



PATIENT	PRESENTING CLINICAL SIGNS
Felicity Petermann	Felicity presented with the complaint of lethargy, intermittent for the past few days. She is eating and drinking and prefers treats. Currently no vomiting or diarrhea but no BM for the past 3 days, tends to mope around, seems lethargic. The house sitter said she threw up a few times while the O was away 1-2 weeks ago. Overall, she is an active groomer.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: mildly elevated SDMA Rads; radiopaque area in the abdomen ☒ possible FB or GI neoplasia?
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
FS	
AGE	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 4.1 cm in length. The right kidney measured 3.6 cm in length.
5yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
4.44kg	Adrenal Glands
INTERPRETED BY	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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 0.69 cm in width at the level of the hilus.
JSS	
HOSPITAL NAME	Liver
King Hopkins Pet Hospital	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 mildly distended in size with thin walls and primarily anechoic luminal content with mild to moderate non-dependent mildly echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Brown	Gastrointestinal
INVOICE	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.
11897ag	
DATE	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. An unspecified intestinal mural
10/17/2022	



PATIENT	mass measuring ~ 5.0 cm x 1.8 cm was present. Within the mass, a shadowing echo measuring ~ 1.0 cm was present. Intact intestinal wall layering measured up to 0.30 cm in width.
Felicity Petermann	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	Pancreas
Feline	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.
BREED	Free Abdomen
DSH	Mild volume peritoneal effusion exhibiting mild echogenic changes was present. Potential for subtle to mild mesenteric lymphadenopathy around the intestinal mural mass was noted. Generalized mildly non-uniform hyperechoic mesentery was present.
SEX	ULTRASONOGRAPHIC FINDINGS
FS	<ul style="list-style-type: none"> • Unspecified intestinal mural mass with concurrent segmental to generalized potentially adjacent intact yet thickened small intestinal wall layering • Subjective shadowing echo within the intestinal mass lumen-potentially consistent with luminal gas, shadowing ingesta vs fecal matter or possible concurrent foreign body • Generalized mildly non-uniform hyperechoic mesentery and mild volume peritoneal free fluid
AGE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
5yr	The exact location of the intestinal mural mass was difficult to ascertain with potential for small intestinal vs large intestinal origin. Potential for large intestinal and/or ileocolic location is likely given patient's reported lack of defecation. The concurrent small intestine mural changes may suggest concurrent inflammatory vs neoplastic infiltrative enteropathy however neoplastic criteria is favored. FIP may also be considered as a less likely differential diagnosis. Potential for carcinomatosis/lymphomatosis or similar given the omental appearance and presence of peritoneal free fluid is of concern.
WEIGHT	Assuming normal clotting status and using a 25g needle, an intestinal mural mass FNA for screening cytology is warranted as well as effusion analysis cytology. Pending sampling, a very guarded to unfavorable prognosis is likely indicated.
4.44kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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REFERRING VET	
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PATIENT

Felicity Petermann

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5yr

WEIGHT

4.44kg

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DVM, DABVP
(Canine and Feline)

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JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

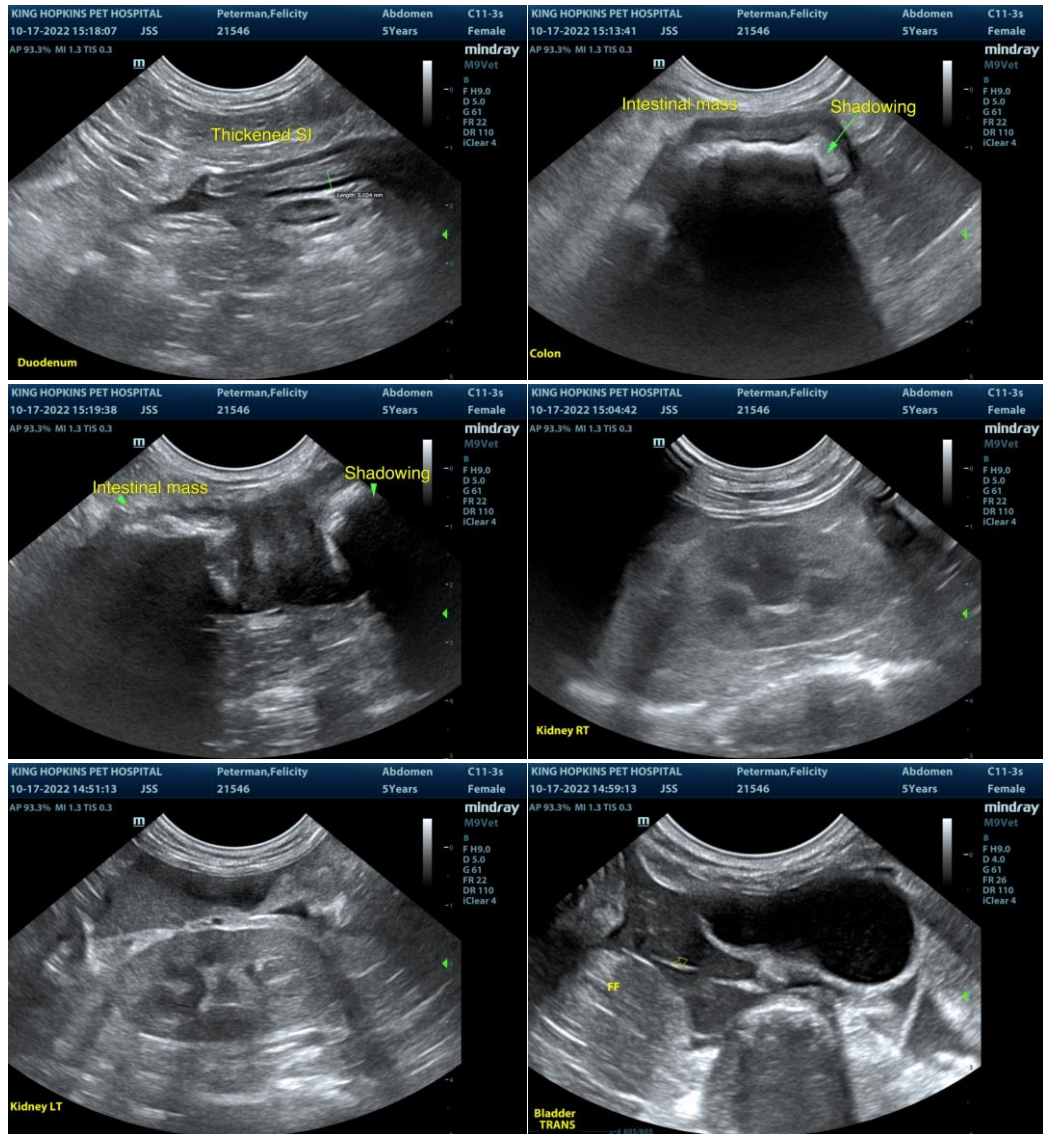
Dr. Brown

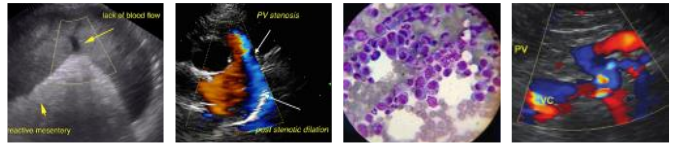
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Felicity Petermann

SPECIES

Feline

BREED

DSH

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5yr

WEIGHT

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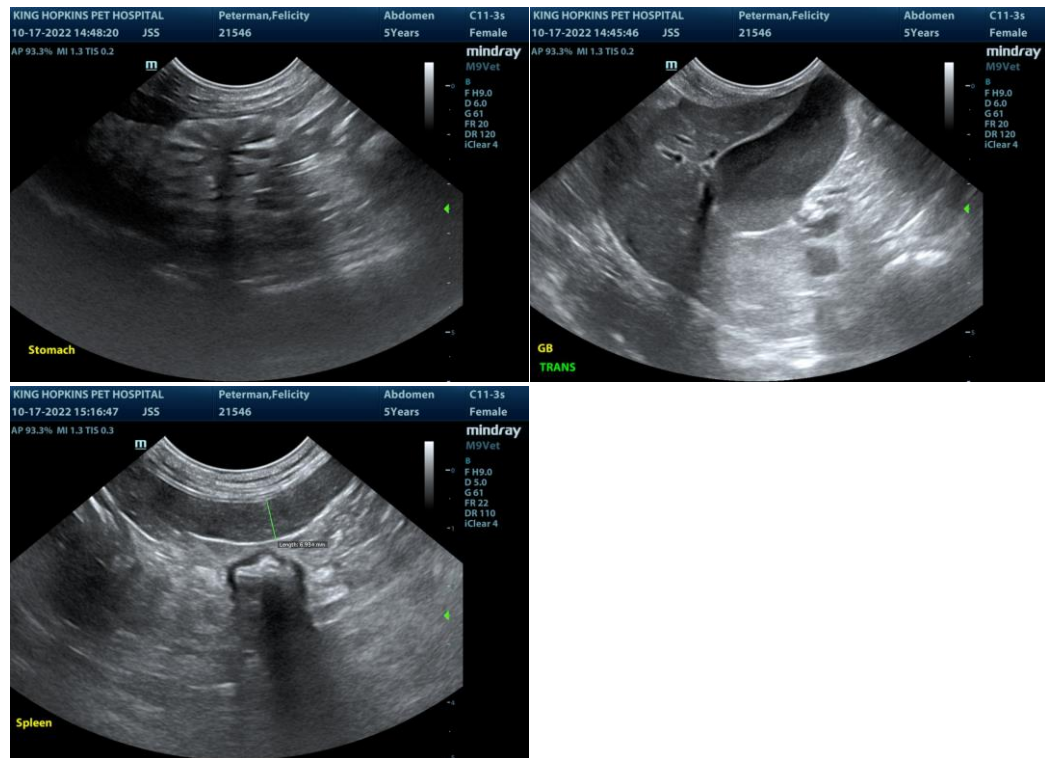
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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