



PATIENT

Little Tail Johnson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

10.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Riverdale Integrative
VC

REFERRING VET

Dr. Kuo

INVOICE

15381

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Stomach issues for several weeks

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

The spleen was borderline enlarged yet maintained a symmetrical capsule contour with generalized parenchyma heterogeneity. The spleen measured 1.0 cm width at the level of the hilus.

Liver/ Gallbladder

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.

Gastrointestinal

The stomach exhibited regional nonhomogeneous to variable wall thickening primarily in the area of the mid-gastric body extending into the antrum and pylorus. Minor retained gastric fluid was noted. The gastric body wall width measured up to 0.86 cm, exhibiting indistinct wall layer detail.

The small intestine exhibited a segmental intestinal mural mass exhibiting decreased mural echogenicity and loss of discernable wall layering measuring approximately 6.0-7.0 cm in length with wall width up to 0.6 cm. Concurrent areas of thickened small bowel exhibiting intact to indistinct wall layer detail and decreased mural echogenicity were noted. Thickened ileum and ileocolic junction exhibiting indistinct wall layer detail were also noted. The ileocolic junction wall width measured 0.81 cm.



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

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

Free Abdomen

BREED

Diffuse, mesenteric lymph nodes were 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 3.0 cm x 1.4 cm. Intermittent small pockets of scant peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

AGE

Primary Findings

12 years

- Multicentric, hypoechoic to swollen mesenteric lymph nodes

WEIGHT

10.6 lbs.

- Scant peritoneal free fluid
- Variably thickened stomach and small intestine with segmental intestinal mural mass

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Secondary Findings

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- Bilateral chronic renal changes
- Mild heterogeneous spleen exhibiting borderline splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the gastrointestinal mural changes, as well as multicentric hypoechoic to swollen mesenteric lymphadenopathy are consistent with multicentric round cell neoplasia with primary concern for multicentric potentially high-grade lymphoma vs. other round cell neoplasia.

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VC

Correlation with pending lymph node FNA cytology with potential for oncology consult and chemotherapeutic intervention is suggested. This case is non-surgical. Three-view chest radiographs are recommended.

REFERRING VET

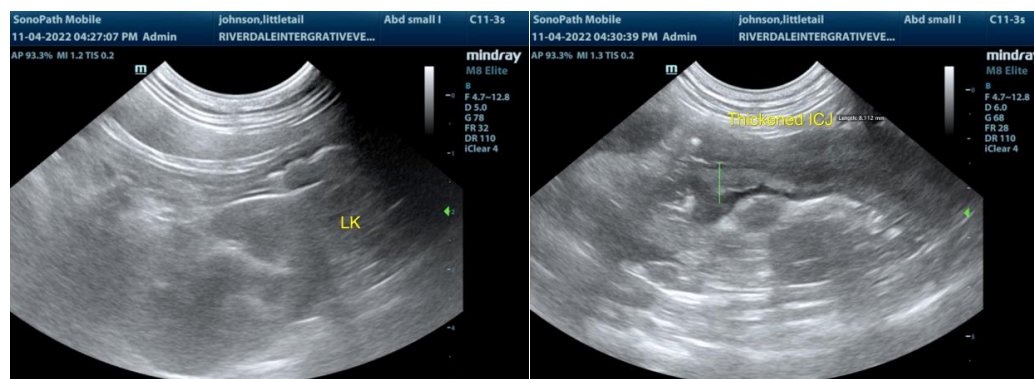
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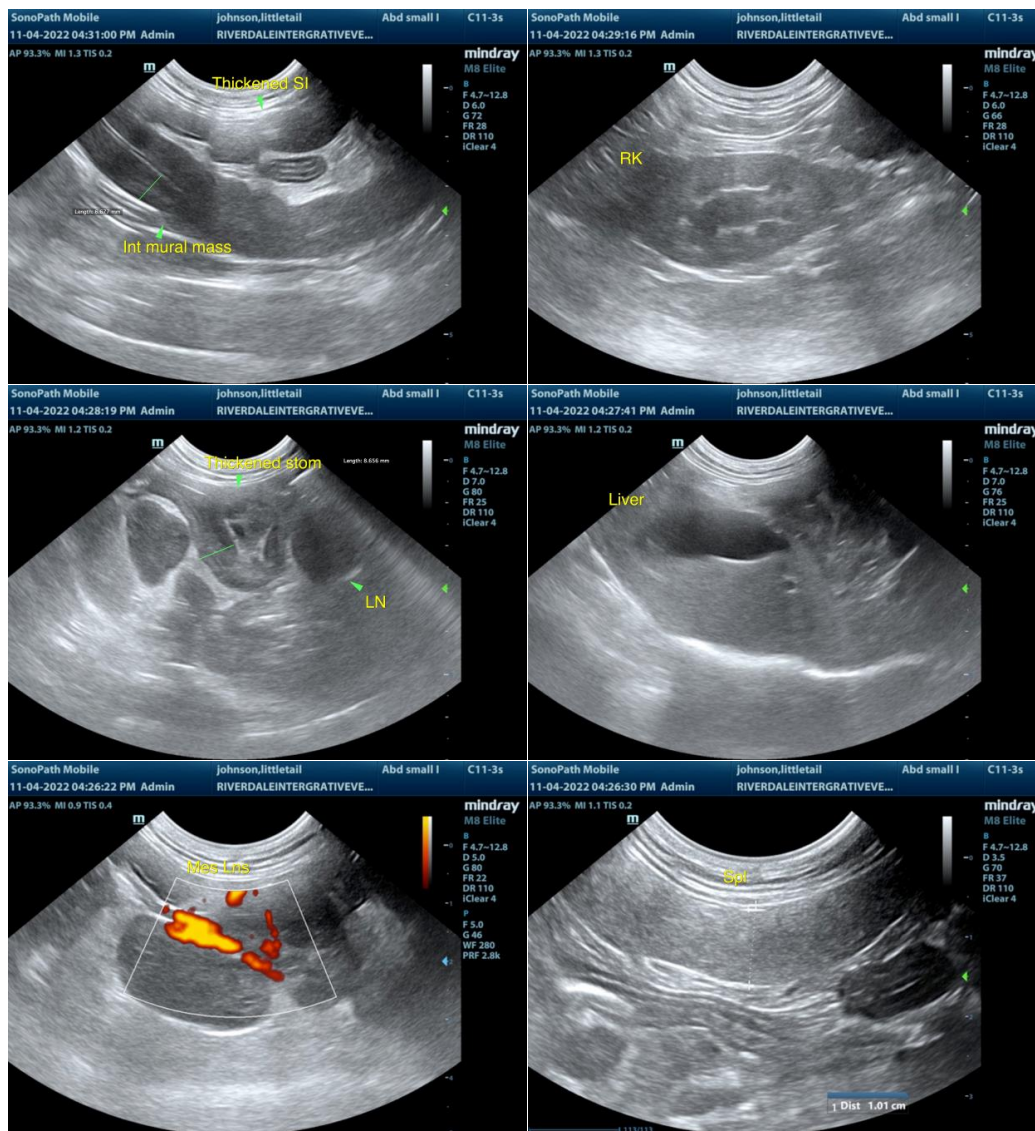
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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