

**PATIENT**

Little Gray Dance

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

10.9 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenn Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Hoerauf

**INVOICE**

18922

**DATE**

12/1/22

**PRESENTING CLINICAL SIGNS**

History: Acting off for the past week or two. Still eating and drinking but losing weight. Hiding more often, sleeping in the closet rather than on the bed with owners. Exam: Patient has lost 1 pound since last visit. Muscle wasting along spine and pelvis. Large abdominal mass palpable. Radiographic Findings Large mid-abdominal mass Primary Question/Differential to Be Answered in This Exam What is mass attached to? Is it reasonable to attempt excision?

**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. Aortic trifurcation was normal.

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 4.3 cm in length. The right kidney measured 4.3 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 0.48 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm.

**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 0.78 cm in width at the level of the hilus.

**Liver**

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 sonographically normal walls and anechoic content with mild nonorganized echogenic luminal debris. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta, exhibiting mild progressive distal acoustic shadowing.

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The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. A large mid abdominal intestinal mural mass was noted, appearing to extend into the regional mesentery, exhibiting irregular contour and primarily hypoechoic to mildly nonhomogenous echogenicity, measuring 8-9 cm in diameter. Regional hyperechoic mesentery was noted.

Feline

**BREED**

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

DMH

**Pancreas**

**SEX**

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**

8 Years

No overt evidence of peritoneal free fluid. No overt lymphadenopathy was noted, although potential for mild peripheral lymphadenopathy around the intestinal mural mass is possible.

**WEIGHT**

**Other**

10.9 Pounds

A rapid view of the heart revealed no evident pathology.

**INTERPRETED BY**

**ULTRASONOGRAPHIC FINDINGS**

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- Large to expansive mid abdominal intestinal mural mass with regional mesenteric infiltration

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Although sampling is required for further assessment, the intestinal mural mass with evidence of regional mesenteric infiltration, is consistent with neoplastic criteria, i.e., high grade lymphoma, carcinoma, or other. Potential for dry form FIP is considered a less likely differential diagnosis. Screening FNA cytology of the mass for further clarification and potential for oncology consult is recommended. Given the size of the intestinal mural mass with evidence of mesenteric infiltration, curative surgical options in this case may be difficult or potentially precluded. Pending sampling and assuming no evidence of pathology on three view chest radiographs, abdominal CT is likely ideal for a definitive extent of the mass and for potential surgical planning.

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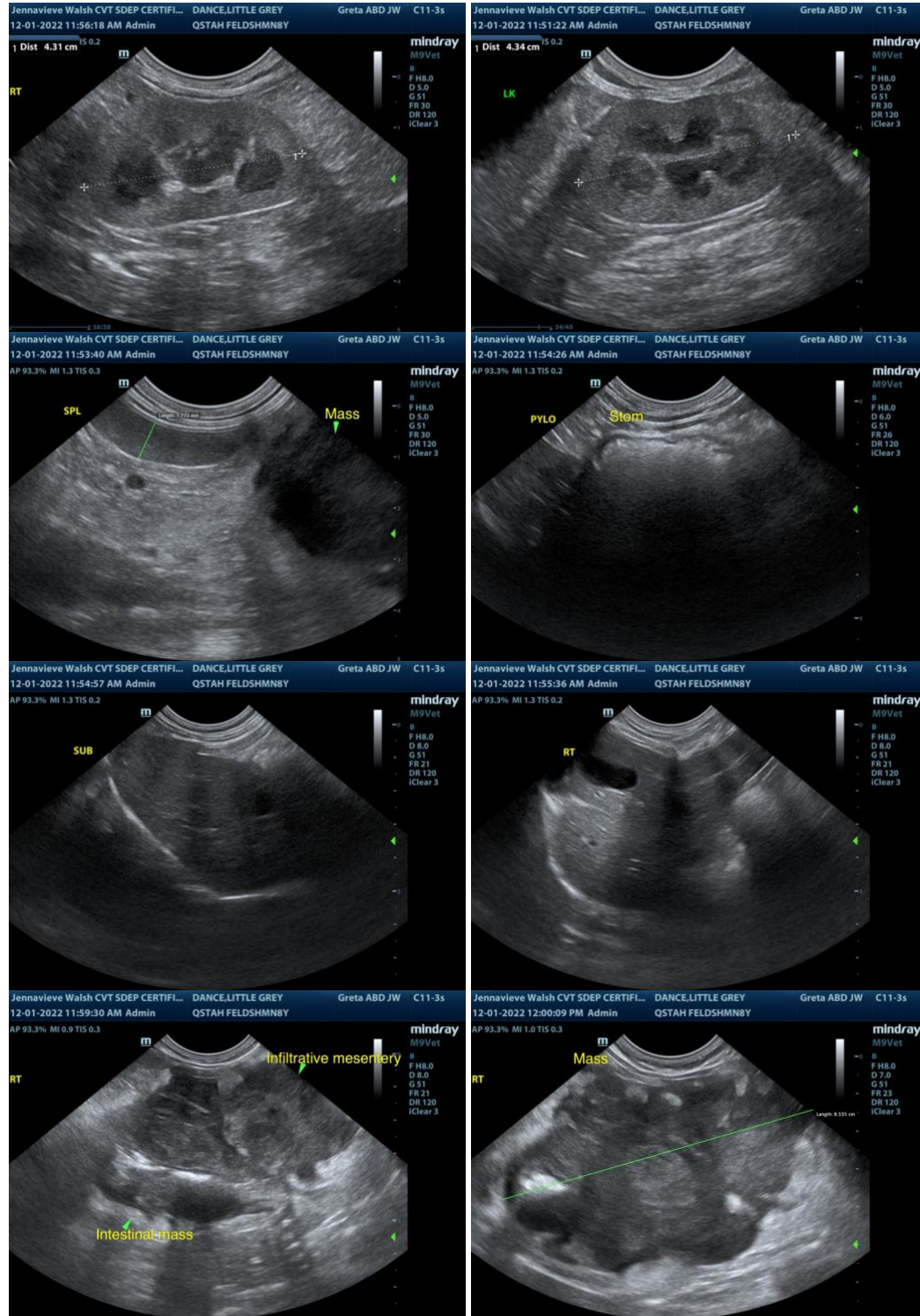
Dr. Hoerauf

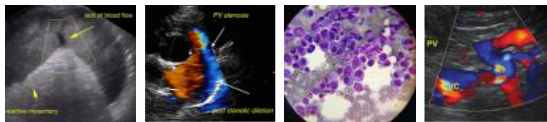
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 info@SonoPath.com