



PATIENT PRESENTING CLINICAL SIGNS

Amber Clark Poor appetite and lethargy x 1 week. Lost 0.6# over 4 months. Palpable mid-abdominal mass.
Abnormal PE/Chem/CBC/UA Results: See attached lab results: Mild hypoproteinemia, aPTT elevated by 1 sec, RETIC 55.9 (3.0-50.0), MONO 0.9 (0.05-0.67) Radiograph findings: Mass cranial to bladder.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

10 Years 7 Months

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.

WEIGHT

11.8 Pounds

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

INTERPRETED BY

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

The spleen was overall normal in size with primarily maintained finely textured homogeneous parenchyma. Subtle asymmetrical medial capsule margination present with potential discreet isoechoic solitary nodule. The splenic nodule measured approximately 0.84 cm in diameter. The nodule did not appear to overtly distort the splenic capsule.

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

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.

HOSPITAL NAME

Rivers Edge PMC

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta/chyme. No evidence of gastric mural pathology or mechanical pyloric outflow obstruction.

REFERRING VET

Dr. Bridget Hayes

A large jejunal mural mass was noted in the mid caudal abdomen cranial to the urinary bladder, exhibiting marked mural hypertrophy, decreased mural echogenicity, and loss of distinct wall layering, measuring approximately 5.2 cm x 4.0 cm. A smaller separate jejunal mural mass exhibiting mild mural hypertrophy yet decreased mural echogenicity and loss of distinct wall layering was also noted with wall width measuring 0.7 cm. By comparison, normal appearing jejunum measured 0.25 cm wall width. The duodenum and ileocolic junction were sonographically unremarkable. Duodenum wall measured 0.29 cm. Ileocolic wall measured 0.31 cm. No overt or significant lymphadenopathy noted. Subtle regional peri intestinal reactive mesentery noted around the jejunal mural masses.

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PATIENT

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

Amber Clark

Pancreas

SPECIES

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.

Feline

Free Abdomen

BREED

No evidence of peritoneal effusion.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Large jejunal mural mass with separate small jejunal mural mass, associated regional perijejunal reactive mesentery
- Mild retained gastric ingesta/chyme
- Potential subtle to discreet non-expansive subtle nodule

Spayed Female

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10 Years 7 Months

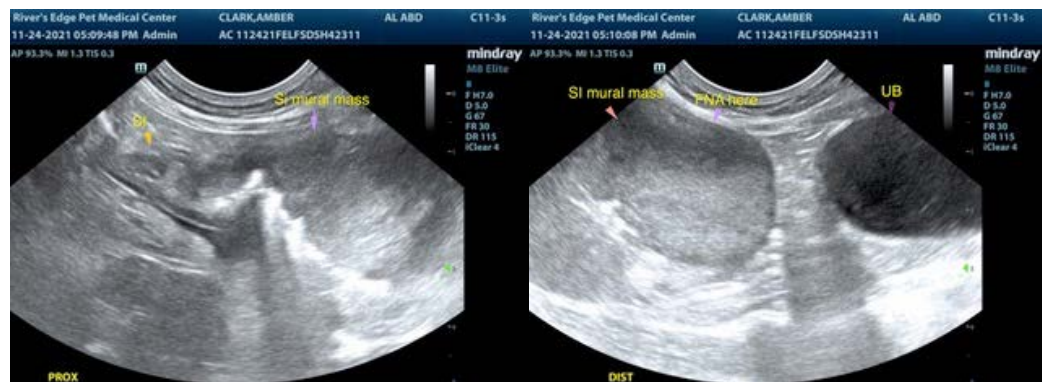
Although sampling is required for further clarification, the jejunal mural masses most suggestive of neoplastic criteria i.e., lymphoma, mast cell neoplasia, or other. Potential for severe inflammatory or granulomatous disease (dry form FIP) possible yet thought less likely. The potential discreet splenic nodule was non-specific and may indicate focal hyperplasia, hematopoiesis, or incidental splenitis, while the possibility of potential concurrent splenic neoplasia cannot be definitively excluded. Assuming normal clotting status, ultrasound guided FNA of the large jejunal mural mass and screening splenic cytology using 25-gauge needle recommended for further clarification and staging. No evidence of hepatic involvement. 3-view chest radiographs and surgical/oncology consultation recommended.

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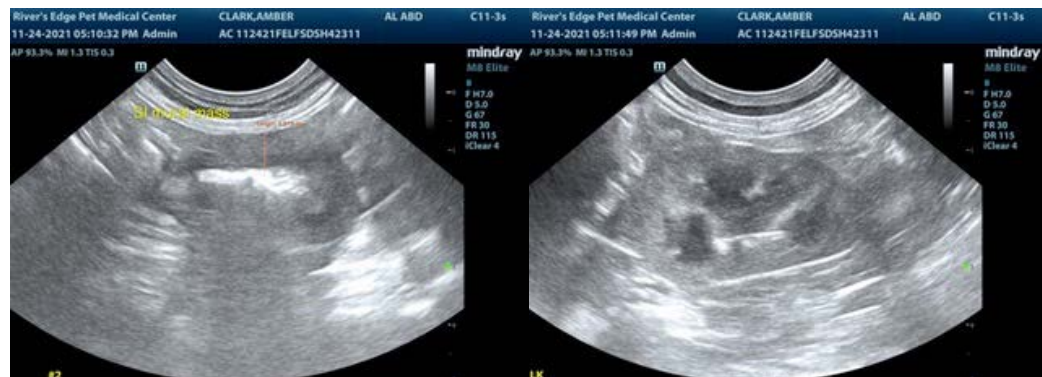
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Spayed Female

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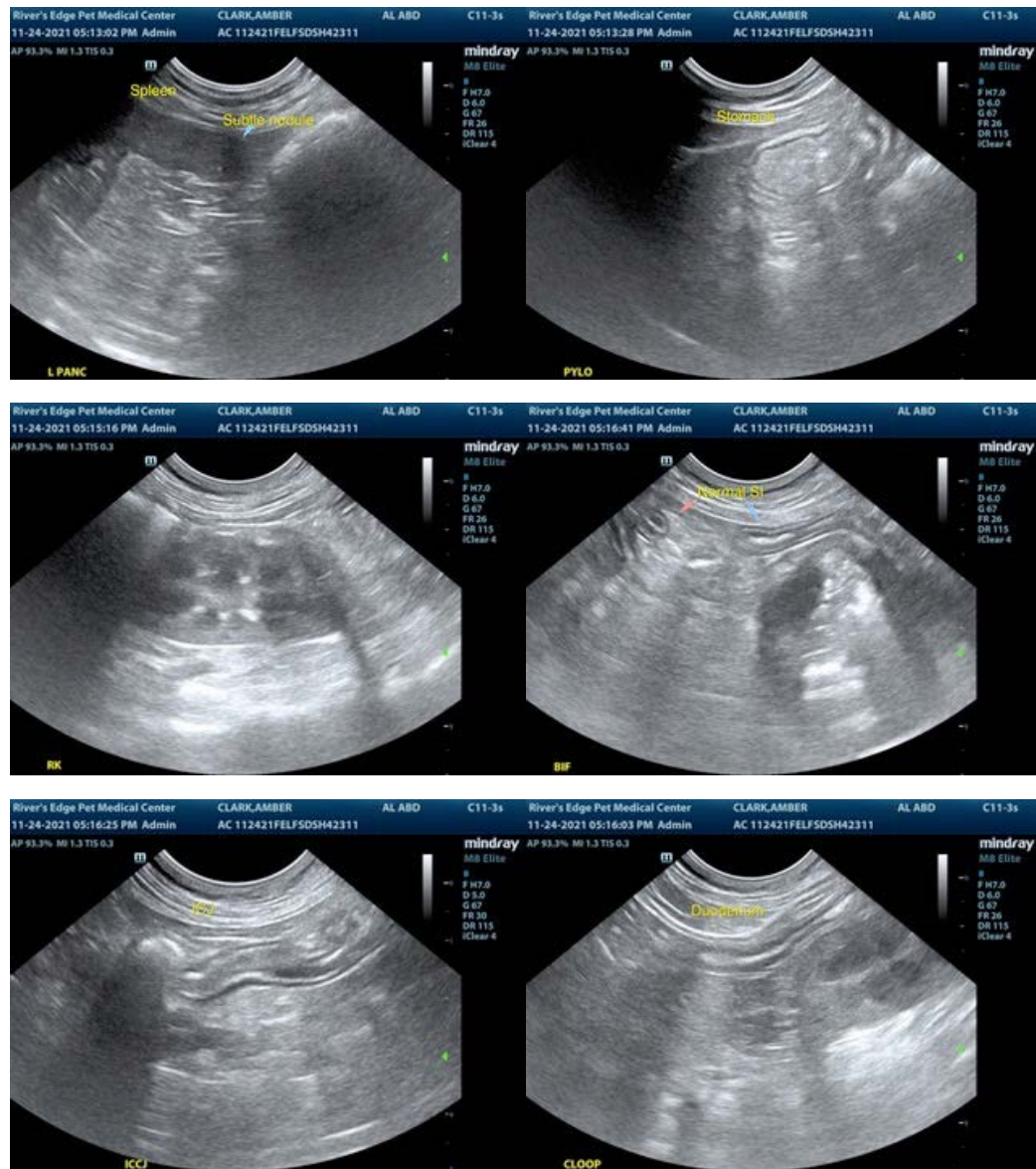
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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