



PATIENT PRESENTING CLINICAL SIGNS

Raja Khan History: Constipated and not eating for few days. On Lactulose for few doses and he did BM, but still Anorexic. Current Medications Apo-Lactulose oral

SPECIES Abnormal PE/Chem/CBC/UA Results: Gas in small intestine fecal like material in the large intestines, opaque structure on the area of cecum on lateral view, stomach also showing some opacity.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Bengal

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 were noted. Aortic trifurcation was normal.

SEX

Neutered Male

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 3.7 cm in length. The right kidney measured 4.0 cm in length.

AGE

3 Years

WEIGHT

4.55 kg

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.20 cm.

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 0.98 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME

Erin Folk AH

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.

REFERRING VET

20401

The gallbladder was non distended in size with anechoic content and mild echogenic, nonorganized luminal debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

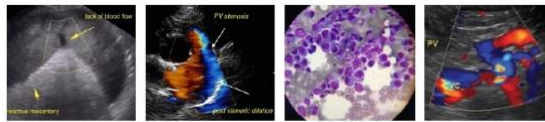
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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was nondistended and empty without evidence of retained ingesta, fluid or foreign material. Mild luminal gas was noted. The gastric body wall measured 0.24 cm.

DATE

1/6/23



PATIENT Raja Khan
The visualized segments of small intestine exhibited intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. No evidence of small intestinal mechanical/metabolic ileus. The small intestinal wall measured 0.2 cm – 0.23 cm wall width.

SPECIES Feline
The visualized descending colon, extending into the colorectum exhibited intact wall layering without overt evidence of colonic distention containing formed fecal matter and luminal gas.

Pancreas

BREED Bengal
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 was evident.

Free Abdomen

SEX

Neutered Male

A cranial abdominal mural mass was noted caudal to the stomach within the area of the proximal to transverse colon, exhibiting variable to moderate mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering, measuring approximately 3.6 cm in diameter, with wall width up to 1.5 cm. Associated mild peripheral nonuniform hyperechoic mesentery and intermittent mild yet hypoechoic mesenteric lymphadenopathy. An example of mesenteric lymph node measured 0.37 cm in diameter. No overt evidence of peritoneal free fluid.

AGE

3 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.55 kg

Primary Findings

- Cranial abdominal intestinal mural mass- based on location, in light of clinical history, proximal to transverse colon mural mass with possible extension into the area of the ileocolic junction, significant inflammatory disease, granulomatous disease (dry FIP), neoplasia (adenocarcinoma, lymphosarcoma or other) are all potentials.
- Associated peripheral mild hyperechoic mesentery and mild mesenteric lymphadenopathy

INTERPRETED BY

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

Secondary Findings

- Mild gallbladder debris- incidental, assuming no evidence of cholestasis, potentially secondary to anorexia/fasting

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA cytology of the subjective proximal to transverse colon mural mass for further assessment, assuming normal clotting status, would be reasonable. Biopsies are likely required for a definitive diagnosis. Three view chest radiographs are recommended. Referral for surgical and/or oncology consult is likely in this patients best interest.

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PATIENT

Raja Khan

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

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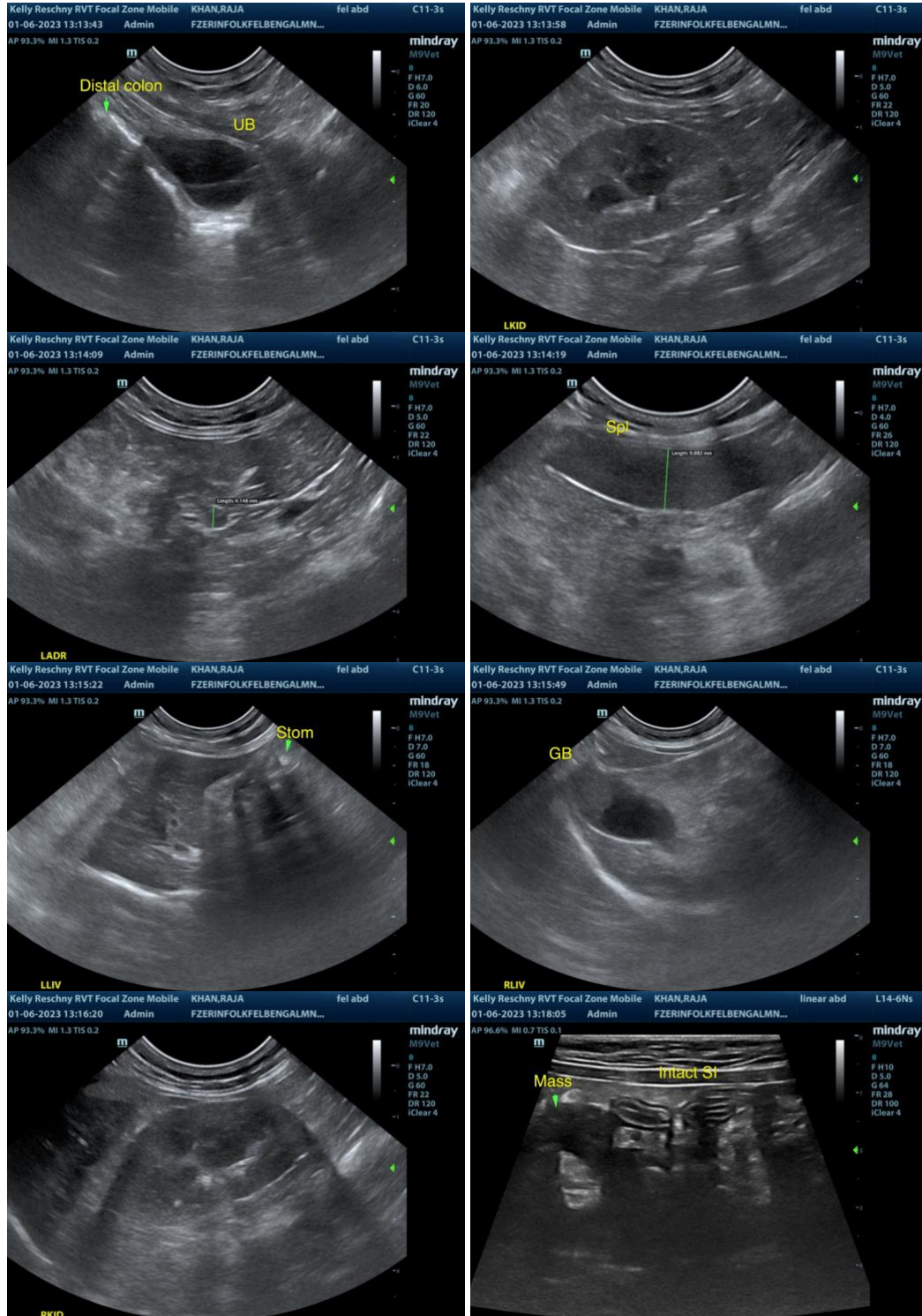
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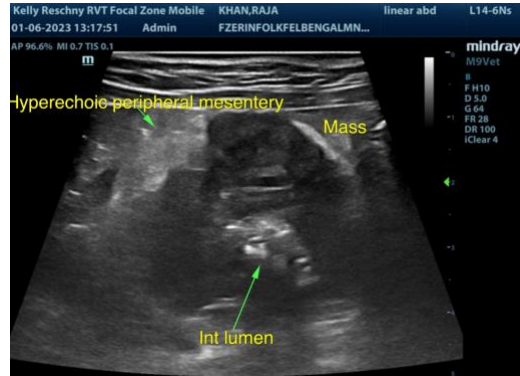
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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