


PATIENT PRESENTING CLINICAL SIGNS

Jack Pearman

Suspect focal small intestinal tumour vs other: *A small intestinal circumferential mural mass is suspected which could represent a neoplastic lesion (carcinoma or lymphoma) versus less likely though not excluded an inflammatory intestinal mural lesion. *It is less likely though not excluded that this represents soft tissue opaque intraluminal material as with a small intestinal foreign body. *This lesion is thought to be nonobstructive at this point in time and the remaining abdominal structures are unremarkable. *Additionally, and as an intestinal neoplasm is suspected, thoracic radiography is warranted for staging purposes.

SPECIES

Feline

BREED

DLH

Abnormal PE/Chem/CBC/UA Results: Methadone HCL (Comfortan) Inj per 1 mL, Ampicillin 1g Inj per mL, Cerenia (Maropitant) Injection per mL, Alfaxalone, Mirtazapine TD gel 20mg/ml, Gabapentin 100mg please see attached labs and rads

SEX

MN

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 moderate non-dependent mildly congealed 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.

AGE

12yr

WEIGHT

7.7kg

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. Bilateral pinpoint medullary mineral was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland measured 0.28 cm width. The right adrenal gland measured 0.37 cm width.

IMAGING PERFORMED BY

Kelly Reschny

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 0.95 cm in width at the level of the hilus.

HOSPITAL NAME

 Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Wattson

Liver

The liver was subjectively normal in size, structure, and contour. Mild increased parenchyma echogenicity compared to the spleen with a mild to moderate coarse echotexture was present. 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 with mild echogenic luminal debris. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

INVOICE

12281ag

DATE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate luminal gas with no signs of ileus, obstruction or foreign material.

SPECIES

Feline

The small intestine exhibited segmental thickened wall layering in the mid abdomen along with intact unremarkable wall layering with 1:3 muscularis/mucosa ratio. Within the thickened intestine, minor retained chyme was present which may suggest segmental metabolic to potential paralytic ileus. The lumen of the small intestine was empty with no signs of obstruction or foreign material. Thickened small intestine measured up to 0.36 cm in wall width, normal appearing small intestine measured 0.22 cm in width.

BREED

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

AGE

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Pancreas

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.

WEIGHT

7.7kg

Free Abdomen

Minor regional hyperechoic peri intestinal mesentery with intermittent small pocket of scant peri intestinal to peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild echogenic liver
- Non-distended gallbladder with mild debris, concurrent non-obstructive proximal common bile duct dilation
- Segmental thickened small intestine with intact indistinct wall layering, likely associated segmental non-obstructive ileus
- Mild peri intestinal hyperechoic mesentery and intermittent scant peritoneal free fluid

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Secondary

- Urinary bladder sediment
- Bilateral chronic renal changes with pinpoint medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmentally thickened small intestine may indicate inflammatory vs neoplastic enteropathy with dry form FIP considered less likely. Full thickness intestinal biopsy would be required for a definitive diagnosis. The mild echogenic liver exhibits likely age-related hepatobiliary changes given the lack of hepatic enzyme elevations. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

If intestinal biopsies are not elected, empirical IBD therapy with as needed GI support with sonographic monitoring of the thickened small intestine for evidence of progression would be reasonable.

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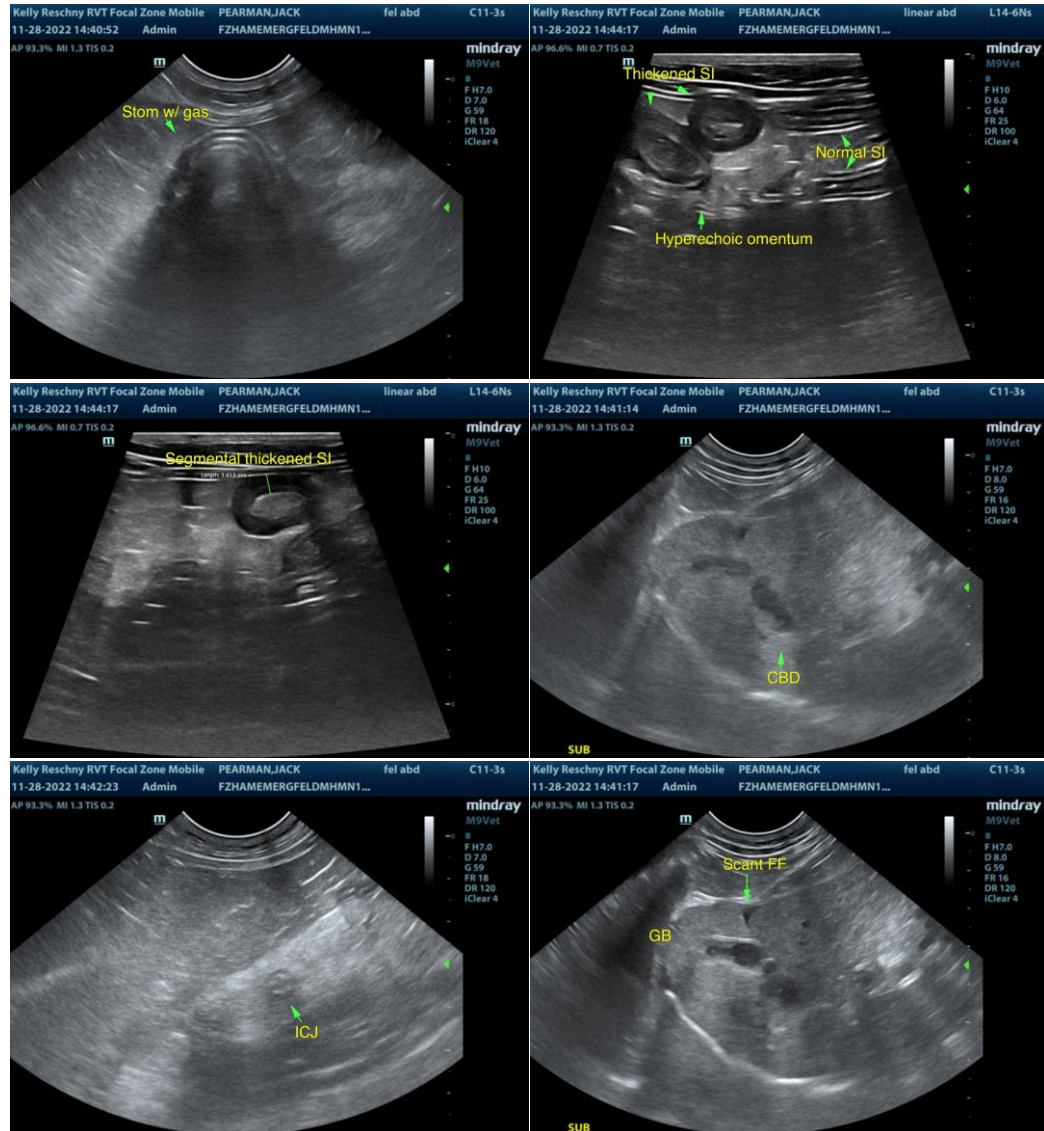
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SPECIES

Feline

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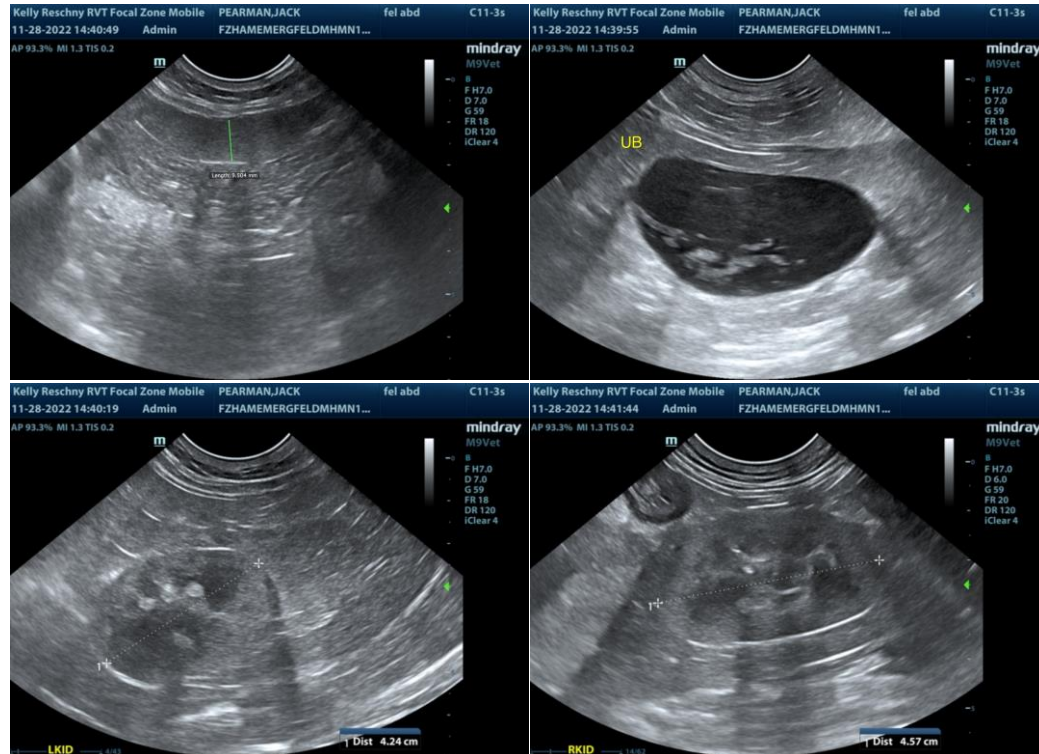
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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