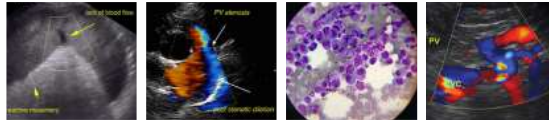


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lulu Schreiter	Weight loss of 1.25 pounds since 5/2021. Palpable abdominal mass in mature feline with largely unremarkable blood panel. Anorexia, fever (104 degrees F at 3 days in a row of examination beginning 1/22) and lethargy since about 1/19, with no response to Onsior (NSAID) or Convenia (antibiotic) both administered 1/23. No response to mirtazapine administered 1/22 for appetite stimulation. Mass suspected on survey radiographs of 1/23 and palpable 1/24 (mid-ventral to cranial abdomen, about 3 x 3 x 4 cm). Some sort of household altercation on 1/19 with another cat; family reports proximal tail pain since that time. Tail or lumbar pain not identified at 1/24 exam.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
Siamese X	Abnormal PE/Chem/CBC/UA Results: Stress hyperglycemia (238) on otherwise essentially normal 1/22/22 in-house Chem 12. Unremarkable CBC with stress leukogram; tWBC = 12.7K, spun PCV = 37%. Urine SG > 1.040 with quiet sediment. Current Medications Convenia antibiotic 1/23, Onsior NSAID 1/23, buprenorphine transmucosal q 12 hr since 1/22
<b>SEX</b>	
FS	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
13 years	<b>Urinary System</b>
<b>WEIGHT</b>	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.
10.25 lbs	
<b>INTERPRETED BY</b>	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 3.8 cm in length. The right kidney measured 4.0 cm in length.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Sarah Hansen	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
VCA Salem AH	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 0.62 cm width.
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Hallden	
<b>INVOICE</b>	
13155	
<b>DATE</b>	
1/25/22	The liver exhibited subjective mild generalized enlargement and mild hypoechoic parenchyma compared to the spleen and falciform fat with a mild coarse echotexture. Increased portal vein



**PATIENT**

Lulu Schreiter

**SPECIES**

Feline

**BREED**

Siamese X

**SEX**

FS

**AGE**

13 years

**WEIGHT**

10.25 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Hansen

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Hallden

**INVOICE**

13155

**DATE**

1/25/22

prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with mild, nondependent yet nonorganized gallbladder 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. The gastric body wall width measured 0.25 cm.

The small intestine exhibited primarily intact wall layering with a maintained 1:3 muscularis/mucosa ratio to the level of the ileum and ileocecolic junction. An ill-defined mass was present at the level of the ileocecolic junction exhibiting asymmetrical contour with hypoechoic to nonhomogeneous expansive parenchyma measuring approximately 4.0 cm x 3.5 cm. Potential for associated colic lymphadenopathy is possible, although differentiation between lymphadenopathy and the ileocecolic mass was difficult. The duodenum wall width measured 0.28 cm. Normal-appearing jejunum measured 0.22 cm wall width.

Concurrent, mildly thickened proximal colon wall with indistinct wall layering was present. The proximal colon wall width measured 0.27 cm. Semi-formed feces was present in the proximal colon.

**Pancreas**

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

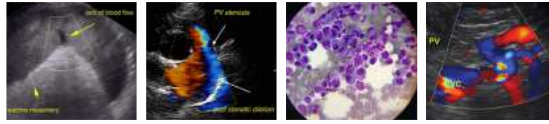
**Free Abdomen**

Regional reactive mesentery was noted mid-abdomen primarily around the ileocecolic mass, along with scant peritoneal free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Ileocecolic mass
- Associated regional reactive to potential inflamed mesentery and scant peritoneal free fluid
- Subjective mild hepatomegaly exhibiting mild parenchymal hypoechoicogenicity
- Mild gallbladder debris - incidental
- Potential low-grade concurrent pancreatitis
- Mild chronic renal changes



**PATIENT**

Lulu Schreiter

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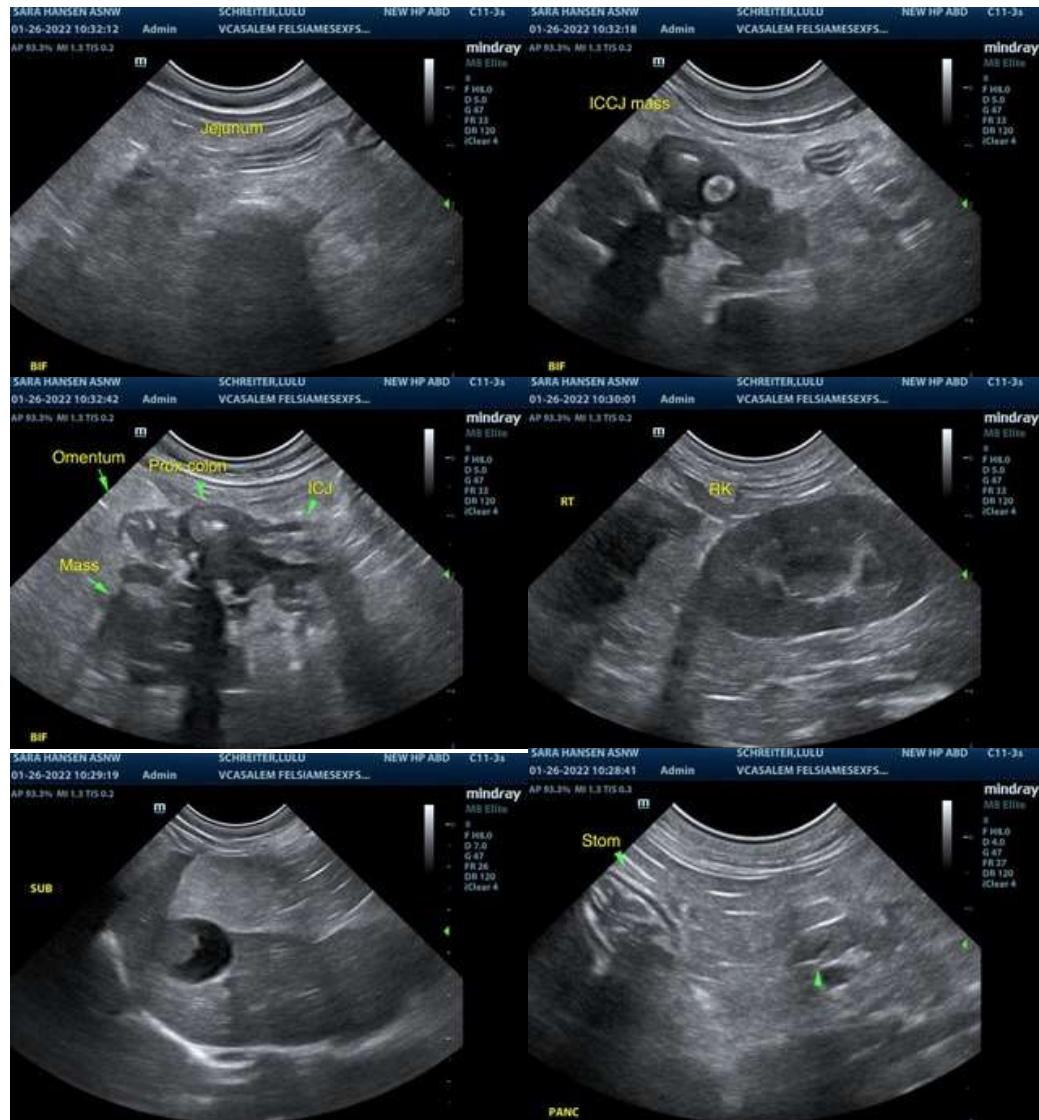
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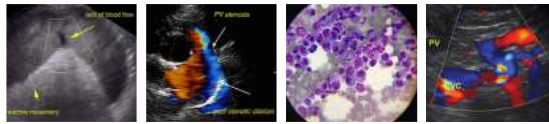
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the ileocecolic mass may include favored neoplasia such as adenocarcinoma, lymphoma, or other. FIP, fibroplasia, or other are possible.

The liver may indicate reactive hepatopathy, congestion, nonspecific hepatitis, or potential concurrent or occult hepatic neoplasia.

Assuming normal clotting status, ultrasound-guided FNA of the ileocecolic mass and liver using a 25-gauge needle could be considered for screening cytology and further staging. Three view chest radiographs are recommended.





**PATIENT**

Lulu Schreiter

**SPECIES**

Feline

**BREED**

Siamese X

**SEX**

FS

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**DATE**

1/25/22



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