

PATIENT PRESENTING CLINICAL SIGNS

Sally Crawford History: Palpable abdominal mass on routine exam
Medication: Methimazole

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. Aortic trifurcation was normal.

Domestic Shorthair

SEX 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. Mild pyelectasia was present in the left kidney. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

FS

AGE **Adrenal Glands**
8 years

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width.

WEIGHT

8.1 Pounds The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width.

INTERPRETED BY Spleen

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) 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. The spleen measured 1.3 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT **Liver**

HOSPITAL NAME 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.

White Haven VH

REFERRING VET Gastrointestinal

Dr. Dengler The stomach presented intact and sonographically unremarkable wall layering. A mild amount of retained antrum and pylorus ingesta/chyme was present. The pylorus wall measured 0.27 cm. No evidence of mechanical pyloric outflow obstruction.

INVOICE

13608 The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio. Solitary spherical hypoechoic to mildly non-homogeneous mass lesion, subjectively appearing to derive from the intestinal wall, specifically and subjectively the intestinal muscularis layer, was present in the mid to caudal abdomen. The mass measured approximately 2.9 cm x 1.8 cm. Subtle evidence of

DATE

1.24.2022



PATIENT

Sally Crawford

regional reactive mesentery was present around the mass. No overt evidence of concurrent significant lymphadenopathy. No evidence of peritoneal effusion present.

SPECIES

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Mid to caudal abdominal mass- suspect deriving from the small intestine, neoplasia (lymphoma, carcinoma, stromal tumor or other), granuloma, inflammation, or other possible.
- Subtle hypoechoic to heterogeneous pancreas- nonspecific, patient variant with potential for low-grade inflammation possible.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

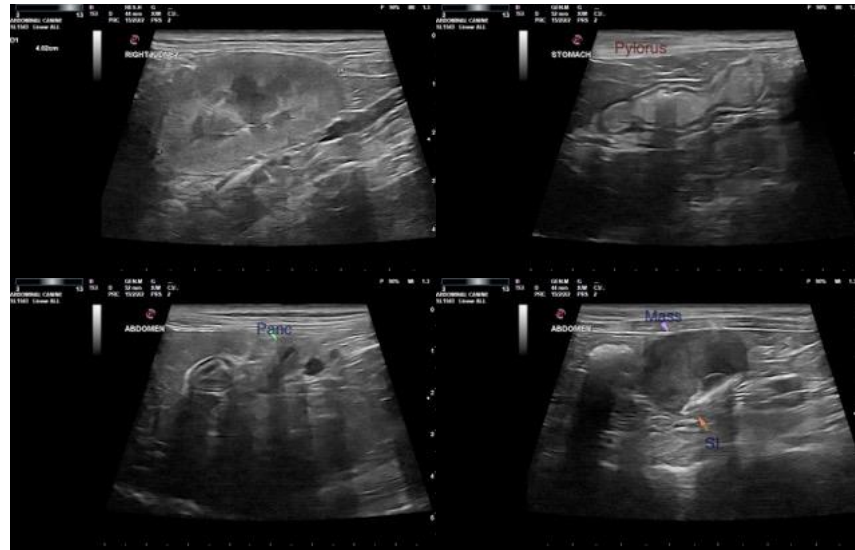
Potential for non-intestinal origin of the mass, such as focal lymphadenopathy, impinging upon or possible adhered to adjacent small intestine cannot be ruled out yet considered less likely. Further assessment with pending mass cytology and potential for oncology consult, if neoplasia is confirmed, is warranted. Subjectively, the mass appears to be amendable to surgical resection. Overt evidence of additional abdominal pathology or metastatic disease was not definitively evident. Three-view chest radiographs suggested. Spec FPL may be considered.

WEIGHT

8.1 Pounds

INTERPRETED BY

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



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HOSPITAL NAME

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SPECIES

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BREED

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WEIGHT

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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.

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.

INTERPRETED BY

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

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

mac.daniel@sonopath.com

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