



PATIENT

Lina Tarantino

PRESENTING CLINICAL SIGNS

abdominal mass noted. Hyperthyroid, on methimazole

SPECIES

Feline

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.

BREED

DSH

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

SEX

FS

AGE

11yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was not definitively visualized owing to regional peri adrenal omental artifact.

WEIGHT

NA

Spleen

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 0.67 cm in width at the level of the hilus.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lipkowski

Liver

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. A solitary non-disruptive mildly cystic nodule was present in the mid ventral liver parenchyma measuring 1.4 m in diameter. 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.

INVOICE

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Gastrointestinal

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

DATE

10/24/2022

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. Moderately expansive asymmetrical hypoechoic mass was present in the area of the ileocolic junction measuring ~ 4.7 cm in diameter. Concurrent thickened proximal colon wall exhibiting decreased colon mural echogenicity and loss of wall layering was present. Associated regional



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hyperechoic mesentery was noted with potential for scant pockets of peritoneal free fluid. Mildly prominent small intestinal walls suggestive of potential mildly thickened distal ileum possible.

Pancreas

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The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

BREED

DSH

Free Abdomen

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Moderately expansive hypoechoic mass in the area of the ileocolic junction, subjective proximal colon involvement-suggestive of high-grade neoplasia is adenocarcinoma, lymphoma or other possible
- Concurrent pancreatitis
- Likely benign solitary hepatic nodule-suggestive of small benign cystic biliary adenoma
- Mild chronic renal changes

AGE

11yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

NA

Correlation of the mass with pending cytology and potential oncology consult is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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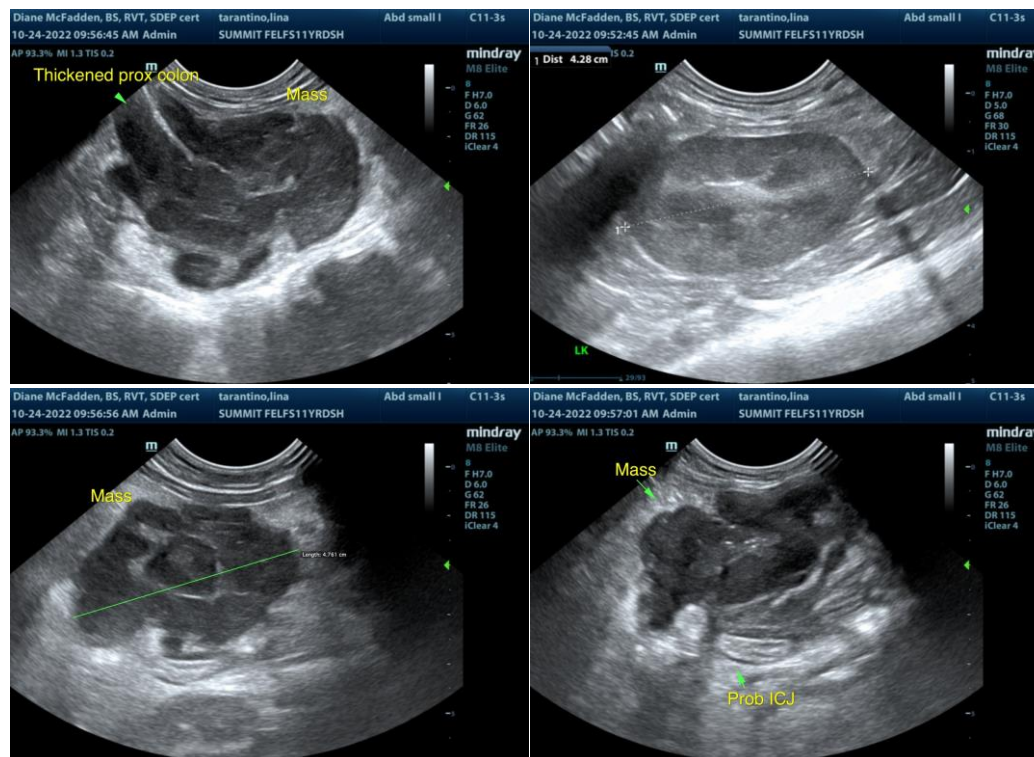
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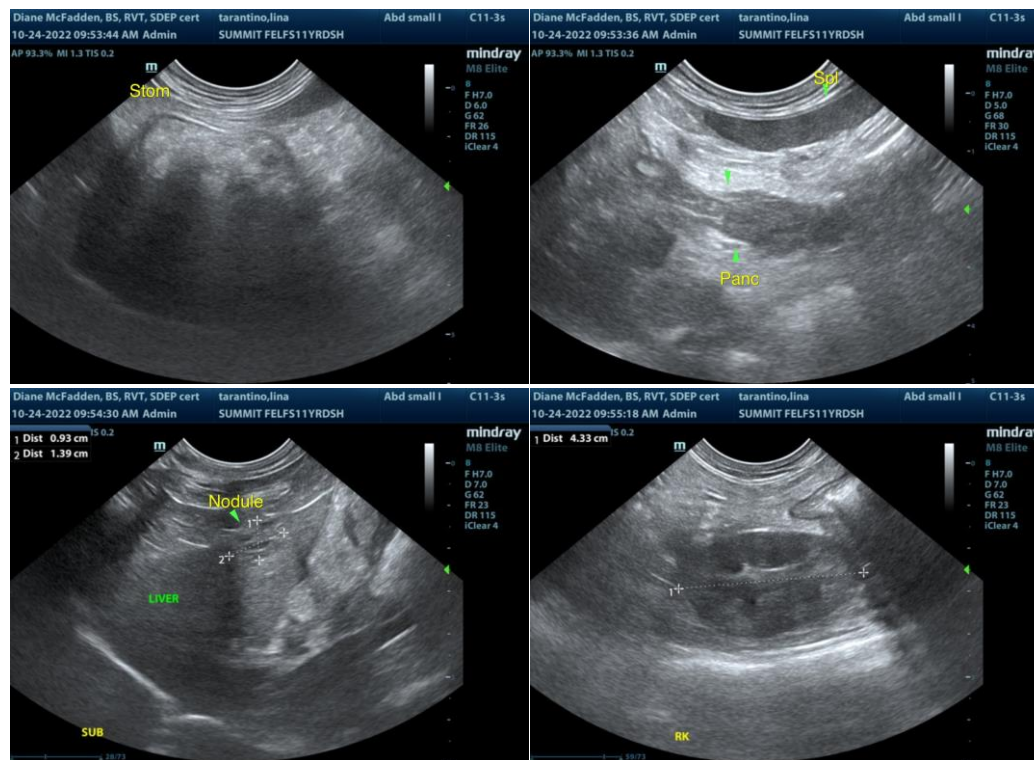
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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