



**PATIENT**

Mikey Annis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years 8 Months

**WEIGHT**

10.5 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

Dr. White

**INVOICE**

13053

**DATE**

12/13/21

**PRESENTING CLINICAL SIGNS**

History: Reason for Visit: Anorexia History: P presents for lack of eating. P has not been eating much for the past couple of weeks. Recently P will turn away food he normally loves. O concerned P is dehydrated.

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

Aortic trifurcation was normal.

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 3.8 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 0.36 cm width.

No overt pathology in the area of the right adrenal gland.

**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 0.68 cm width at the level of the hilus.

**Liver**

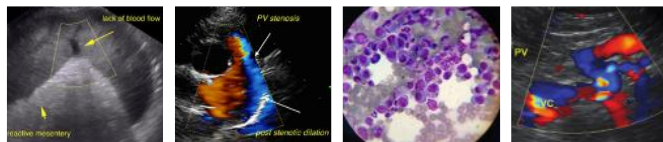
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, ingesta exhibiting progressive distal acoustic shadowing without signs of obstruction or foreign material. The visualized gastric walls were sonographically unremarkable. The ventral gastric body wall measured 0.26 cm.



<b>PATIENT</b>	The small intestine exhibited segmental to generalized variable mural hypertrophy exhibiting intact to indistinct wall layering with segmental likely jejunum exhibiting moderate hypoechoic mural hypertrophy with loss of distinct wall layering noted in the mid cranial abdomen. The jejunum wall measured up to 0.52 cm in width. The associated segmental mild metabolic to potential paralytic small intestinal ileus was present.
Mikey Annis	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b>Pancreas</b>
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.
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	Focally enlarged mid abdominal jejunal colic nodes lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a jejunal colic lymph node measured 3.4 cm x 2.9 cm. No overt evidence of peritoneal effusion. Generalized reactive periintestinal mesentery present.
<b>AGE</b>	
9 Years 8 Months	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10.5 Lbs.	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Enteropathy exhibiting segmental to generalized variable mural hypertrophy with segmental mural mass</li> <li>• Associated severe hypoechoic to swollen jejunocolic lymphadenopathy</li> <li>• Gastric ingesta</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Secondary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Bilateral mild chronic renal changes</li> </ul>
Michaleen	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>HOSPITAL NAME</b>	General considerations for the presentation of the small intestine and lymph nodes may include inflammatory versus neoplastic infiltrative enteropathy (IBD versus lymphoma or other round cell neoplasia) with associated significant lymphoid hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy. However, given the presence of segmental intestinal mural mass and the degree of the jejunocolic lymphadenopathy, neoplasia (such as lymphoma versus other round cell neoplasia) considered primary differential diagnosis. Assuming normal clotting status, ultrasound guided FNA of an enlarged jejunocolic lymph node could be considered for screening cytology. However, intestinal and lymphatic biopsies may be required for a definitive diagnosis. Three-view chest radiographs recommended.
DPC Veterinary H	
<b>REFERRING VET</b>	
Dr. White	
<b>INVOICE</b>	
13053	
<b>DATE</b>	
12/13/21	



**PATIENT**

Mikey Annis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years 8 Months

**WEIGHT**

10.5 Lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Veterinary H



**REFERRING VET**

Dr. White

**INVOICE**

13053

**DATE**

12/13/21





**PATIENT**

Mikey Annis

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**SEX**

Neutered Male

**AGE**

9 Years 8 Months

**WEIGHT**

10.5 Lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

Dr. White

**INVOICE**

13053

**DATE**

12/13/21