



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cloe Fineran	Vomiting, possible abdominal mass. No current meds
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Elevated WBC (neutrophilia)
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
DSH	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 non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>SEX</b>	
FS	Normal size and margination was 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. A mild hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.
<b>AGE</b>	
8yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
9.5lb	<i>Adrenal Glands</i>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Spleen</i>
<b>IMAGING PERFORMED BY</b>	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 0.78 cm in width at the level of the hilus.
Sharo Reffi CVT	<i>Liver</i>
<b>HOSPITAL NAME</b>	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.
VCA Blirstown AH	<i>Gastrointestinal</i>
<b>REFERRING VET</b>	The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderate to markedly distended with retained echogenic fluid extending to the pyloric outflow with no evidence of mechanical pyloric obstruction.
Dr. Summers	The small intestine presented intact wall layering with variable mural hypertrophy secondary to variable prominent muscularis layer. Segmental likely upper intestinal moderate to variable ileus
<b>INVOICE</b>	
12332ag	
<b>DATE</b>	
12/01/2022	



**PATIENT**

Cloe Fineran

containing retained echogenic fluid similar to the stomach along with concurrent segments of empty small intestine. Within the mid to caudal abdomen, a focal to segmental area of clustered to potentially adhered small intestine exhibiting pseudo plication pattern with ill-defined thickened wall layer measuring ~ 3.0 cm was present.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

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.

**Free Abdomen**

**SEX**

FS

Intermittent scant pockets of peri intestinal free fluid was present.

**AGE**

8yr

Mid abdominal variably prominent non-homogeneous to irregular mesenteric lymph nodes with perilymphatic hyperechoic mesentery was present. An example of a lymph node measured 1.7 cm x 1.3 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate to markedly distended stomach with retained echogenic fluid
- Generalized enteropathy with intact variably thickened wall layering and segmental ileus to partial obstructive pattern
- Segmental mid to caudal abdominal clustered to potentially adhered small intestine exhibiting ill-defined mural hypertrophy, potential for focal mild intestinal mural mass
- Associated irregular to non-homogeneous mid abdominal mesenteric lymphadenopathy

**WEIGHT**

9.5lb

**INTERPRETED BY**

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

**Secondary findings**

- Bilateral non-specific renal medullary rim sign
- Urinary bladder sediment

**IMAGING PERFORMED BY**

Sharo Reffi CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the small intestine presentation may include inflammatory vs neoplastic infiltrative enteropathy with less likely potential for dry form FIP or other enteropathy. Neoplastic infiltrative enteropathy with round cells i.e. lymphoma is favored although not definitive. Concern for partial upper GI obstructive pattern potentially secondary to segmental clustered possibly adhered small intestine and emerging segmental intestinal mural mass.

**HOSPITAL NAME**

VCA Blirstown AH

**REFERRING VET**

Dr. Summers

Exploratory laparotomy for gross inspection of the GI tract, potential for resection and anastomosis and with full thickness intestinal biopsies considered essential is warranted. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A guarded to potentially unfavorable prognosis is indicated.

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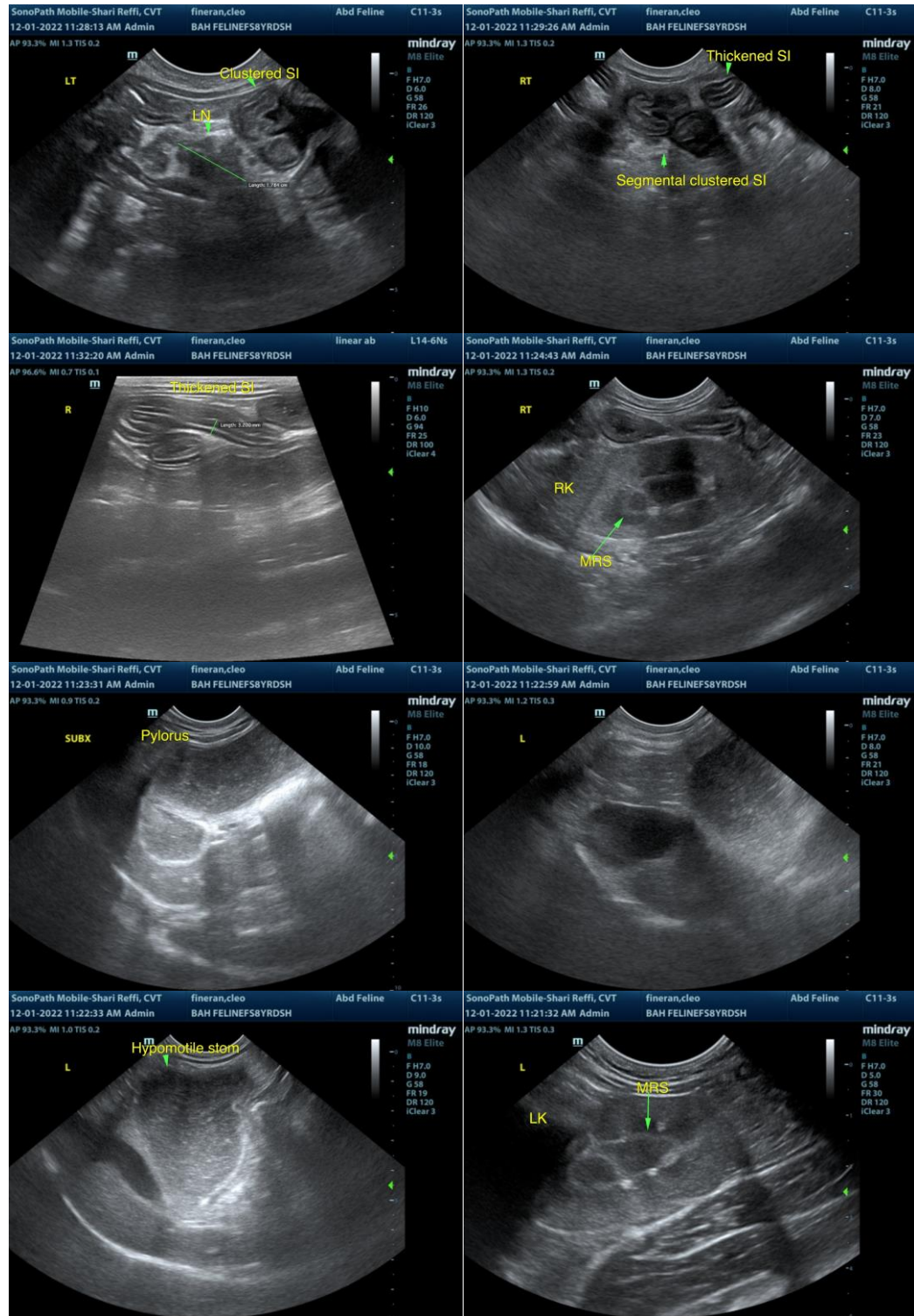
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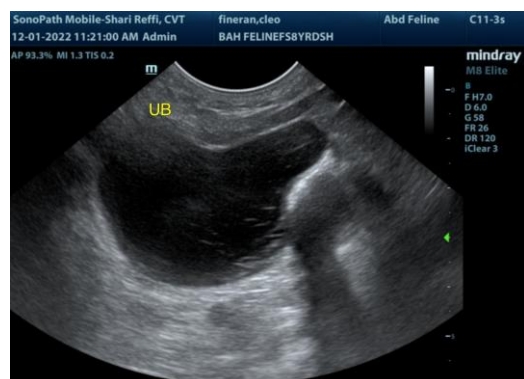
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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