



PATIENT

Opal Iyer

PRESENTING CLINICAL SIGNS

LETHARGY VOMITED ONCE DIFFICULTY DEFECATING

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PALPATION - SOFT-LIKE MASS CRANIAL TO THE BLADDER BW-MILD ELEVATED BILIRUBIN 1.6(0.0-0.9), LOW BUN12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Ragdoll

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

FS

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. Possible ill-defined caudolateral hypoechoic mass lesion in the area of the left kidney with potential for superimposing lymph node or omental hypoechoic lesion was present measuring 2.2 cm in diameter. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 cm in length.

AGE

2yr

WEIGHT

9.6lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

INTERPRETED BY

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

Spleen

The spleen exhibited normal sizer, subtle areas of capsule asymmetry and subtle parenchyma heterogeneity with decreased parenchyma echogenicity. The spleen measured 0.61 cm in width at the level of the hilus. No masses or nodules were noted.

IMAGING PERFORMED BY

Dr. Sharkaway

Liver

The liver exhibited mild enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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

INVOICE

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A moderately sized irregular intestinal mural mass was present in the caudal abdominal intestinal segments cranial to the urinary bladder measuring ~ 5-6 cm in length with wall width up to 1.0 cm. Associated mild segmental paralytic ileus was present. Segments of adjacent small intestine exhibited intact mildly prominent wall layering without evidence of obstructive pattern. Regional associated peritonitis in the mid to caudal abdomen around the intestinal mural mass was present.

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The colon was indistinctly visualized.



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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.

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Free Abdomen

Regional associated peritonitis in the mid to caudal abdomen around the intestinal mural mass was present. Mild associated peritoneal free fluid was noted. Potential for concurrent mesenteric lymphadenopathy within the area of the intestinal mural mass is possible.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Caudal abdominal intestinal mural mass with regional associated peritonitis-suspect small intestinal/jejunal involvement, potential for colonic involvement cannot be definitively excluded
- Hepatomegaly exhibiting hypoechoic parenchyma
- Possible ill defined left perinephric mass/lesion vs superimposing omental lesion or lymph node
- Mild hypomotile stomach
- Possible concurrent low-grade pancreatitis

AGE

2yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

9.6lb

The intestinal mural mass is suggestive of potential neoplastic or granulomatous criteria i.e. lymphoma, carcinoma, dry FIP or other with inflammatory etiology considered less likely. Potential for multicentric pathology involving the liver, left kidney as well as regional omental seeding is possible. Assuming normal clotting status and using a 25g needle, an intestinal mass +/- hepatic and left kidney lesion FNA for screening cytology is warranted for further assessment. Abdominal CT is likely ideal for further clarification. A likely unfavorable prognosis is indicated.

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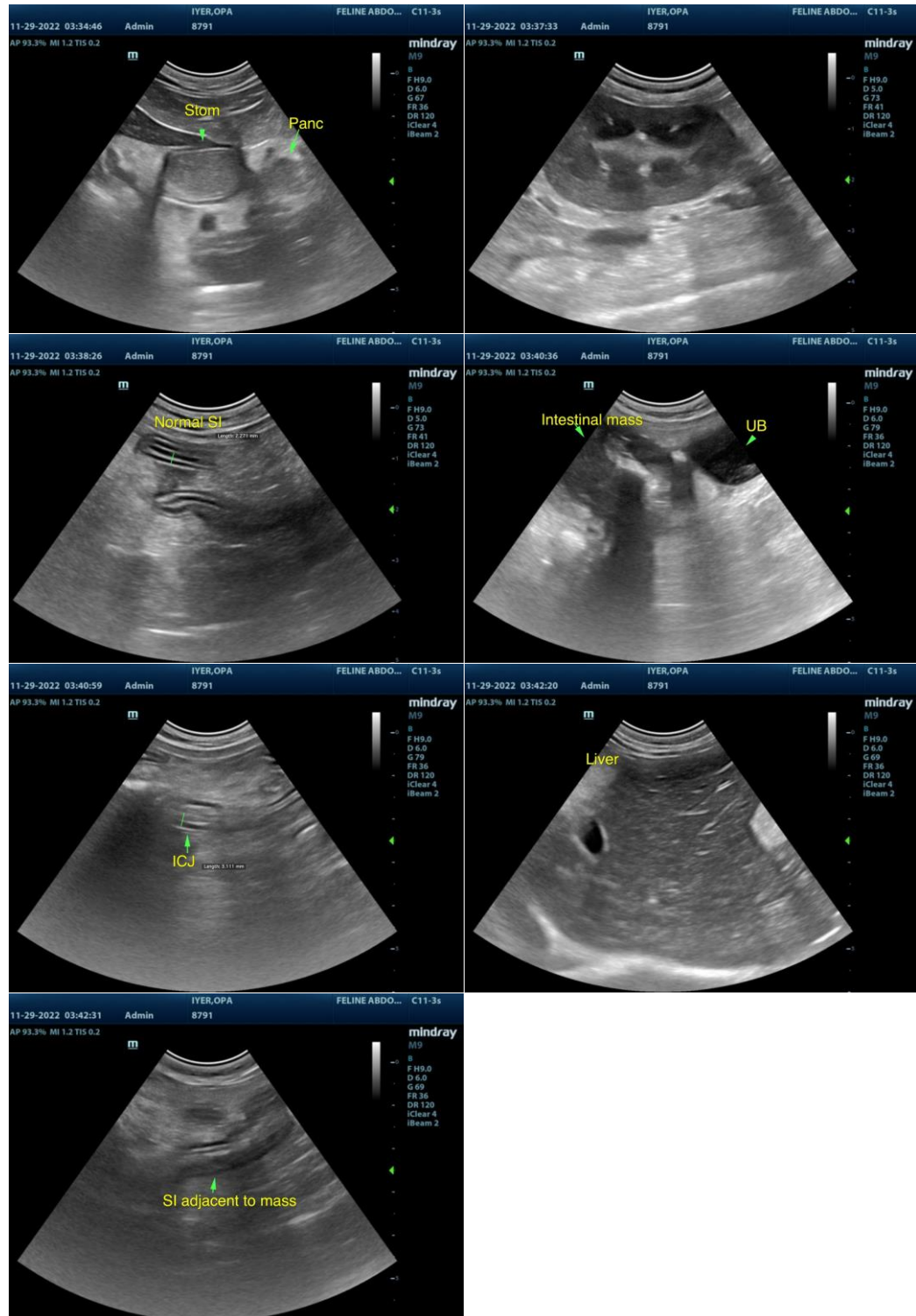
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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