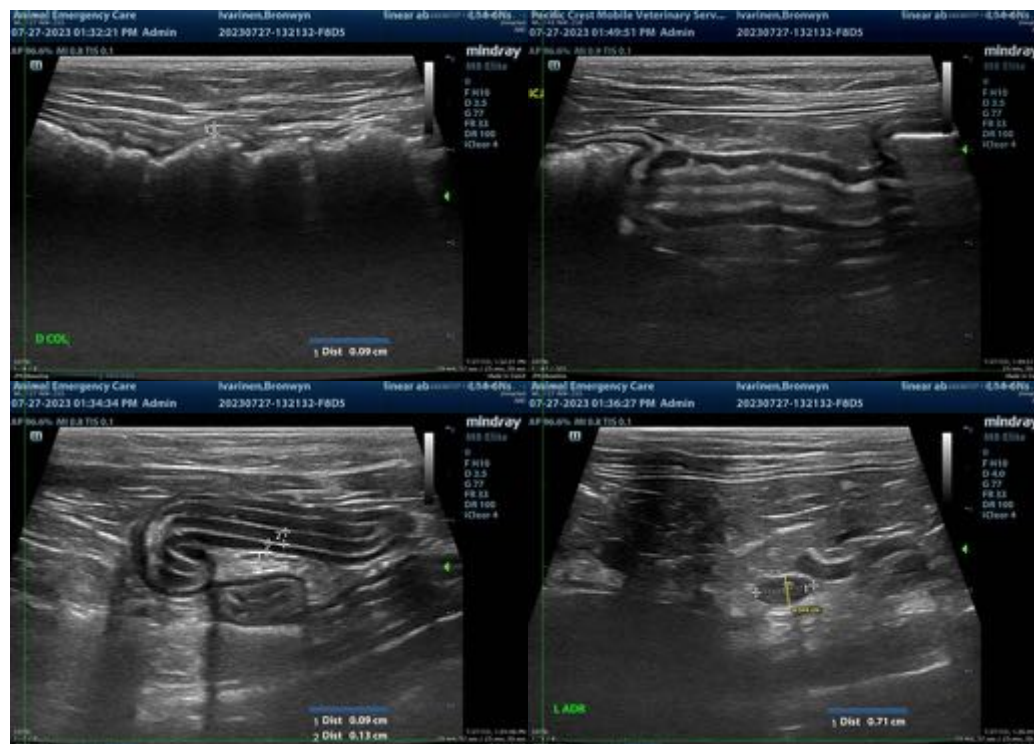
Free Abdomen

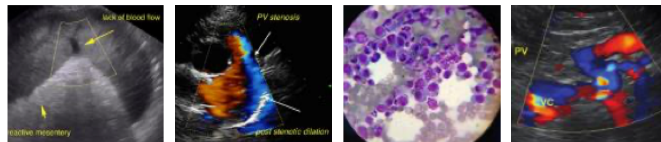
FINDINGS

- Focal intestinal mural mass
- Mild aging changes in the kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural lesion in the intestine meets neoplastic criteria. However, this could also be severe inflammatory changes or FIP can present in this way. Considering this cat's history, this could be a spread of the mast cell tumor. FNA may not be successful, as it is a small lesion. If it is attempted, premedicate with Benadryl IM 15 minutes prior. Exploratory could biopsy this area and/or resect it. Referral for oncology is recommended.





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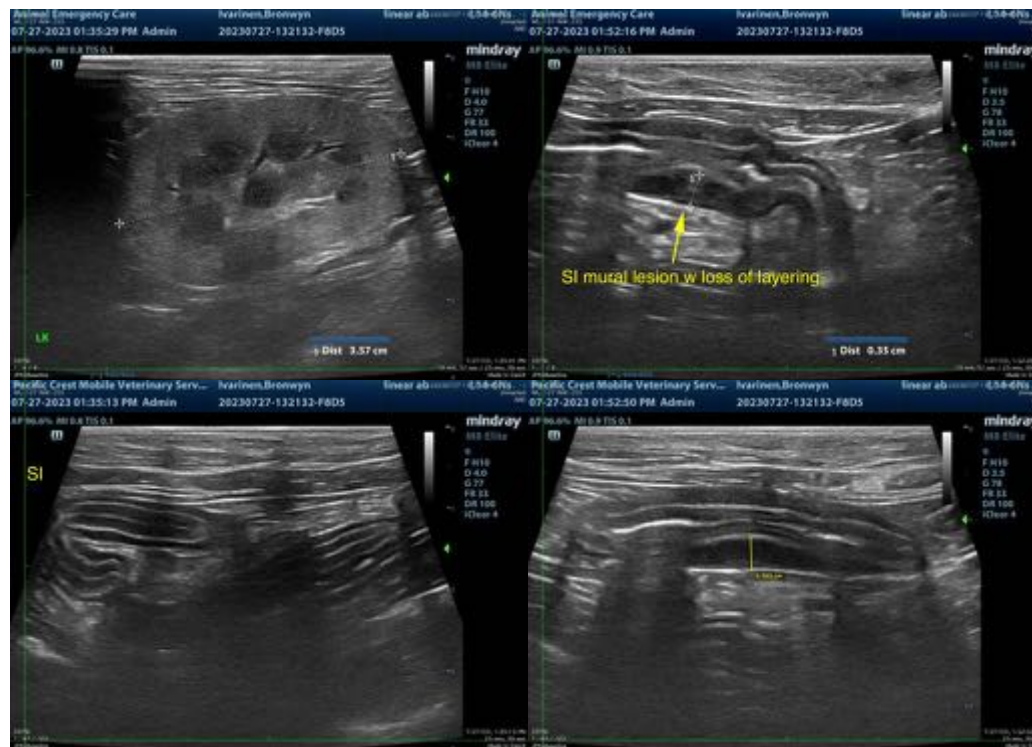
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com