

PATIENT PRESENTING CLINICAL SIGNS

Angie Connor History: ~1.5# weight loss in 1 year, occasional vomiting, suspect abdominal mass

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

5 years

WEIGHT

5.2 Pounds

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 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 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

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. The spleen measured 0.85 cm width.

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

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.

IMAGING PERFORMED BY

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Gastrointestinal

The stomach presented intact wall layering and a normal wall layer ratio with minor retained nonshadowing ingesta / chyme. The gastric body wall width measured 0.24 cm.

REFERRING VET

Dr. Gregory

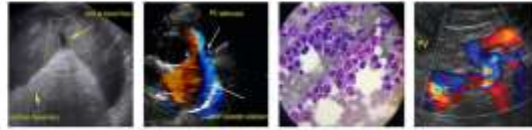
The small intestine exhibited segmental to generalized variably prominent to altered muscularis / mucosa ratio. An expansive hypoechoic mass was present in the subjective area of the ileocolic junction measuring 3.9 cm x 2.5 cm. Adjacent intestinal segments potentially involved in the mass exhibiting intact yet prominent wall layering exhibiting altered muscularis / mucosa ratio were noted. Visualized segments of proximal colon directly adjacent to the mass exhibited intact yet prominent wall layering. Adjacent Intestine measured up to 0.33 cm wall width. By comparison, the normal-appearing upper duodenum measured 0.23 cm width.

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PATIENT *Pancreas*

Angie Connor

Intermittent, concurrent mesenteric lymphadenopathy was present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 1.1 cm diameter.

SPECIES

Feline

Free Abdomen

BREED

Domestic Shorthair

The lymph node was most consistent with lymphoid hyperplasia or reactive lymphadenitis while possible emerging neoplastic lymphadenopathy is considered a less likely differential diagnosis. Ultrasound-guided FNA for cytology +/- C/S may be considered for further assessment. Generalized echogenic mesentery, primarily noted around the intestinal mass, but generally throughout the abdomen, was present with small pockets of scant free fluid.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

5 years

- Segmental to generalized enteropathy with expansive mural mass subjectively in the area of the ileocecolic junction
- Associated regional to generalized peritonitis and intermittent hypoechoic to swollen mesentery lymphadenopathy
- Pancreatitis

WEIGHT

5.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further clarification and potential definitive diagnosis, the intestinal mass subjectively in the area of the ileocolic junction yet likely involving adjacent intestinal segments is most suggestive of high-grade neoplasia such as high-grade lymphoma. Additional neoplastic etiologies may include adenocarcinoma, mast cell neoplasia, with potential for dry form FIP, or fibroplasia. The definitive extent of intestinal involvement was difficult to ascertain, yet extensive intestinal involvement is suspected. Likewise, concurrent neoplastic to metastatic lymphadenopathy is likely.

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Ultrasound-guided FNA of the mass +/- lymph node could be considered for screening cytology for further clarification and potential for oncology consultation.

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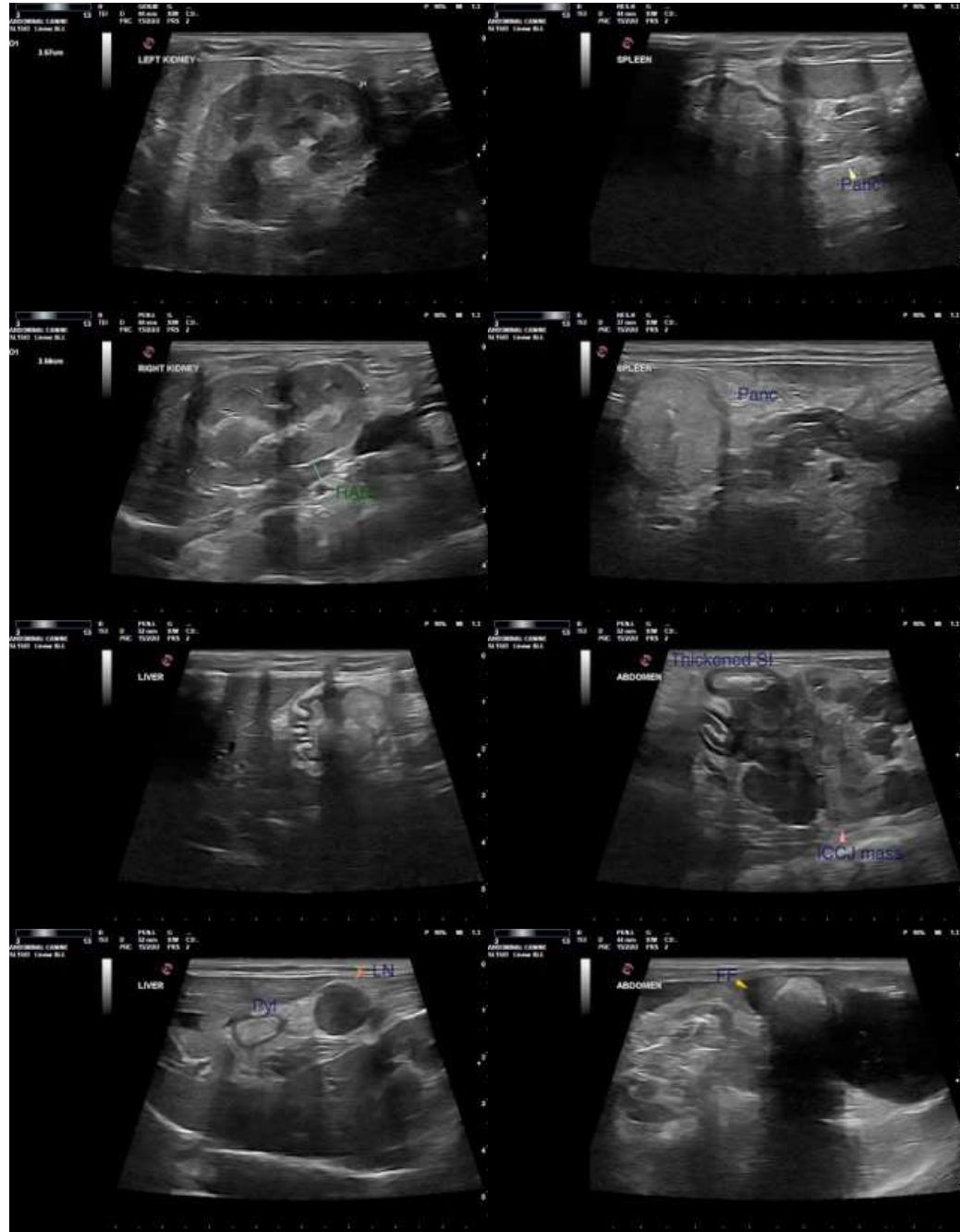
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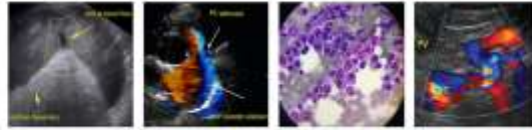
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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