PATIENT

Whisper Cormier

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8 Years

WEIGHT

13.2 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Hallie Lipinski DVM

INVOICE

12909

DATE

01/01/26

PRESENTING CLINICAL SIGNS

Presented for ADR/weight loss/anorexia/soft stools. Possible cranial abdominal organomegaly on exam. Diffuse cachexia, otherwise, NSF on exam. SDMA 19, Tot protein 5.8, glob 2.8, ALT 253, AST 97, ALP 347, T bili 3.1, T4 0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented with generalized hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without overt congestion.

The gallbladder was non distended in size with mild biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall

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measured 0.21 cm wall width. The jejunum wall measured 0.24 cm wall width. The ileocolic wall measured 0.50 cm wall width.

The colon walls presented variably thickened yet nondistended containing generalized soft to nonformed fecal matter in the lumen.

Pancreas

The pancreas was normal in size with asymmetrical contour and isoechoic mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Prominent pancreatic duct.

Free Abdomen

An irregular expansive primarily homogenous hypoechoic mass was visualized in the mid abdomen in the area of the ileocolic junction and proximal colon measuring approximately 5.0 to 6.0 cm in diameter. Regional hyperechoic omentum and intermittent mildly enlarged irregular hypoechoic colic lymph nodes were visualized with an example of lymph nodes measuring 1.5 cm x 0.74 cm. A mild volume of peritoneal effusion was present.

Brief sonographic assessment of the cranial thorax revealed concurrent cranial thoracic lymphadenopathy and mild volume cranial pleural effusion. An example of the thoracic lymph nodes measured 1.7 cm x 1.7 cm.

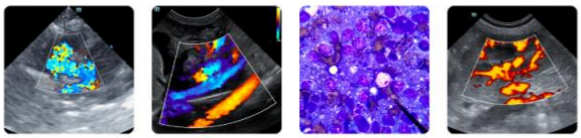
ULTRASONOGRAPHIC FINDINGS

- Thickened ileocolic junction/colon wall with irregular nonhomogenous to hypoechoic mass in the area of the ileocolic junction.
- Hepatopathy.
- Mild gallbladder debris with nonobstructive proximal common bile duct dilation.
- Mild heterogeneous pancreas with prominent pancreatic duct.
- Mesenteric and cranial thoracic lymphadenopathy with bicavitary effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is most consistent with neoplastic criteria of potential lymphatic or enterocolic origin with multicentric to bicavitary neoplasia probable. Significant multicentric inflammatory or granulomatous (FIP) disease is thought less likely. Further assessment may include mass +/- screening hepatic and if accessible, lymph node FNA cytology +/- culture/sensitivity as well as effusion analysis. No other evidence of current posthepatic obstruction yet sonographic monitoring is recommended if progressive hepatopathy or icterus.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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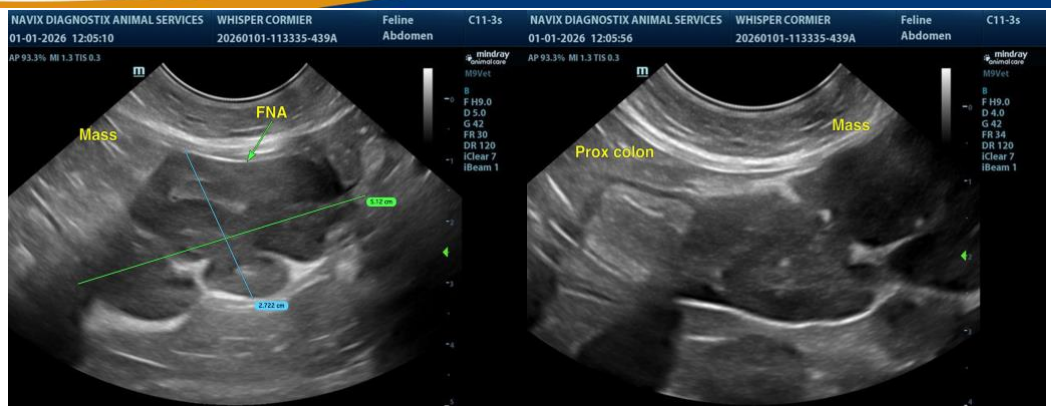

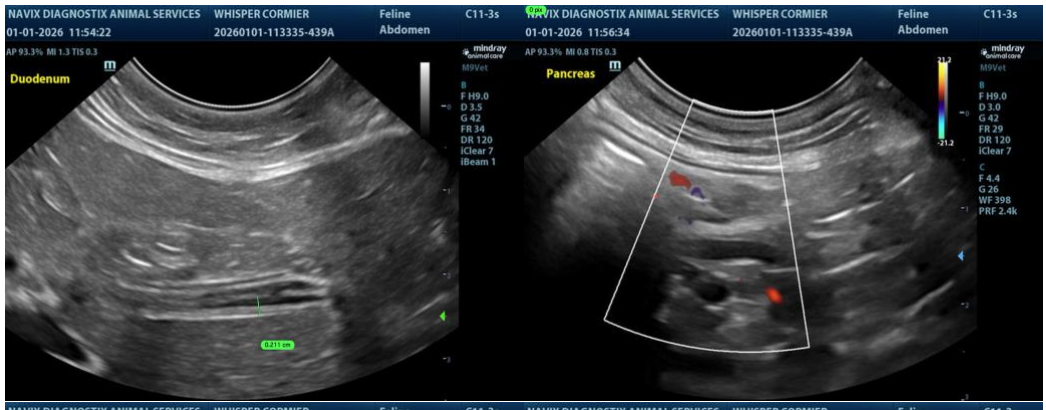

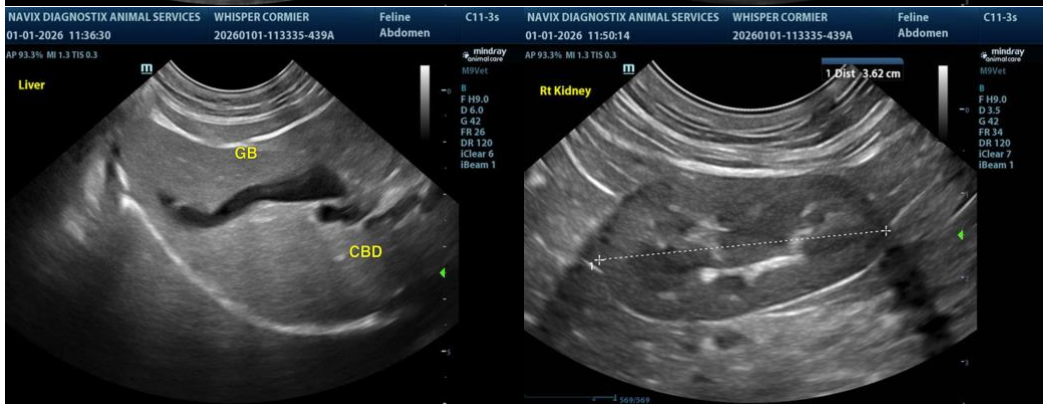

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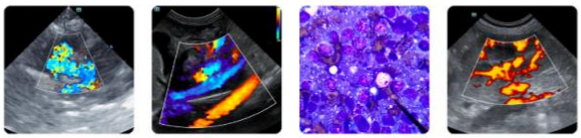

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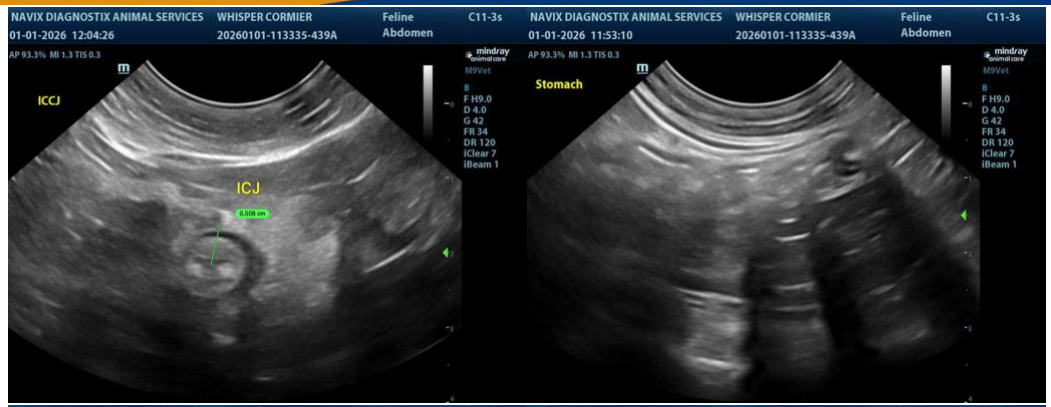

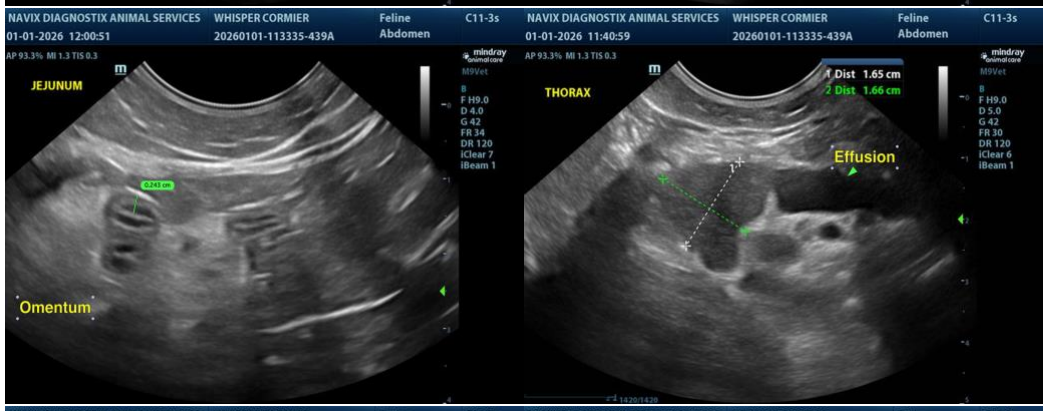

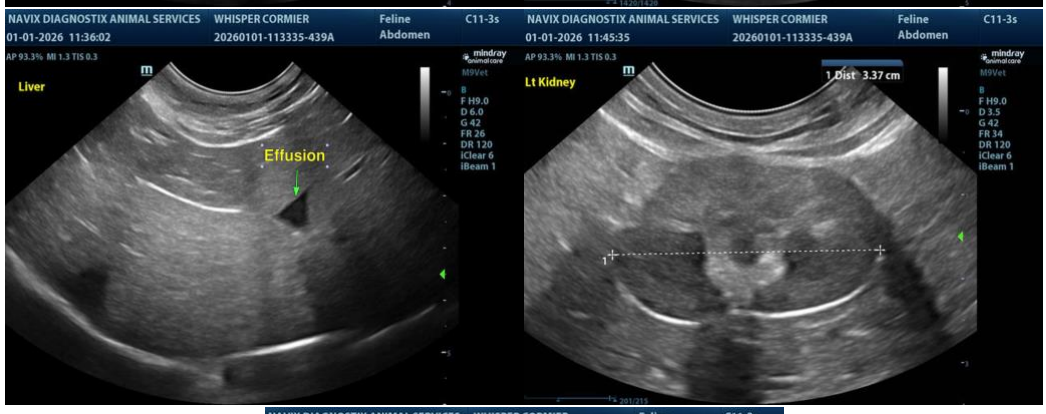

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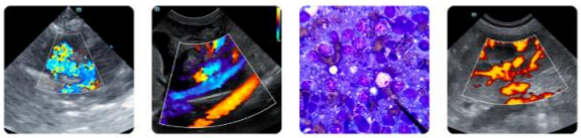

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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