



**PATIENT PRESENTING CLINICAL SIGNS**

Jacoby Lynch Chronic weight loss; hyporexic; muscle wasting. FNA taken of mass at time of ultrasound

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline**  
*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**BREED**

DSH

**SEX**

Male Intact

The area of the prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

**AGE**

11 Years

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length.

**WEIGHT**

7.4 lbs

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

**INTERPRETED BY**

*Spleen*

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

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.74 cm width at the level of the hilus.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

*Liver*

**HOSPITAL NAME**

East Boston Animal  
 Hospital

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 liver exhibited subjective congested to dilated hepatic vasculature.

**REFERRING VET**

Raman Chopra, DVM

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral inflammation.

**INVOICE**

49418

*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 measured 0.30 cm width and the pylorus wall measured 0.30 cm width.

**DATE**

1-9-22

The small intestine exhibited primarily intact yet subjectively prominent wall layering owing to mild altered muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus,



**PATIENT**

Jacoby Lynch

obstruction, or foreign material. The duodenum wall measured 0.36 cm width and the jejunum wall measured up to 0.33 cm width extending to the level of the ileocolic junction. Discernible ileocolic junction wall was present. Moderately sized, mildly nonhomogeneous to hypoechoic mass in the area of the ileocolic junction measuring approximately 5.0 x 2.6 cm was present.

**SPECIES**

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen.

*Pancreas*

**BREED**

DSH

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

*Free Abdomen*

**SEX**

Male Intact

Small volume primarily anechoic peritoneal free fluid was present. Generalized reactive mesentery is noted.

No overt lymphadenopathy was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 Years

- Generalized enteropathy.
- Nonspecific mass in the area of the ileocolic junction.
- Generalized reactive mesentery and mild volume peritoneal free fluid.
- Bilateral chronic interstitial nephrosis renal pattern.
- Moderate urinary bladder sediment.

**WEIGHT**

7.4 lbs

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass suspected to be of intestinal origin with considerations including primary concern for neoplastic process such as adenocarcinoma, lymphosarcoma, or other. Potential for granulomatous mass (FIP) or fibroplasia possible. Likewise, the possibility of non-intestinal origin of the mass i.e., marked colic lymphadenopathy or lymphatic mass or less likely omental/pancreatic origin of the mass cannot be definitively excluded.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Further assessment may include pending cytology and potential for oncology consult. Definitive diagnosis may require mass and full thickness intestinal biopsies for histopathology.

**HOSPITAL NAME**

East Boston Animal  
Hospital

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Three view chest radiographs suggested.

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**HOSPITAL NAME**

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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