



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Xena Gadwa	Patient presented to the ER yesterday for anorexia, lethargy and diarrhea. 1.19 pounds weight loss noted since August 26th 2022. Several irregular firm abdominal structures - suspect lymph nodes.
<b>SPECIES</b>	Normal PLR and peripheral LN. No abdominal pain.
Feline	Current Medications Mirtazapine 3.75mg given last night
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: TOTAL PROTEIN 6.4 (5.2 - 8.8)g/dL ALBUMIN 2.8 (2.5 - 3.9)g/dL GLOBULIN 3.6 (2.3 - 5.3)g/dL A/G RATIO 0.8 0.35 - 1.5 AST (SGOT) 24 (10 - 100) IU/L ALT (SGPT) 19 (10 - 100) IU/L Alk Phosphatase 5 (6 - 102) IU/L GGT 1 (1 - 10)IU/L Total Bilirubin 0.1 (0.1 - 0.4)mg/dL BUN 12 (14 - 36)mg/dL Creatinine 0.9 (0.6 - 2.4)mg/dL BUN/CREAT RATIO 13 (4 - 33) PHOSPHORUS 4.0 (2.4 - 8.2)mg/dL Glucose 132 (64 - 170) mg/dL CALCIUM 8.2 (8.2 - 10.8)mg/dL MAGNESIUM 1.9 (1.5 - 2.5)mEq/L SODIUM 146 (145 - 158)mEq/L POTASSIUM 4.3 (3.4 - 5.6)mEq/L NA/K RATIO 34 (32 - 41) CHLORIDE 117 (104 - 128)mEq/L CHOLESTEROL 137 (75 - 220)mg/dL TRIGLYCERIDE 29 (25 - 160)mg/dL AMYLASE 607 (100 - 1200)IU/L PrecisionPSL 15 (8 - 26)U/L CPK 51 (56 - 529)IU/L Complete Blood Count WBC 50.8 10 <sup>3</sup> /uL RBC 7.1 10 <sup>12</sup> /L HGB 10.3 g/dL HCT 30 % Platelet Count 472 10 <sup>3</sup> /uL Absolute Neutrophils 46736 2500 - 8500 /uL Absolute Lymphocytes 3048 1200 - 8000 /uL Absolute Monocytes 508 0 - 600 /uL Absolute Eosinophils 0 0 - 1000 /uL Absolute Basophils 0 0 - 150 /uL Comment n/a T4 0.6 (0.8 - 4)ug/dL Urinalysis-Complete Collection Method Cystocentesis Color YELLOW Appearance TURBID Specific Gravity 1.040 pH 6.5 Protein 2+ Glucose-Strip NEGATIVE Ketones NEGATIVE Bilirubin NEGATIVE Occult Blood TRACE WBC 2-3 RBC 0-1 Casts NONE SEEN Crystals NONE SEEN Bacteria NONE SEEN Epithelial Cells NONE SEEN Fat Droplets >50
DSH	
<b>SEX</b>	
FS	
<b>AGE</b>	
8 years	
<b>WEIGHT</b>	
8.06 lbs.	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Jenna Walsh, CVT	<b>Urinary System</b>
	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.
<b>HOSPITAL NAME</b>	The area of the aortic trifurcation was free of pathology.
VCA Salem AH	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. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.
<b>REFERRING VET</b>	
Dr. Giambuzzi	
<b>INVOICE</b>	<b>Adrenal Glands</b>
15384	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.
<b>DATE</b>	
11/4/22	



**PATIENT**

***Spleen***

Xena Gadwa

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.7 cm width at the level of the hilus.

**SPECIES**

Feline

**BREED**

***Liver/ Gallbladder***

DSH

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.

**SEX**

FS

**AGE**

8 years

***Gastrointestinal***

The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate, nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

**WEIGHT**

8.06 lbs.

The small intestine exhibited primarily intact wall layering with variable muscularis/mucosa ratio owing to segmental to generalized propensity for variably prominent muscularis layer. Within the subjective mid abdomen, a moderately sized intestinal mural mass exhibiting likely jejunal location was present measuring approximately 5.0 cm x 2.0 cm. The mass exhibited loss of discernable wall layering and decreased to mildly nonhomogeneous mural echogenicity. Regional peri intestinal hyperechoic mesentery was present. Intact small intestinal wall layering measured up to 0.32 cm width.

**INTERPRETED BY**

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

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

***Pancreas***

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

**HOSPITAL NAME**

VCA Salem AH

***Free Abdomen***

Regional peri intestinal hyperechoic mesentery was present. Intermittent, mildly prominent to hypoechoic regional mesenteric lymphadenopathy was present. An example of a mesenteric lymph node measured 1.0 diameter. No evidence of peritoneal free fluid was noted.

**REFERRING VET**

Dr. Giambuzzi

**ULTRASONOGRAPHIC FINDINGS**

**INVOICE**

15384

**DATE**

11/4/22

- Segmental to diffuse infiltrative enteropathy pattern with segmental jejunal mural mass
- Associated peri intestinal hyperechoic mesentery and intermittent mesenteric lymphadenopathy
- Possible concurrent low-grade pancreatitis



**PATIENT**

- Mild nonshadowing gastric ingesta

Xena Gadwa

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8 years

**WEIGHT**

8.06 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Giambuzzi

**INVOICE**

15384

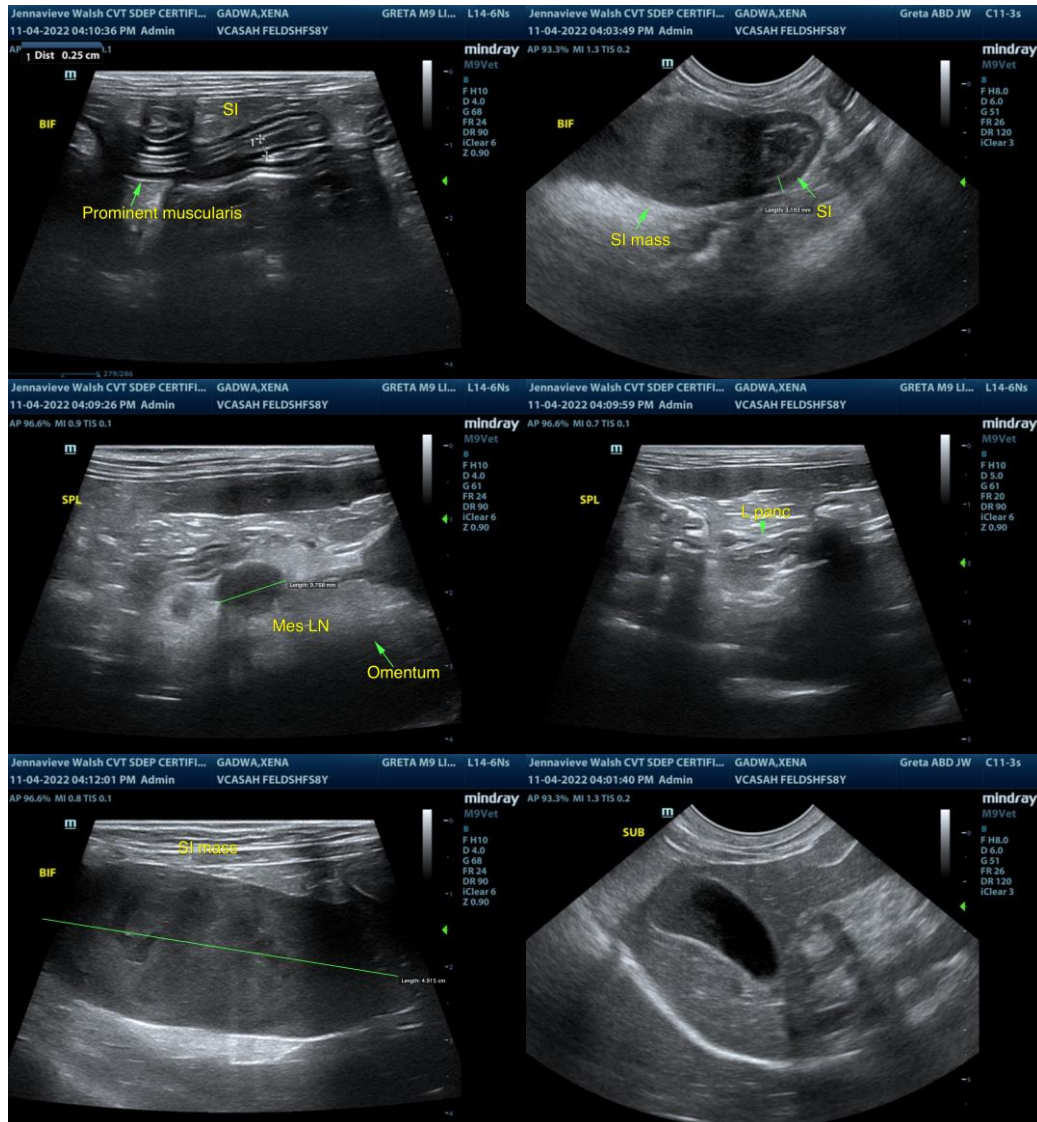
**DATE**

11/4/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

General considerations for the small intestine including the segmental jejunal mural mass may include inflammatory neoplastic or granulomatous (FIP) etiologies. Neoplastic criteria is favored, although not definitive.

Correlation with pending FNA cytology of the intestinal mural mass with potential for oncology and / or surgical consult is recommended. Three-view chest radiographs are suggested if not done.





**PATIENT**

Xena Gadwa

**SPECIES**

Feline

**BREED**

DSH

**SEX**

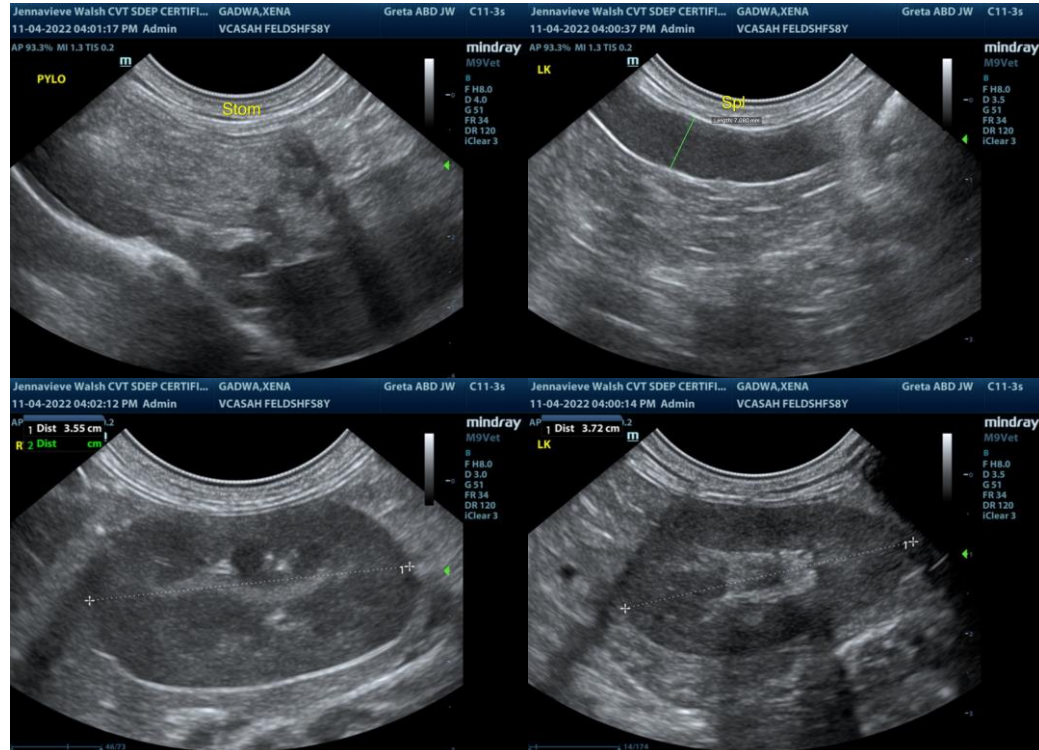
FS

**AGE**

8 years

**WEIGHT**

8.06 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Giambuzzi

**INVOICE**

15384

**DATE**

11/4/22

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)**  
info@SonoPath.com