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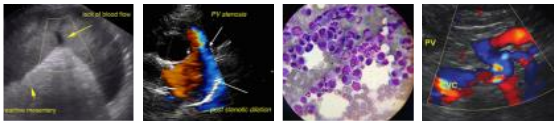


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Isis Fray

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
11yr

WEIGHT
5.93lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Thomas

INVOICE
12220ag

DATE
11/21/2022

PRESENTING CLINICAL SIGNS

Presented 11/21/22 for 3 month history of vomiting and wt loss. On exam palpation of the intestines was thick and ropy. Pt BCS: 3/9.

Abnormal PE/Chem/CBC/UA Results: Globulins increased. T4, CBC and Chem 17 all normal values.

Current Medications None

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 mild dependent to non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length

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

Spleen

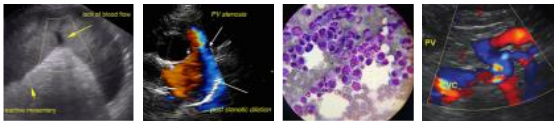
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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.

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. 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.

Gastrointestinal



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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 measured 0.25 cm in width.

The small intestine presented primarily intact wall layering with mild altered 1:3 muscularis/mucosa ratio owing to mildly prominent muscularis layer. A segmental ill-defined intestinal mass in the mid to cranial abdomen exhibiting non-homogeneous mural hypertrophy was present measuring ~ 3.0 cm in diameter. The jejunal location of the mass is suspected without overt involvement of the ileum or ileocolic junction.

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

Pancreas

The pancreas was normal in size with mild capsule asymmetry, subtle non-homogeneous parenchyma and minor pancreatic duct dilation.

Free Abdomen

No evidence of significant omental lymphadenopathy or peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy pattern with segmental intestinal mass
- Possible concurrent low grade chronic to chronic active pancreatitis
- Mild chronic renal changes
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine C/S is recommended if there is evidence of inflammatory sediment on UA.

Considerations for the intestinal mass as well as the generalized small intestine may include inflammatory, neoplastic or granulomatous (dry FIP) etiologies. Assuming normal clotting status and using a 25g needle, an intestinal mass FNA for screening cytology could be considered for further assessment. Subjectively the intestinal mass appears to be amendable to surgical resection yet is likely dependent upon gross inspection. Intestinal mass histopathology as well as concurrent full thickness intestinal biopsies are required for a definitive diagnosis. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology/metastatic disease.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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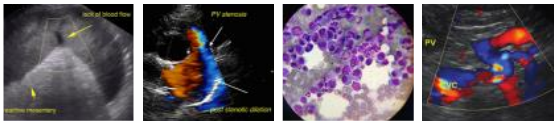

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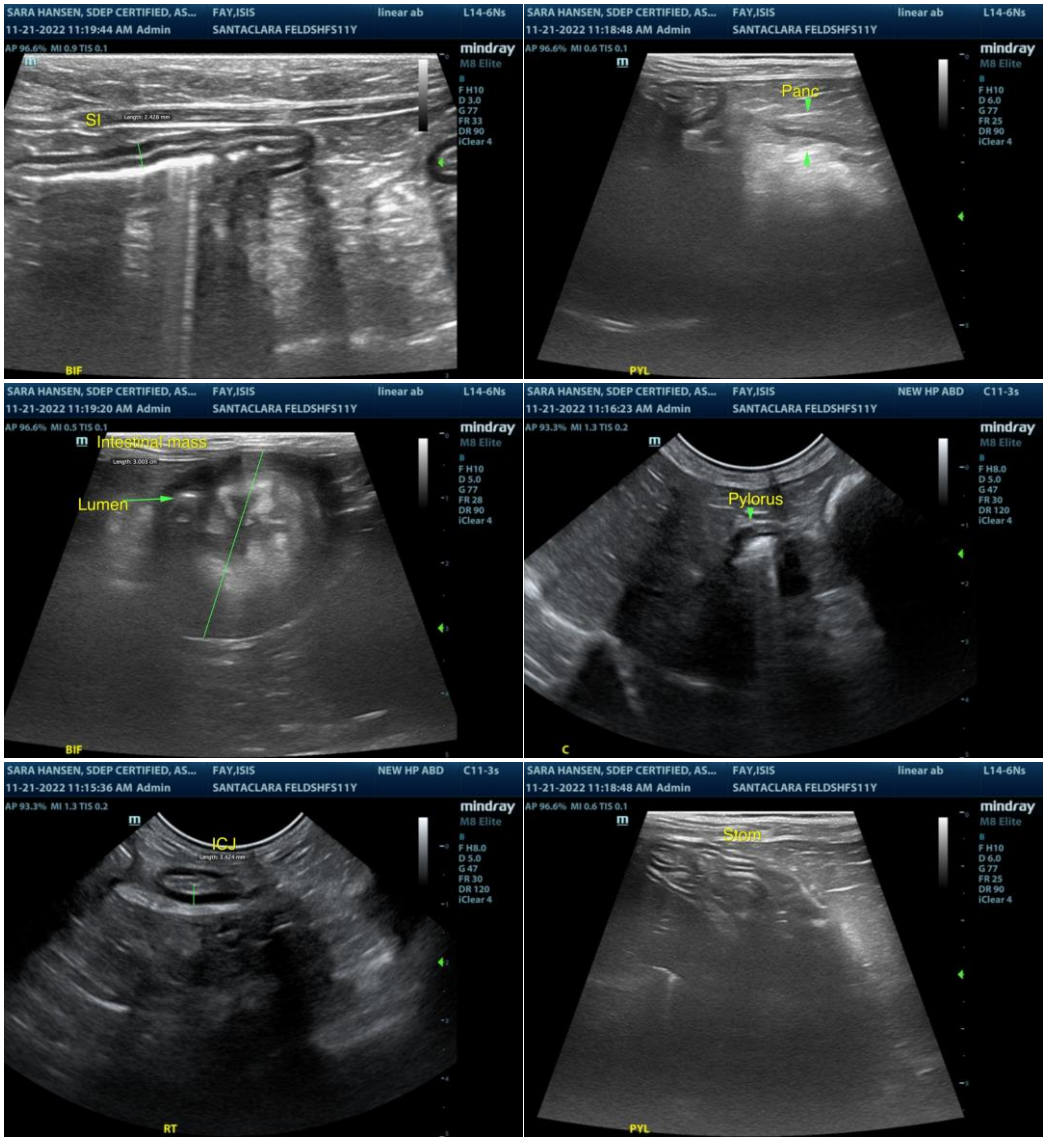

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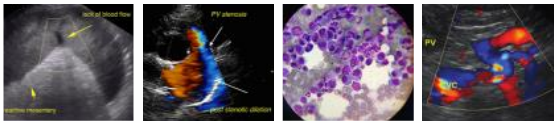

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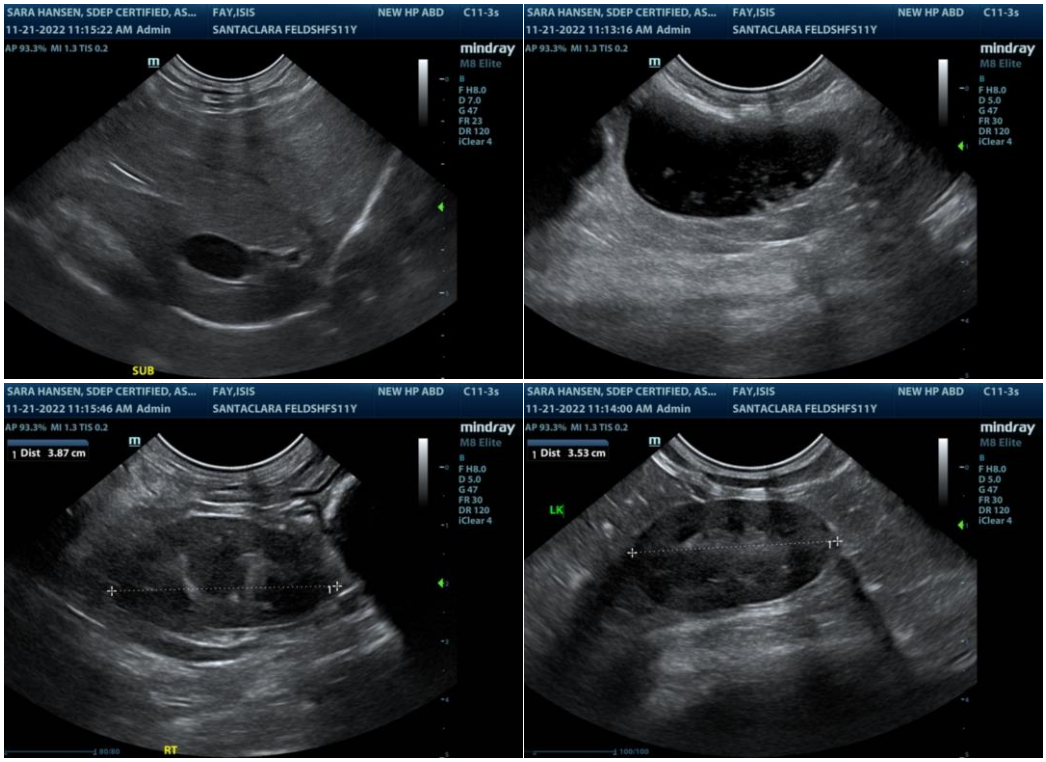

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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