



PATIENT

Pippin Weber

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

8.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas
City

REFERRING VET

Dr. Mindy Shrout

INVOICE

42589

DATE

11/7/22

PRESENTING CLINICAL SIGNS

O thinks is losing weight (we have only seen one other time in 2011 and our records don't show weight loss but o says gained weight through years and losing it now), diarrhea, very poor appetite and lethargic. Symptoms started a little over a week ago. Indoor only. Only vomited once when it all started a little over a week ago-none since but acts like stomach hurts/uncomfortable at home and when offered food, runs from it like nauseated. Started on cerenia, buprenorphine, metronidazole. Hospitalized and started on IV fluids over weekend and added in ampicillin. Fecal checked-unremarkable/no parasites. When pulled bloodwork serum appeared jaundice.

Abnormal PE/Chem/CBC/UA Results: Sodium low (142) chloride low (108), Total bilirubin elevated (0.8), Unconjugated bilirubin elevated 0.4, and conjugated bilirubin elevated 0.4. Minor monocytosis. Chem – Sodium to Potassium ratio 28, normal ALT/AST/ALP, Amylase 2496, T4 1.5

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 were noted.

The kidneys were normal in size and margination with subjective mild cortical hypertrophy exhibiting mild uniform increased cortex echogenicity and mild loss of corticomedullary border demarcation. The left kidney measured 3.8 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.34 cm.

Spleen

The spleen was subnormal in size with symmetrical contour with uniform parenchyma. The spleen is consistent with volume contraction.

Liver

The liver was subjectively normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation. The common bile duct was normal.

Gastrointestinal

The stomach presented generalized intact yet variably prominent wall layering owing to variably prominent muscularis layer. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental intestinal mural mass consistent with jejunal location noted in the mid to caudal abdomen, exhibiting segmental mural hypertrophy, decreased to variable mural echogenicity, and loss of discernable wall layering,



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measuring approximately 4.0 cm long and 2.6 cm in diameter. Duodenum wall measures 0.28 cm. Intact Jejunum wall measured up to 0.40 cm wall width. Ileocolic wall measured 0.50 cm in width.

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The colon presented intact yet mildly prominent wall layering. The colon contained generalized semiformed to soft fecal matter, consistent with patient history.

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.

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Free Abdomen

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Several enlarged, hypoechoic jejunocolic lymph nodes were present, example measured 2.6 cm x 2.0 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5).

Perilymphatic and peri intestinal hyperechoic mesentery noted. Very scant pockets of peri intestinal free fluid noted. No omental masses.

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PRIMARY FINDINGS

- Diffuse infiltrative enteropathy pattern with segmental jejunal mural mass
- Associated hypoechoic to swollen jejunocolic lymphadenopathy
- Echogenic liver, sonographic unremarkable small bowel/common bile duct
- Non-specific mild chronic renal changes

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SECONDARY FINDINGS

- Volume contracted spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the intestinal presentation may include inflammatory (IBD/eosinophilic enteritis) versus neoplastic (IBD, mast cell neoplasia, or other). Infiltrative enteropathy with dry form FIP is considered a less likely differential diagnosis. Neoplastic criteria is favored, given intestinal mural changes, jejunal mural mass, and associated hypoechoic to swollen lymphadenopathy. FNA cytology of the intestinal mural mass as well as lymph node with potential for oncology consult warranted. Concurrent screening FNA cytology advised for further staging, assuming normal clotting status. 3-view chest radiographs recommended. Guarded prognosis pending sampling.

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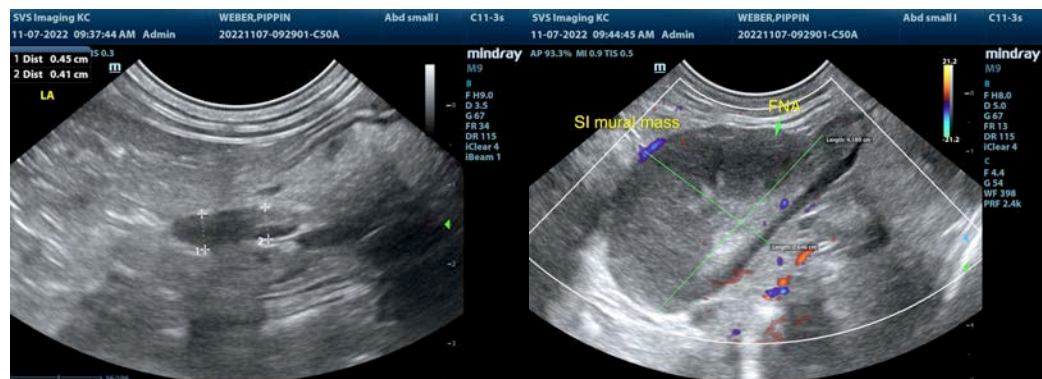
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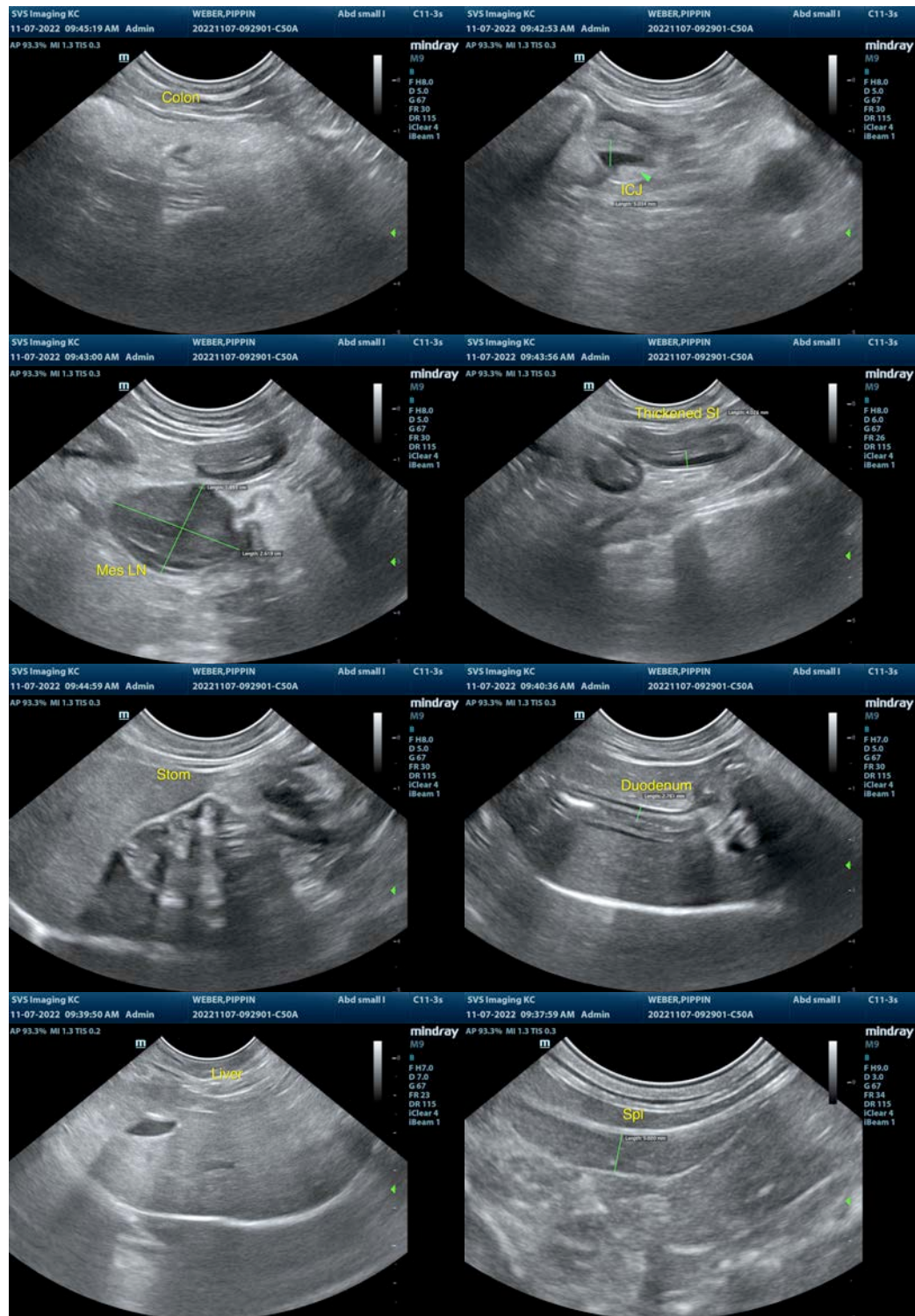
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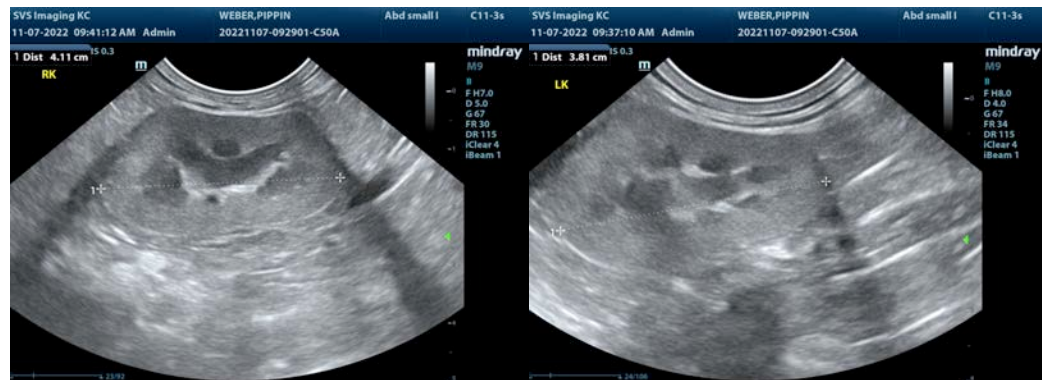
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com