

**PATIENT**

Skittles Malawski

**PRESENTING CLINICAL SIGNS**

History of straining in litter box. Decreased appetite, lethargy and weight loss. 1 lb in 6 months. Palpated a possible abdominal mass. No current BW

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****BREED**

DSH

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.

**SEX**

FS

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small cranial left kidney cyst was present measuring 0.33 cm in diameter. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

**AGE**

15yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands****WEIGHT**

6.15lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

**Spleen****INTERPRETED BY**

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.

**IMAGING PERFORMED BY**

Kim Liedberg

**Liver****HOSPITAL NAME**

SVS Imaging WI

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 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.

**REFERRING VET**

Dr. Seneczko Genoa  
AH

**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.

**INVOICE**

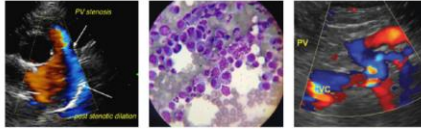
11936ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.30 cm width.

**DATE**

10/19/2022

The proximal colon distal to the ileocolic junction exhibited intact yet mildly prominent to thickened wall layering. Apparent formed feces was present in the lumen. The proximal colon wall measured 0.40 cm in width. Subtle evidence of pericolonic hyperechoic mesentery.



**PATIENT**

Skittles Malawski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15yr

**WEIGHT**

6.15lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Seneczko Genoa  
AH

**INVOICE**

11936ag

**DATE**

10/19/2022

**Pancreas**

The left pancreatic limb was normal in size with areas of mild capsule asymmetry. Subtle hypoechoic to non-homogeneous parenchyma was present with minor pancreatic duct dilation. Subtle evidence of peripancreatic hyperechoic mesentery was noted.

**Free Abdomen**

No omental masses or peritoneal free fluid was present.

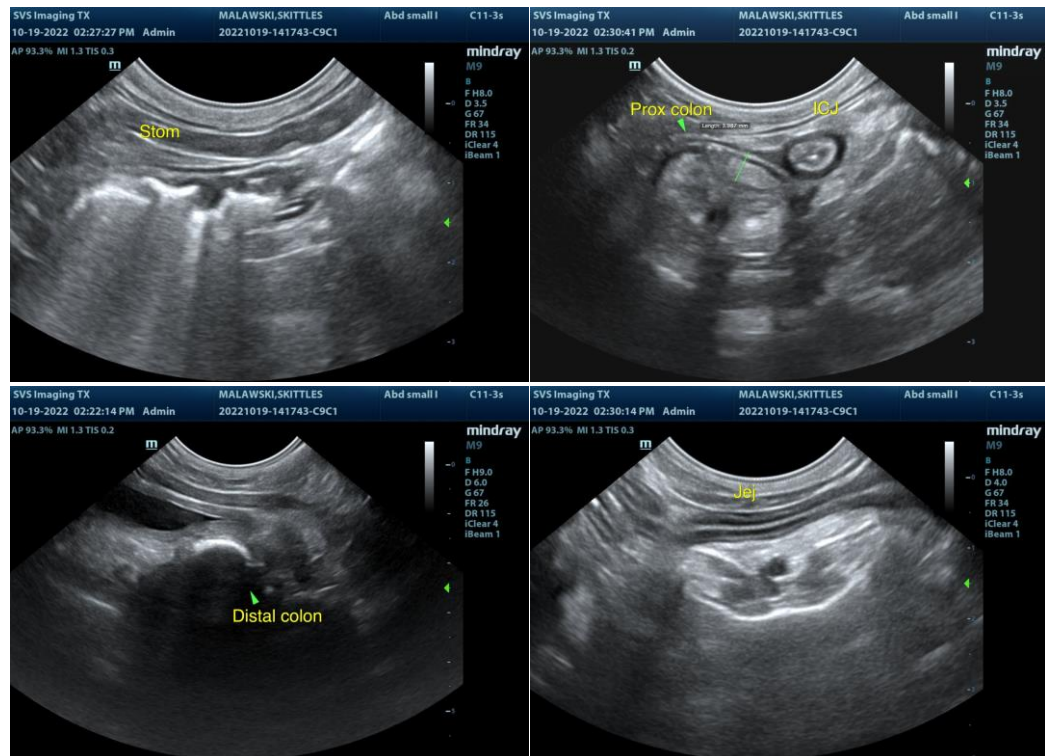
Intermittent minor benign/reactive colic lymph nodes were present which may indicate hyperplasia, antigenic stimulation or minor lymphadenitis. No evidence of lymphatic neoplastic criteria.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic renal changes
- Sonographically unremarkable urinary bladder visible proximal urethra
- Possible low-grade to chronic active pancreatitis
- Subjective intact yet mildly thickened proximal colon walls-nonspecific

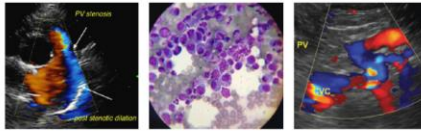
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intra-abdominal neoplastic criteria or masses was present. Given the intact yet thickened proximal colon wall the colitis with potential for structurally insignificant inflammatory enteropathy as well as suspected low-grade pancreatitis may all be contributors to the patient's weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Emerging neoplastic process at the level of the proximal colon is considered less likely given maintained discernable wall layering yet sonographic monitoring is recommended to assess for progressive mural changes. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



IMAGING PERFORMED BY

SVS Mobile Imaging 262 - 366 - 5970  
fredgromalak@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Skittles Malawski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

6.15lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

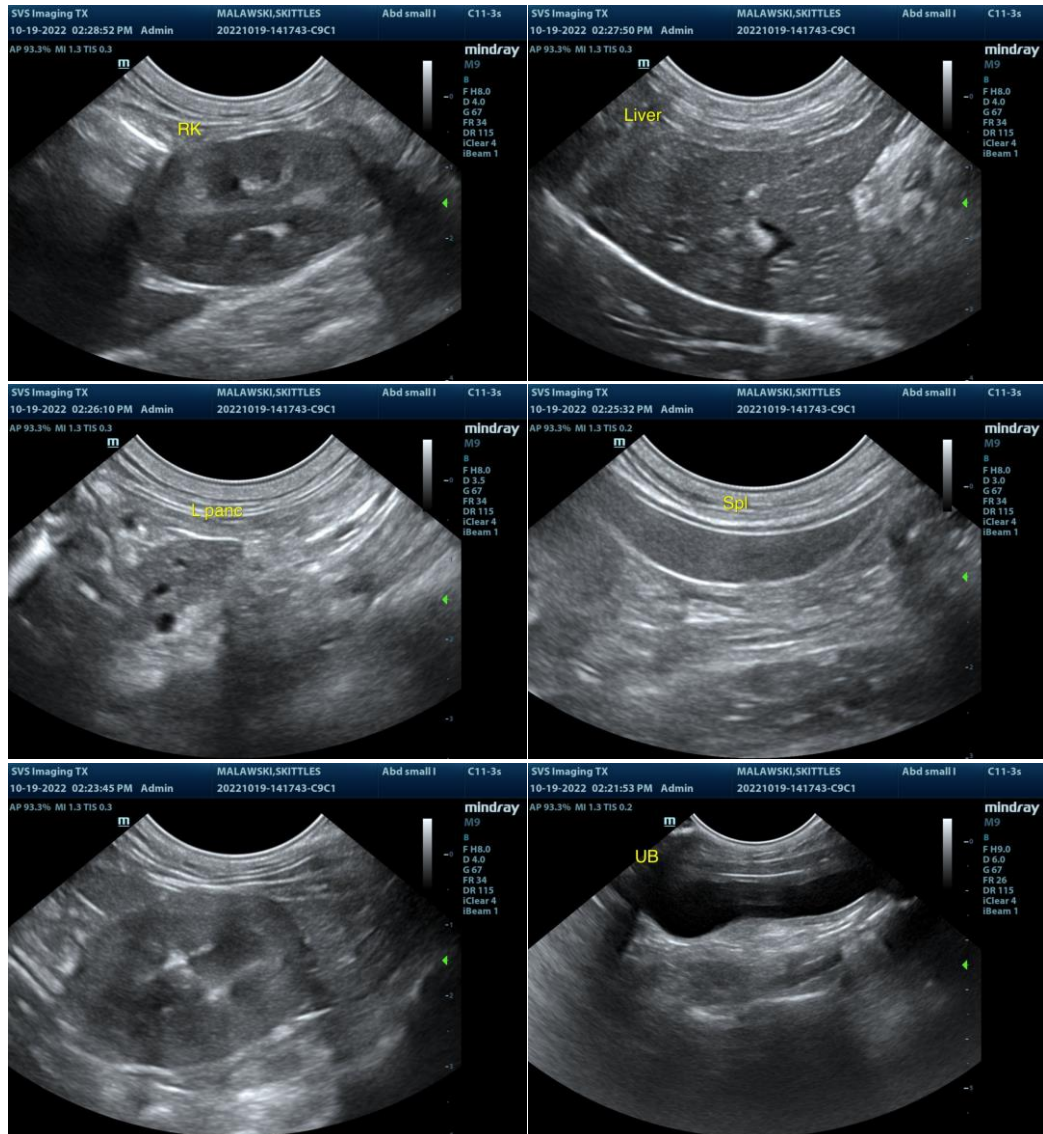
Dr. Seneczko Genoa  
AH

INVOICE

11936ag

DATE

10/19/2022



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)

info@SonoPath.com