



**PATIENT**

Fluffy Snook

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10 y 11 m

**WEIGHT**

Not provided

**PRESENTING CLINICAL SIGNS**

Ongoing inappetence and weight loss. Lethargy, not wanting to drink on own. No current meds. Abnormal PE/Chem/CBC/UA Results: 12/29/22: WBC 19, Neuts 16617

**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.

The area of the aortic trifurcation was free of pathology.

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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm width.

**IMAGING PERFORMED BY**

Jessica Miller

**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.

**HOSPITAL NAME**

Budd Lake AH

**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.

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**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 0.24 cm.

The small intestine presented primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental propensity for discretely prominent muscularis layer yet no evidence of small intestinal



<b>PATIENT</b>	<p>mural hypertrophy to the level of the ileocolic junction. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.28 cm width.</p>
Fluffy Snook	
<b>SPECIES</b>	<p>Mid-abdominal intestinal mass likely associated with the colon exhibiting asymmetrical contour and mixed echogenic parenchyma measuring approximately 3.0-4.0 cm in diameter was present. Adjacent colon appeared to contain formed fecal matter. Regional hyperechoic peri intestinal omentum was noted with intermittent mildly swollen to hypoechoic mesenteric lymph nodes.</p>
Feline	
<b>BREED</b>	<p><b>Pancreas</b></p>
DSH	<p>The left pancreatic limb exhibited regional hypoechoic parenchyma and mild asymmetrical margination with minor peripancreatic hyperechoic omentum.</p>
<b>SEX</b>	<p><b>Free Abdomen</b></p>
FS	<p>Regional hyperechoic peri intestinal omentum was noted with intermittent mildly swollen to hypoechoic mesenteric lymphadenopathy. An example of a lymph node measured 1.2 cm in diameter. Intermittent scant pocket of peri intestinal free fluid was also noted.</p>
<b>AGE</b>	
10 y 11 m	
<b>WEIGHT</b>	<p><b>ULTRASONOGRAPHIC FINDINGS</b></p> <ul style="list-style-type: none"> <li>• Expansive irregular intestinal mass likely colonic origin with associated regional peritonitis and mesenteric lymphadenopathy</li> <li>• Possible concurrent low-grade pancreatitis</li> <li>• Intermittent scant peri intestinal / pericolonic free fluid</li> </ul>
Not provided	
<b>INTERPRETED BY</b>	<p><b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b></p>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<p>The intestinal mass likely colonic in origin is most likely consistent with neoplastic criteria, although sampling is required for further definition. Granulomatous (Dry FIP) and significant inflammatory process is possible yet considered less likely. Assuming normal clotting status, FNA cytology of the mass could be considered for further clarification and possible oncology consult.</p>
<b>IMAGING PERFORMED BY</b>	<p>Concern for possible regional omental seeding and lymphatic metastasis indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are recommended if not done. Empirically, as-needed gastrointestinal support is recommended. A very guarded prognosis is indicated.</p>
Jessica Miller	
<b>HOSPITAL NAME</b>	
Budd Lake AH	
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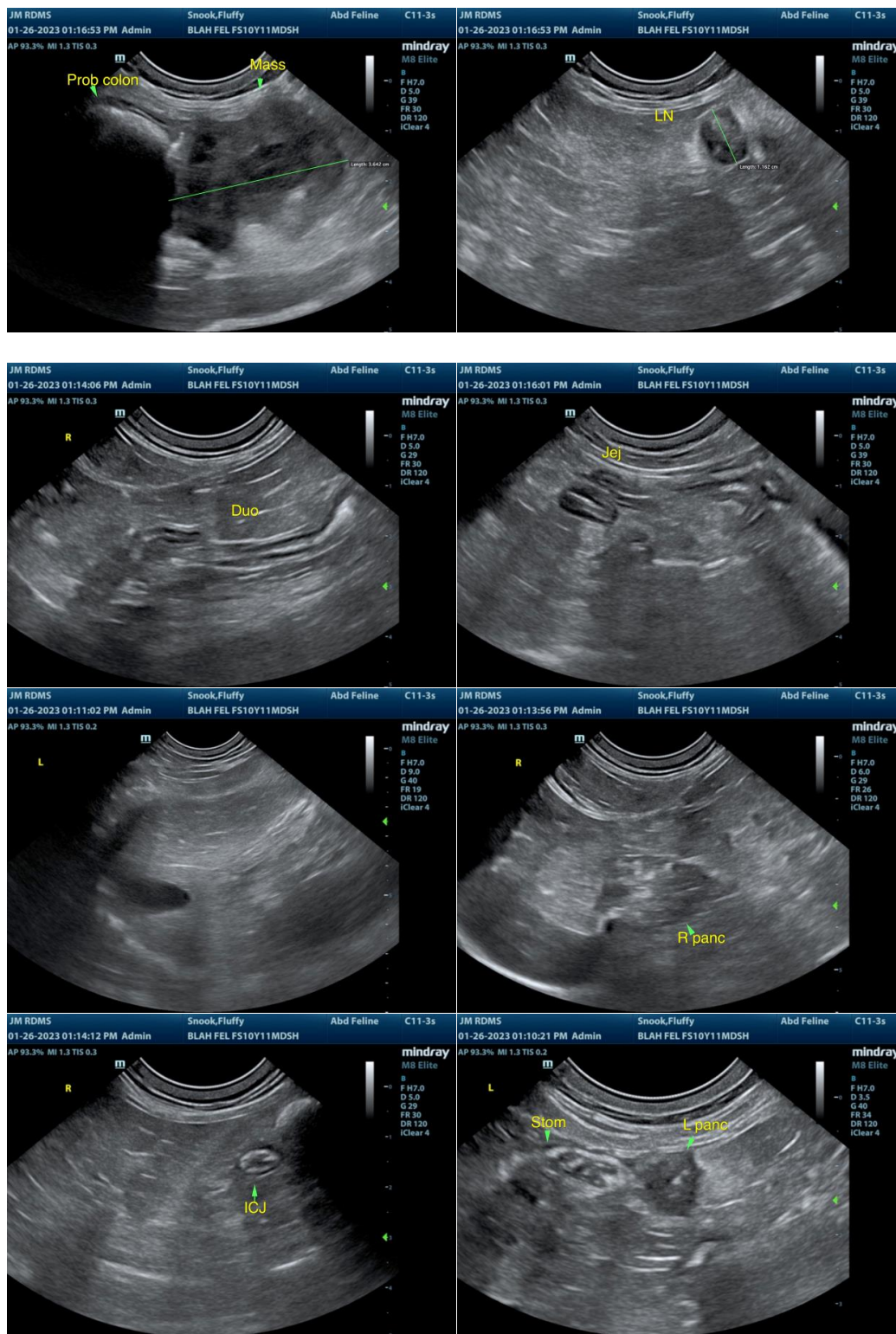
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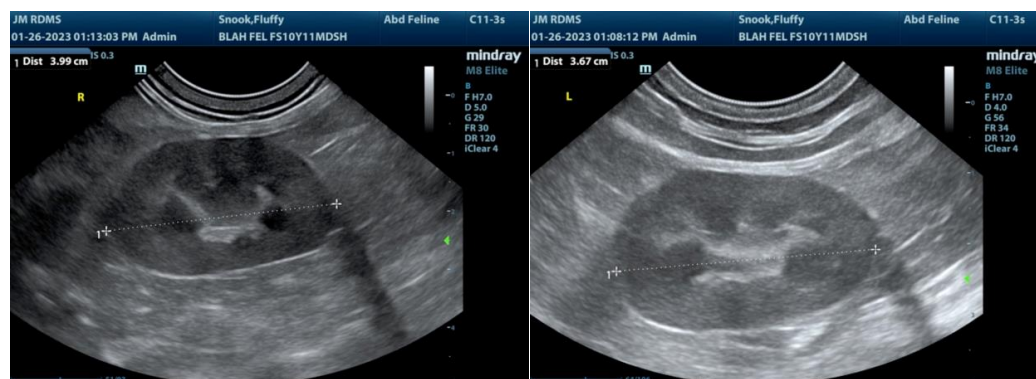
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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