



PATIENT PRESENTING CLINICAL SIGNS

Ginger Heppler losing weight (was 9kg just over 1 year ago), not eating, vomiting. abdominal mass felt on palpation-caudal ~walnut size. Currently no medications.

SPECIES Abnormal PE/Chem/CBC/UA Results: N/A

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

4.4kg

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 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

Spleen

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 0.79 cm in width at the level of the hilus.

Liver

The liver exhibited generalized enlargement with symmetrical to swollen contour and mild uniform decreased parenchyma echogenicity. Mild coarse echotexture was noted with a solitary mildly expansive hypoechoic nodule was present in the cranial right liver measuring 2.7 cm in diameter. This nodule appeared to distort the associated hepatic capsule.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Potential for bilobed gallbladder was present which is a normal variant in a cat. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented intact wall layering with segmental mural hypertrophy exhibiting segmental indistinct wall layer detail primarily in the area of the infiltrative mesenteric mass. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Gilmer

INVOICE

12099ag

DATE

11/07/2022



PATIENT

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

Ginger Heppler

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

A moderately sized irregular nodular hypoechoic to non-homogeneous infiltrative mesenteric mass was present measuring ~ 5-6 cm in diameter occupying the mid to caudal abdomen. Likely associated hypoechoic to swollen mesenteric lymphadenopathy was present, an example of a mesenteric lymph node measuring 2.2 cm in diameter. Generalized hyperechoic mesentery was present with intermittent scant pocket of peritoneal free fluid.

DSH

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

7yr

- Ill defined nodular infiltrative mesenteric mass with likely segmental small intestinal involvement
- Associated hypoechoic to swollen mesenteric lymphadenopathy
- Hepatomegaly with focal expansive parenchymal nodule
- Generalized hyperechoic mesentery and scant peritoneal free fluid

WEIGHT

4.4kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings in this case are most consistent with multicentric high grade neoplasia such as lymphoma or other. It was difficult to determine whether the infiltrative mesenteric mass was primary or potentially deriving from the small intestine.

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Assuming normal clotting status a mesenteric mass, associated lymph node and liver FNA for screening cytology is warranted for further assessment and potential oncology consult with chemotherapeutic intervention. This case appears to be non-surgical. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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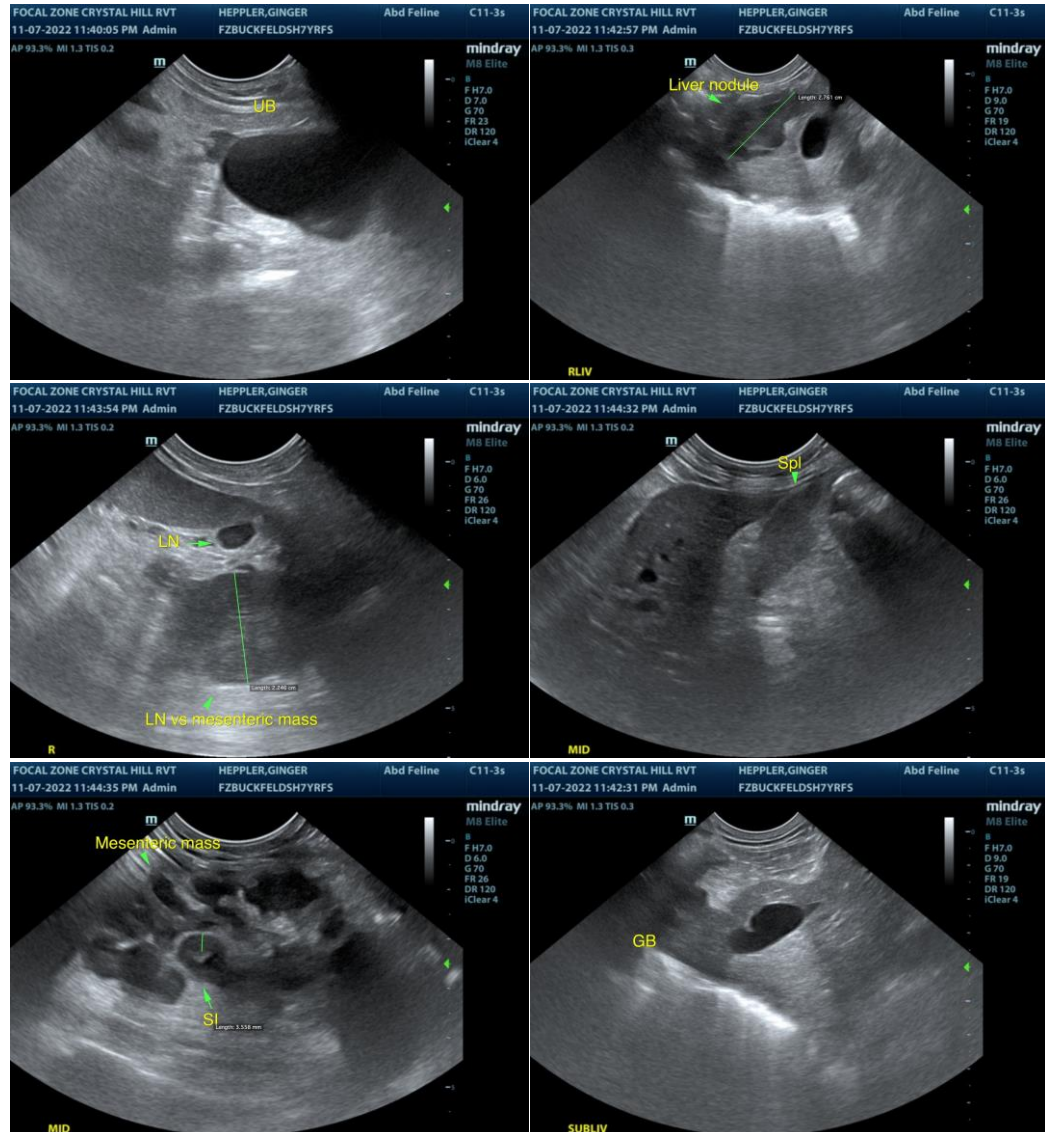
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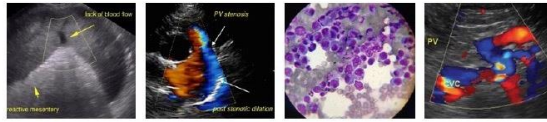
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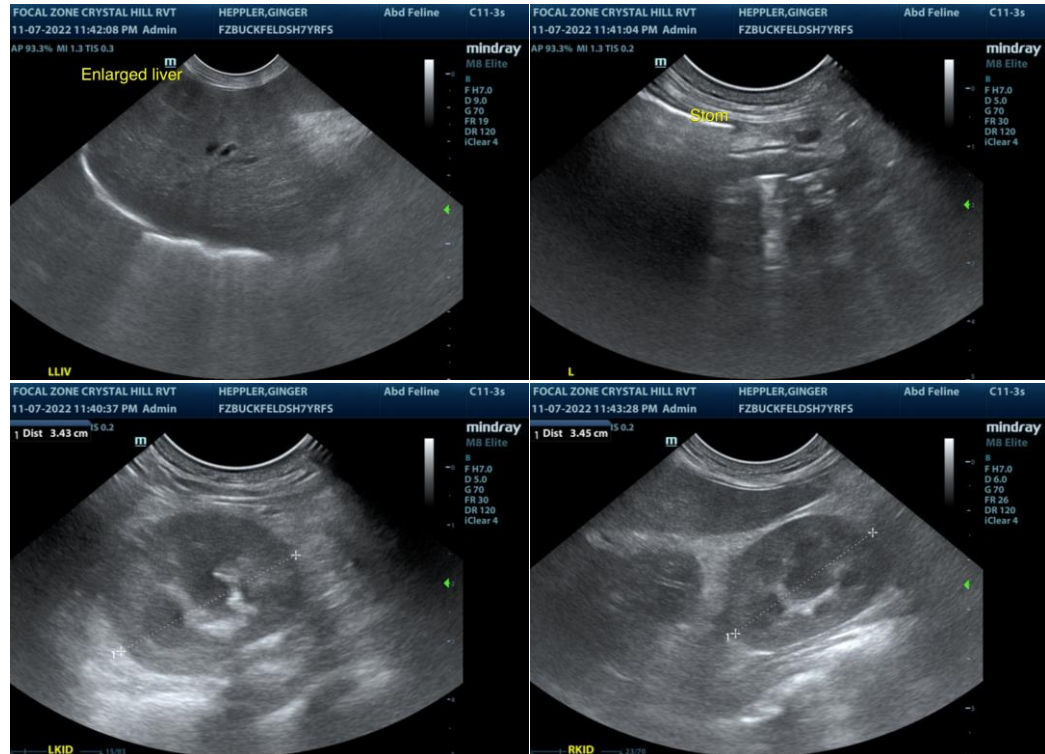
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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