



**PATIENT PRESENTING CLINICAL SIGNS**

Tiger Mohiuddin

History: - one week duration of lethargy - anorexic for 3 days - hiding Physical examination: - Dull mentation, laterally recumbent - T: 36.7 aural, P: 186 bpm, RR: 32 (WNL) - pale pink mucous membranes, tacky - Large mass palpated midabdomen (~8cm)

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Mild to moderate normocytic normochromic anemia (23%) Moderate leukocytosis (42.68 RI 2.87 - 17.02), characterized by a moderate neutrophilia with suspected left shift and monocytosis Stress-associated hyperglycemia Marked increase in SDMA (33) despite normal creatinine and urea Mild hypernatremia Hyperbilirubinemia (21 , RI 015) TT4 low, suspect euthyroid sick rads: No pulmonary metastatic pattern seen on three view thoracic survey Abdomen radiographs show marked mass effect starting in the ventral cranial abdomen caudal to the liver extending dorsally and caudally throughout at least ~60% of the abdomen.

**BREED**

DSH

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

9 Years

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, 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. Aortic trifurcation was normal.

**WEIGHT**

6.44 kg

Normal size and margination was 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 4.2 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Kelly Reschny

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

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Hamilton Region VEC

**Spleen**

**REFERRING VET**

Galliene

The spleen was mildly subnormal in size (potentially owing to volume contraction) and 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. Intermittent mildly expansive uniformly hypoechoic splenic nodules were present, an example measured 0.6 cm diameter.

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**Liver**

**DATE**

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a moderate coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**SPECIES**

Feline

**Gastrointestinal**

The visualized stomach was sonographically unremarkable with intact wall layering and without evidence of mural hypertrophy. The gastric lumen was empty.

**BREED**

DSH

A moderately sized intestinal mural mass was present in the cranial abdomen, measuring approximately 6-7 cm in length with wall width potentially >3.0 cm was present. The mass exhibited marked mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering. Concurrent segments of small intestine (not involved with the mass) exhibited intact yet altered wall layering owing to variable muscularis hypertrophy, subjectively extending into the area of the ileocolic junction.

**SEX**

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The descending colon exhibited intact wall layering to level of the colorectum with formed feces.

**AGE**

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**Pancreas**

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.

**WEIGHT**

6.44 kg

**Free Abdomen**

A moderately sized, ovoid to lobulated potentially coalescing non-homogeneous to mildly hypoechoic mass was present subjectively caudal to the intestinal mural mass occupying the majority of the mid abdomen, measuring approximately 8.0 cm in diameter. Small pockets of scant free fluid were noted. Regional omental reactivity noted around the mid abdominal mass as well as the intestinal mural mass.

**INTERPRETED BY**

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DABVP (Canine and  
Feline)

**ULTRASONOGRAPHIC FINDINGS**

- Intestinal mural mass with concurrent segmental intact yet altered mural wall layering, likely involving the ileocolic junction
- Concurrent mid abdominal mass- suspect probable lymphatic origin
- Mild non-specific hepatomegaly
- Intermittent mild expansive hypoechoic splenic nodules

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

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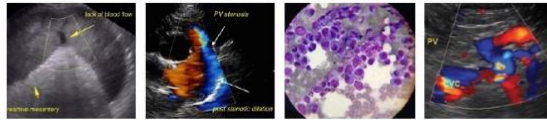
Although sampling is required for a definitive diagnosis, primary concern for multicentric neoplasia such as lymphoma or other involving the intestinal tract as well as secondary marked mid abdominal lymphadenopathy with potential for early splenic or hepatosplenic involvement. Granulomatous disease (i.e., dry form FIP) also possible, yet considered less likely.

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Assuming normal clotting status, ultrasound guided FNA of the mid abdominal mass, intestinal mural mass (if accessible) +/- hepatosplenic FNA for further clarification and staging with potential for oncology consult would be warranted. However, very guarded to long term unfavorable prognosis is likely indicated.

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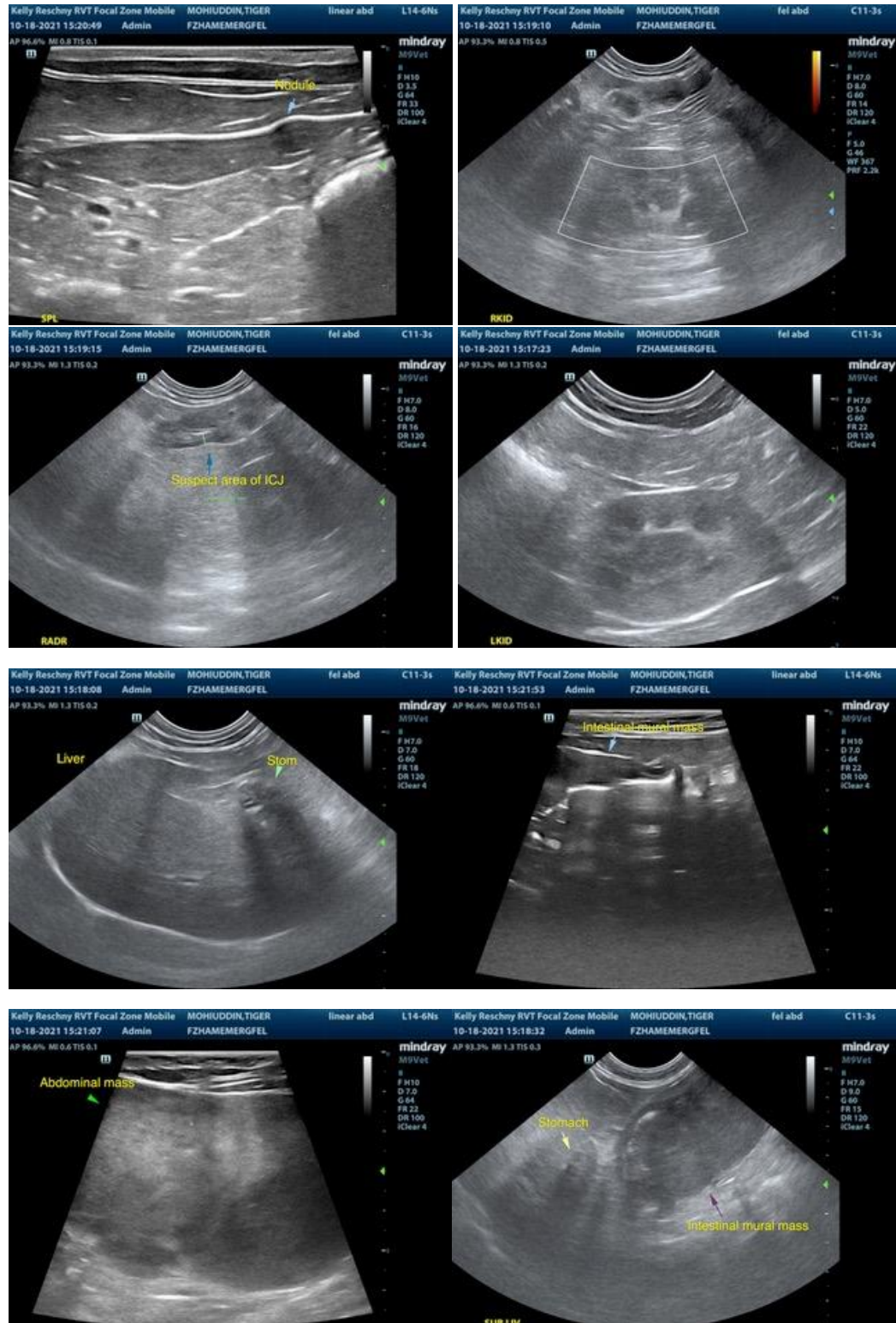
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

**SPECIES**

Feline

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