



PATIENT

Sandy Mullen

SPECIES

Feline

BREED

DSh

SEX

FS

AGE

13 years

WEIGHT

11 lbs. 11 oz.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

13117

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Evaluate large tubular mass in mid-abdomen. Decreased appetite x 1 month. Anorexic x 3 days. Anesthetized for rectal exam and possible deobstipation, but very little stool present and mass unable to be softened.

Abnormal PE/Chem/CBC/UA Results: PE: Depressed, quiet, muscle wasting, looks like used to be heavier. Recent CBC/Chem/Lytes/T-4 - Normal. Recent UTI w/rods. No follow-up UA as of yet. RADS (attached): tubular soft tissue mass mid-abdomen.

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 changes was noted.

Normal size and margination were 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt pathology was noted in the areas of the left and right 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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. The gastric body wall width measured 0.25 cm.



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| PATIENT | The small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Subtle areas of minor small intestinal ileus were present, yet no evidence of altered wall layering, loss of wall layering, or mechanical obstruction. The jejunum wall width measured 0.20 cm. |
| Sandy Mullen | |
| SPECIES | The colon exhibited subjective generalized marked distention containing primarily strongly shadowing fecal matter. Segmental areas of visualized colon wall exhibiting intact to indistinct prominent wall layering with transverse to descending colon wall measuring up to 0.57 cm width. Segments of gas distended colon are also probable. |
| Feline | |
| BREED | Pancreas |
| DSh | The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident. |
| SEX | |
| FS | |
| AGE | Free Abdomen |
| 13 years | Subtle regional pericolic reactive mesentery was present, along with intermittent subjectively benign to reactive colic lymph nodes. An example of a colic lymph node measured 0.34 cm width. No evidence of peritoneal free fluid was noted. |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| 11 lbs. 11 oz. | Primary Findings |
| INTERPRETED BY | <ul style="list-style-type: none"> Generalized marked feces and gas distended colon exhibiting segmental prominent intact to indistinct colon wall layering Overtly normal stomach and small bowel |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | |
| IMAGING PERFORMED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Dr. Ebersole | The presentation of the colon is suggestive of significant generalized obstipation with potential for cecal impaction with feces, hairball density, or similar appearing opacity. An obvious cause of obstruction to feces outflow was not definitively evident in this study. Potential for decreased colonic motility owing to underlying colonic mural disease (inflammatory or infiltrative colonic mural disease etc.,) or the possibility of luminal abnormality which cannot be definitively visualized, cannot be excluded. Subtotal colectomy is likely indicated in this patient with colonic mural biopsies. Empirical constipation / obstipation therapy would be appropriate if surgical options are not possible with radiographic monitoring. |
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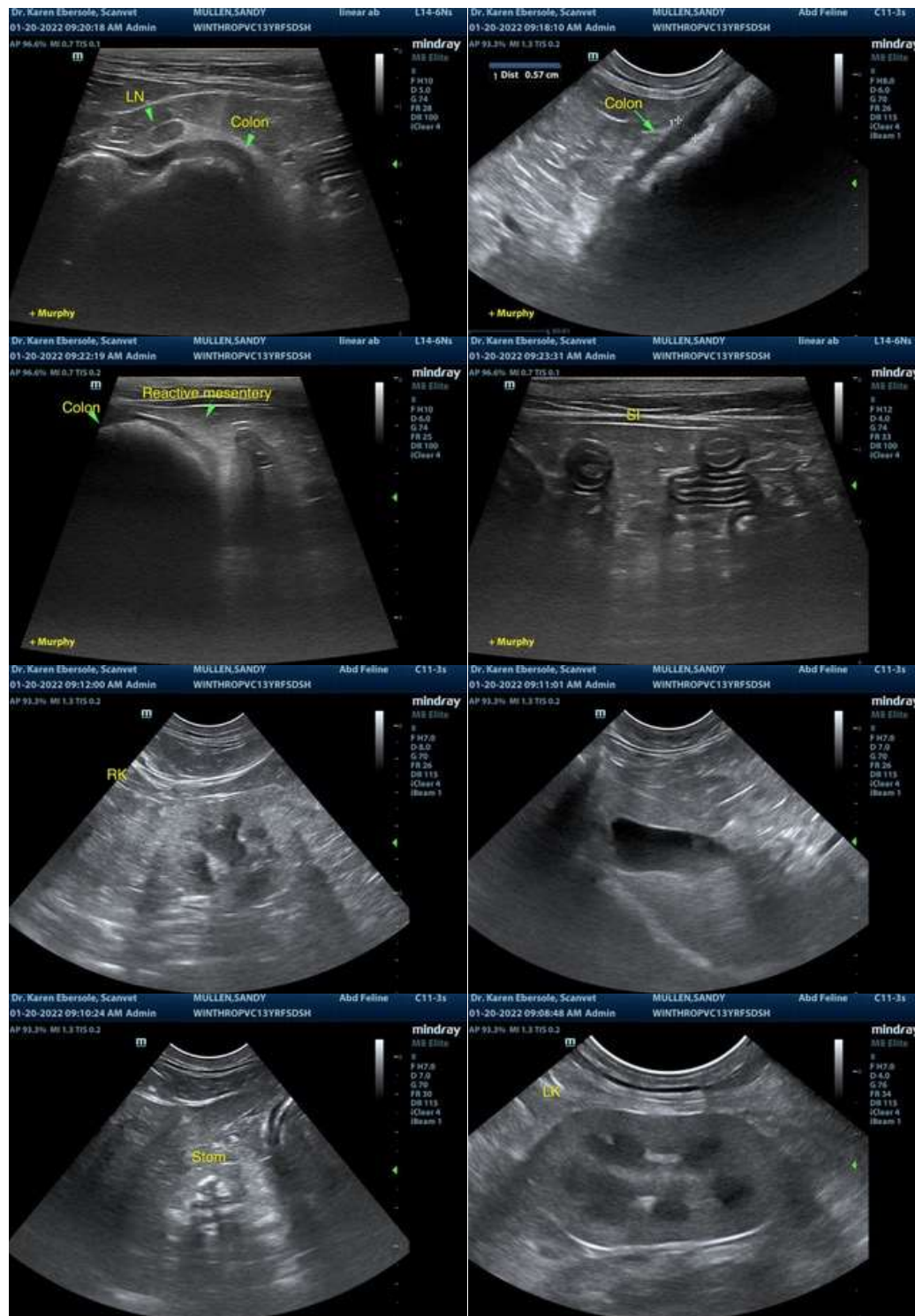
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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