



**PATIENT PRESENTING CLINICAL SIGNS**

**Buddy Massa** Significant weight loss with uncertain appetite (multiple cats in household), Mid-abdominal 2.5cm irregular firm mass palpable, Thyroid nodule, Chronic upper respiratory infection.

**SPECIES** CBC- WBC 21 with neutrophilia, monocytopenia Chemistry Panel - Calcium 5.4, Albumin 2.2, Potassium 8.9  
**Feline**

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.  
**MN**

**AGE** The area of the aortic trifurcation was free of pathology.

**WEIGHT** 2009 Asymmetrical margination owing to bilateral multiple cortical infarcts was present. Reduced medullary volume was present. Pinpoint areas of medullary mineral were noted. Moderate loss of corticomedullary symmetry and definition was noted, expected for the age of the patient. Variable cortical hypertrophy was noted. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney was subnormal in size compared to the left kidney and normal renal size for felines, measuring 2.6 cm in length.

**INTERPRETED BY Adrenal Glands**

**R. McKenzie Daniel, DVM, DABVP (Canine and Feline)** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was not definitively visualized.

**IMAGING Spleen**

**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 0.53 cm width at the level of the hilus.  
**Rebekah Jakum, CVT ARDMS/RVT**

**HOSPITAL NAME Liver/ Gallbladder**

Alburtis AH

**REFERRING VET** 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.  
**Dr. Smith**

**INVOICE**

15096

**DATE**

10/5/22



**PATIENT** ***Gastrointestinal***

**Buddy Massa** 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. The gastric body wall width measured 0.25 cm.

**SPECIES**

**Feline** The small intestine presented primarily intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. The segmental midabdominal small intestine, likely jejunal in location exhibited propensity for mildly prominent yet intact wall layering owing to subjective segmentally prominent mucosa layer. The small intestinal wall width measured up to 0.3 cm. No obvious pathology was noted at the level of the ileocolic junction.

**BREED**

**DSH**

**SEX**

The proximal colon presented regional mural mass exhibiting proximal colon mural hypertrophy, decreased mural echogenicity, and loss of discernable proximal colon wall layering.

**MN**

***Pancreas***

**AGE**

The left pancreatic limb exhibited mild prominent size, maintained symmetrical capsule contour, and subtle nonhomogeneous to hypoechoic parenchyma.

**2009**

***Free Abdomen***

**WEIGHT**

**5**

Regional colic lymphadenopathy was present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example measured 2.0 cm x 1.0 cm. No free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Proximal colon mural mass with regional hypoechoic to swollen colic lymphadenopathy and reactive mesentery
- Segmental prominent yet intact small intestinal walls
- Possible low-grade concurrent pancreatitis
- Bilateral moderate chronic degenerative renal changes exhibiting subnormal left kidney size, bilateral mild medullary mineral, and cortical infarcts

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

**Alburtis AH**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

General considerations for the proximal colon mural mass and associated lymphadenopathy may include inflammatory neoplastic or granulomatous (FIP) etiologies with associated lymphoid hyperplasia, reactive lymphadenitis, or neoplastic lymphadenopathy. Neoplastic criteria such as high-grade lymphoma with lymphatic involvement are suspected.

**REFERRING VET**

**Dr. Smith**

Correlation with pending cytology with potential for oncology consult is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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**PATIENT**

Buddy Massa

**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**AGE**

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**REFERRING VET**

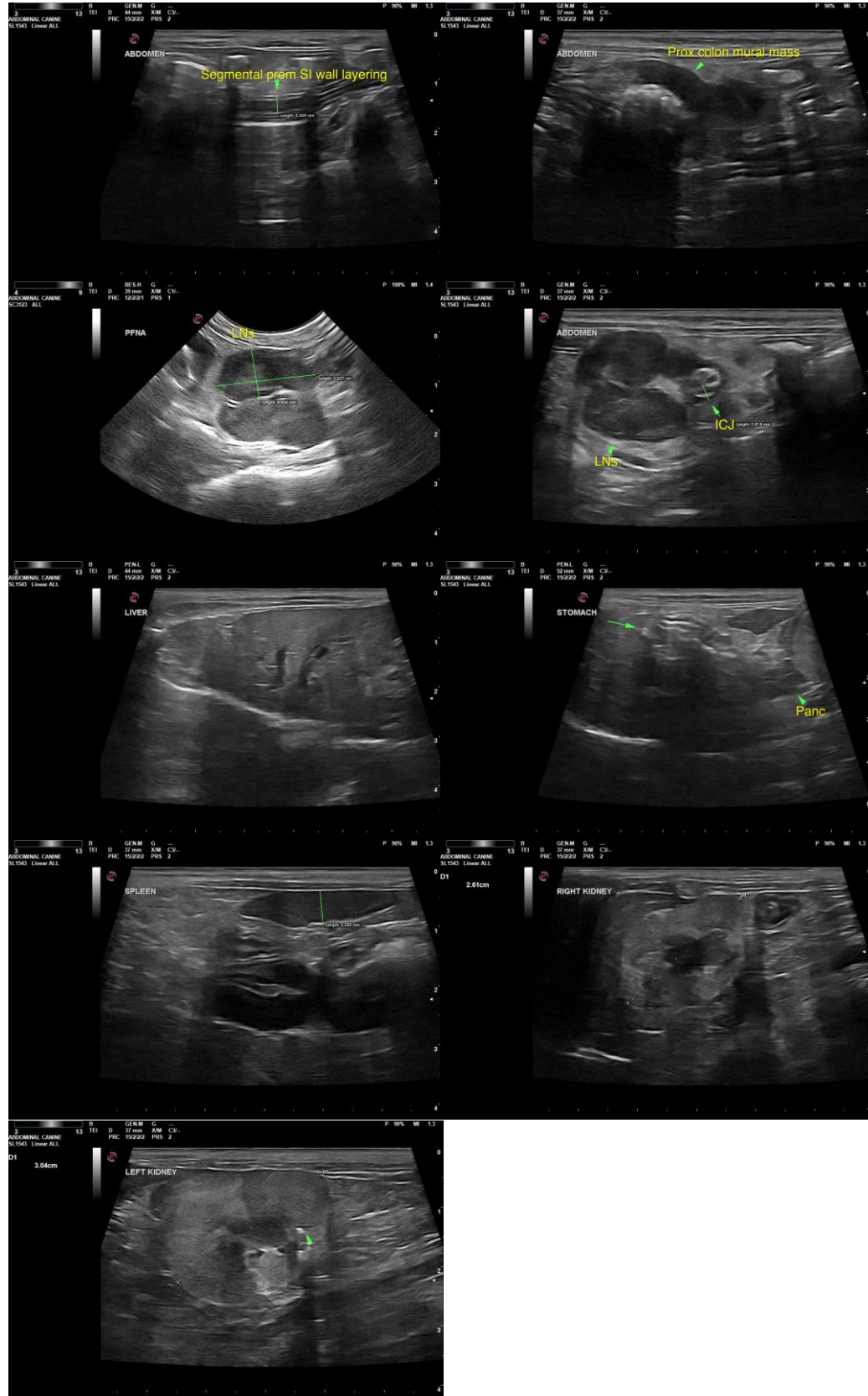
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**PATIENT**

Buddy Massa

**SPECIES**

Feline

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.

**BREED**

DSH

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.

**SEX**

MN

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

2009

**WEIGHT**

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