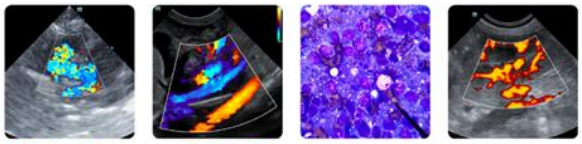


PATIENT

Pouncer Breg

SPECIES

Feline

BREED

DSH

SEX

F

AGE

17

WEIGHT

7.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Basim

INVOICE
23563

DATE
01/14/26

PRESENTING CLINICAL SIGNS

Anorexia

Abnormal PE/Chem/CBC/UA Results: Mid abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

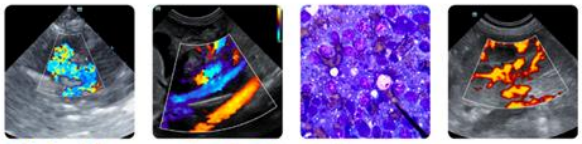
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/Gallbladder

The liver presented borderline to mild increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized masses or nodules were present. The gallbladder was non-distended in size with minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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



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The duodenum and jejunum exhibited overall intact wall layering, maintained wall layer ratio with borderline segmental thickened jejunum wall to the level of the ileum. Ileum exhibited thickened wall with intact to mild indistinct mural detail extending to the ileocolic junction. A moderately sized to expansive ileocolic mass exhibiting hypoechoic thickened wall and loss of mural detail measuring ~ 4.5 cm in diameter was present. The mass appeared to extend into the proximal colon. Regional peri-ileocolic hyperechoic omentum was present.

Pancreas

The pancreas was mildly prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary

- Ileocolic mass.
- Peri-ileocolic hyperechoic omentum and intermittent mild jejunocolic lymphadenopathy.
- Mildly enlarged echogenic liver.

Secondary

- Age-related renal changes.
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the ileocolic mass may include favored neoplasia such as carcinoma, lymphoma or other, FIP or fibroplasia. The liver may indicate emerging lipidosis given anorexia, inflammation or possible emergent to occult concurrent hepatic neoplasia.

Assuming normal clotting status and using a 25g needle, a mass and hepatic FNA for screening cytology may be considered for further assessment.

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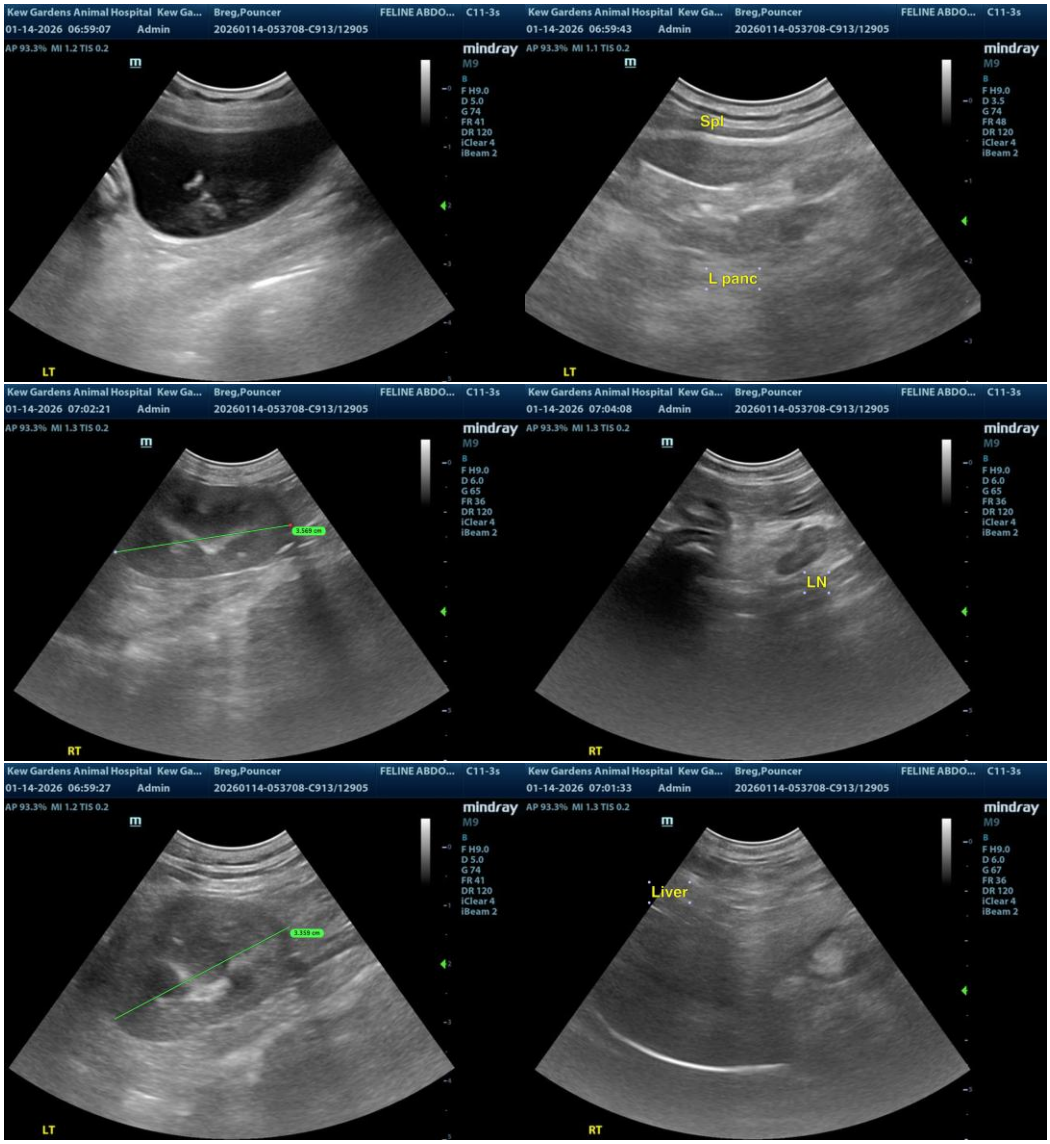

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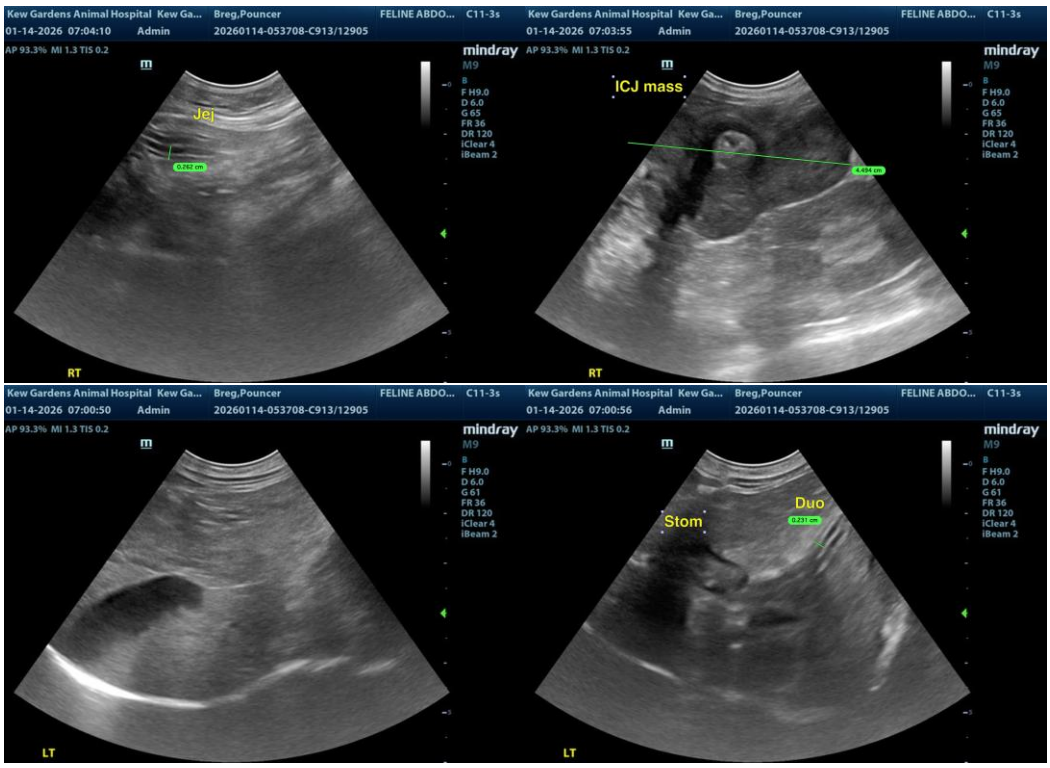

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com