



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kabuki Fehon	recheck scan from 1/5/21. vomiting, diarrhea, weight loss.; dx with IBD vs neoplasia; multiple enlarged mid abdominal jejunal to colonic lymph nodes. on metronidazole, famotidine, mirtazapine, prednisone, B12.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: tbili 1.6, Ca 8, PSL 52, WBC 21000 with monos 9, eos 21,
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</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
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
10 years	
<b>WEIGHT</b>	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 3.7 cm in length. The right kidney measured 4.0 cm in length.
DSH	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Diane McFadden	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 0.47 cm width. The potential for mild splenic volume contraction is suspected.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Animal Hospital of Roxbury	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with mildly prominent to hyperechoic gallbladder walls. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.20 cm diameter, not overtly consistent with post hepatic obstruction.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Elia	The stomach presented intact wall layering with a normal wall layer ratio. Mid retained echogenic fluid and chyme were present in the stomach. The gastric body wall width measured 0.25 cm.
<b>INVOICE</b>	
13162	
<b>DATE</b>	
1/26/22	



<b>PATIENT</b>	The small intestine exhibited persistent to progressive mural hypertrophy with primarily intact wall layering exhibiting altered muscularis / mucosa ratio. Segmental intestinal mural mass exhibiting moderate mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering were present within the mid abdominal small intestine, likely jejunum, measuring 3.0 cm length with wall width up to 0.87 cm width.
Kabuki Fehon	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	
DSH	<b>Pancreas</b>
<b>SEX</b>	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.
FS	<b>Free Abdomen</b>
<b>AGE</b>	Mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example of the mesenteric lymph nodes measured 2.0 cm in diameter. Regional perilymphatic to peri intestinal reactive mesentery was present. No effusion was noted.
10 years	
<b>WEIGHT</b>	
DSH	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>INTERPRETED BY</b>	<b>Primary Findings</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>Persistent to progressive infiltrative enteropathy pattern with newly noted segmental mural mass</li> <li>Associated hypoechoic to swollen mesenteric lymphadenopathy with perilymphatic to peri intestinal reactive mesentery</li> <li>Suspect mild gastric hypomotility</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>Secondary Findings</b>
Diane McFadden	<ul style="list-style-type: none"> <li>Mild nonobstructive proximal common bile duct dilation</li> <li>Static chronic renal changes</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Animal Hospital of Roxbury	Given the persistent to progressive small intestinal mural thickening with altered wall layering along with newly noted intestinal mural mass and significant lymphadenopathy, neoplastic infiltrative enteropathy with associated neoplastic lymphadenopathy as with Intestinal and lymphatic round cell neoplasia, specifically lymphoma, is highly likely.
<b>REFERRING VET</b>	
Dr. Elia	Ultrasound guided FNA of lymph node for screening cytology with potential for oncology consultation may be considered. However, given the persistent to potentially progressive clinical signs in this patient, a very guarded to unfavorable prognosis is likely Indicated.
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**PATIENT**

Kabuki Fehon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10 years

**WEIGHT**

DSH

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Animal Hospital of  
Roxbury

**REFERRING VET**

Dr. Elia

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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.



**PATIENT**

Kabuki Fehon

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.

**SPECIES**

Feline

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

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DSH

**SEX**

FS

**AGE**

10 years

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