

**PATIENT**

Loki Hardy

SPECIES

Feline

BREED

DLH

SEX

NM

AGE

4 Years

WEIGHT

7 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rigg

INVOICE

48923

DATE

12-10-21

PRESENTING CLINICAL SIGNS

Chronic constipation

Abnormal PE/Chem/CBC/UA Results: Doughy abdomen on palpation Rad report: Increased diameter and homogenous soft tissue/fluid opacification of the terminal descending colon with undulating serosal margins. Mild fecal distention of the colon orad to this region is consistent with constipation. Soft tissue nodule(s) in the caudodorsal thorax are suspected to represent pulmonary nodule(s) with differentials including pulmonary metastasis or pulmonary granuloma. Given the peripheral location, pleural nodules would be an additional consideration.

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 area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation without overt evidence of medial iliac or sublumbar lymphadenopathy.

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. The left kidney measured 3.7 cm in length. The right kidney measured 4.5 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 0.39 cm width.. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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.

Liver / Gallbladder

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.

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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The colon exhibited generalized mild distension with formed feces into the area of the distal colon and colorectum. The distal colon and colorectum exhibited moderate mural hypertrophy, mild decreased mural echogenicity with mild nonuniform echotexture and loss of distinct wall layering measuring approximately 5.0-6.0 cm in length with wall width measuring up to 1.0 cm.

SPECIES***Pancreas***

Feline

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen**SEX**

No overt lymphadenopathy or peritoneal effusion was present.

NM

ULTRASONOGRAPHIC FINDINGS

- Distal colon/colorectal mural mass, generalized mild colonic distension with formed feces.
- Possible mild concurrent pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a distal colon to colorectal mural mass as the cause of the patient's chronic constipation. Potential considerations may include primary concern for neoplastic criteria such as adenocarcinoma, leiomyoma, leiomyosarcoma, lymphoma, stromal tumor or other. Granulomatous disease (dry form fip) may also be possible. Definitive diagnosis would require biopsies for histopathology. No overt evidence of regional metastasis.

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Concern for potential pulmonary metastasis given the radiographic findings may be indicated.

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Surgical and/or oncology consult would be appropriate. Continued conservative therapy for constipation recommended.

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www.mobimaging.com 800-333-3070



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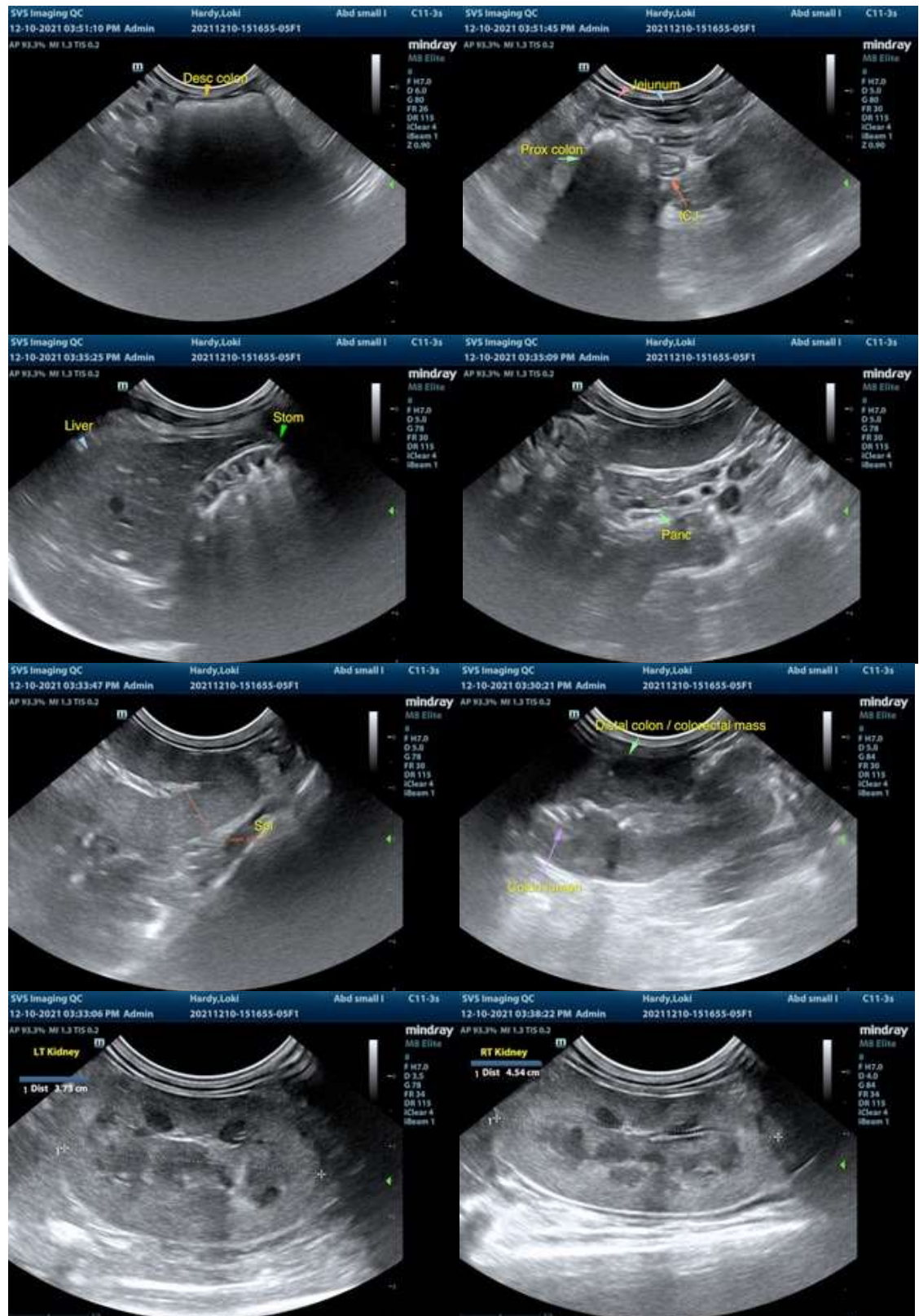
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

SEX

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info@SonoPath.com

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