



PATIENT

Rachel Thompson

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

6lb

PRESENTING CLINICAL SIGNS

Presented 2 weeks ago for frequent vomiting, anorexia & weight loss. Treated like pancreatitis & cat is not wanting to eat well past 2 weeks with 0.8 pound weigh loss. Not vomiting but also not really eating much - just a bit of canned food, drinking water OK. Rads from 2 weeks ago are VERY similar to rads from yesterday with the gas pattern abnormal mid descending colon. Was questionable for trichobezoar also

Abnormal PE/Chem/CBC/UA Results: ALKP - 235, T Bili - 0.4 (decreased from 2 weeks ago @ 1.5), TP - 6.2, Albumin - 2.5 (but stable from 2 weeks ago), 2 weeks ago abnormal fPLI recheck still pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited mild volume contraction with 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 0.57 cm in width.

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Dr. Readdy

Liver

The liver presented increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in 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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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10/20/2022



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The small intestine presented intact wall layering with segmental distention containing retained non-shadowing ingesta/chyme. The small intestine exhibited segmental thickened wall layering with a thickened muscularis layer along with segmental mid to ventral abdominal intestinal mural mass exhibiting moderate mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering measuring 3-4 cm in length. Mild regional peri intestinal hyperechoic mesentery was noted.

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

Pancreas

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

16yr

- Segmental to generalized infiltrative enteropathy pattern with concurrent segmental small intestinal mural mass
- Segmental partial intestinal obstructive pattern, secondary to the mural mass

WEIGHT

6lb

Secondary

- Mild chronic renal changes
- Mild echogenic liver-nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mural mass is suggestive of neoplastic criteria i.e. lymphoma or other round cell neoplasia. Nonneoplastic etiologies such as inflammation or less likely dry form possible Assuming normal clotting status and using a 25g needle, a small intestinal mural mass FNA for screening cytology could be considered for further assessment. Concern for additional intestinal segments involved given the intact yet altered wall layering is warranted with full extent of intestinal involvement difficult to assess. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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A likely unfavorable prognosis is indicated.

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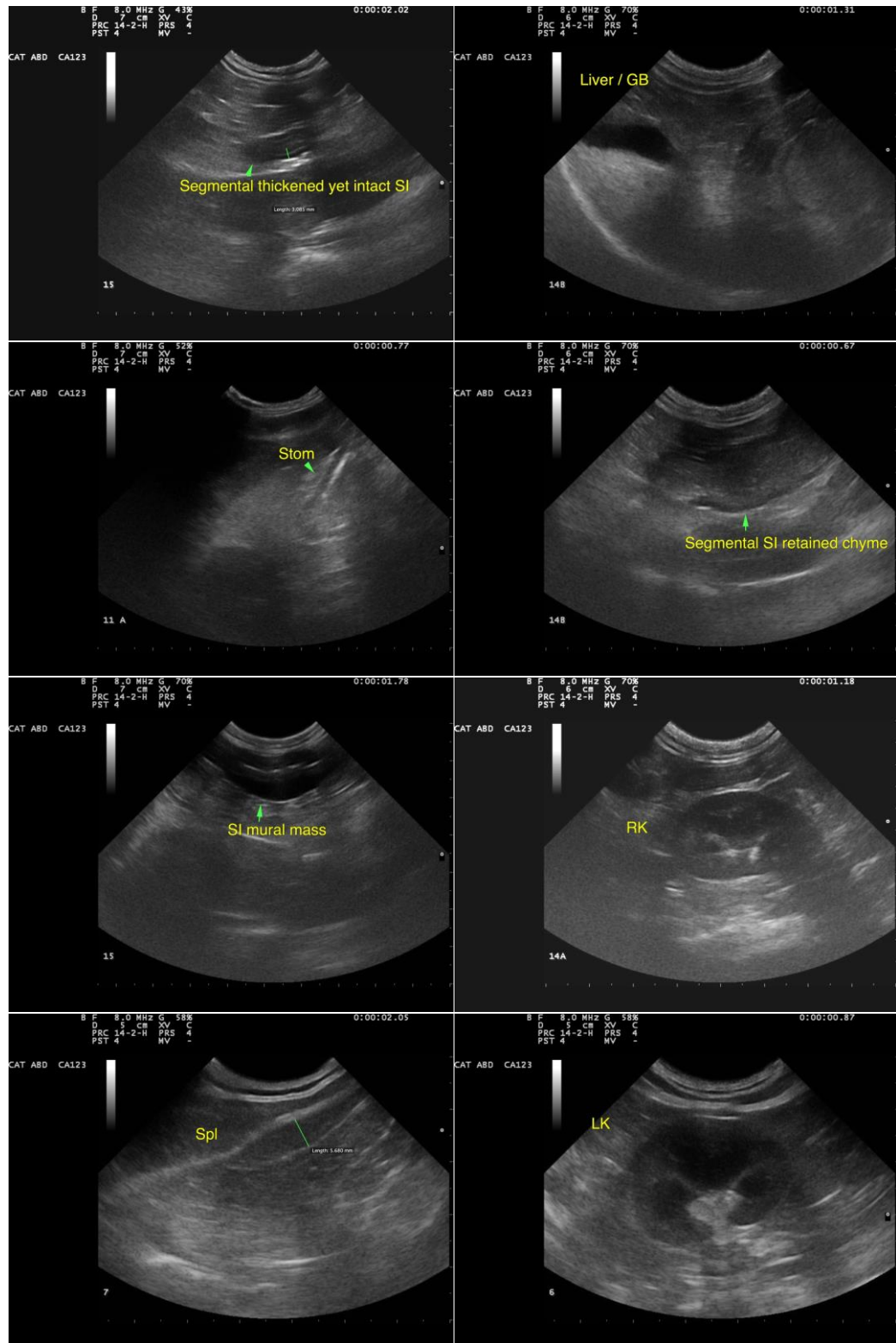
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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