



PATIENT

Pumpkin Khauron

SPECIES

Feline

BREED

American Long Hair

SEX

FS

AGE

12 years

WEIGHT

5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. McConnell

INVOICE

12857

DATE

12/20/21

PRESENTING CLINICAL SIGNS

Weight loss and vomiting
Abnormal PE/Chem/CBC/UA Results: not provided

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.26 width and the right adrenal gland measured 0.41 width.

Spleen

The spleen was normal in size and overall contour yet exhibiting subjective reduced splenic parenchyma echogenicity. The spleen measured 0.95 cm in width.

Liver/ Gallbladder

The liver exhibited generalized enlargement with nonuniform echogenic parenchyma. 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 gastric body wall width measured 0.25 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental metabolic to paralytic Intestinal ileus was present.

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



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Pancreas

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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

Multiple, yet variably enlarged, mesenteric root lymph nodes including probable lymphatic mass in the mid abdomen were present, measuring 6.5 cm x 4.0 cm. 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.

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Generalized increased omental echogenicity was present. Scant peritoneal effusion was noted adjacent to the enlarged lymph nodes, small intestine, as well as between liver lobes.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Hepatomegaly with nonhomogeneously echogenic parenchyma
- Enteropathy exhibiting intact yet altered wall layering
- Multicentric intraabdominal lymphadenopathy with mid abdominal probably lymphatic mass
- Generalized reactive mesentery and mild peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, sonographic findings in this case are consistent with multicentric neoplasia involving the small intestine, intraabdominal lymph nodes, liver, and potential spleen. Multicentric lymphoma would be considered a primary differential diagnosis, although other round cell neoplastic etiologies are possible. Assuming normal clotting status, ultrasound-guided FNA of the liver and lymphatic mass could be considered for screening cytology and potential oncology consultation. However, an unfavorable prognosis is likely indicated.

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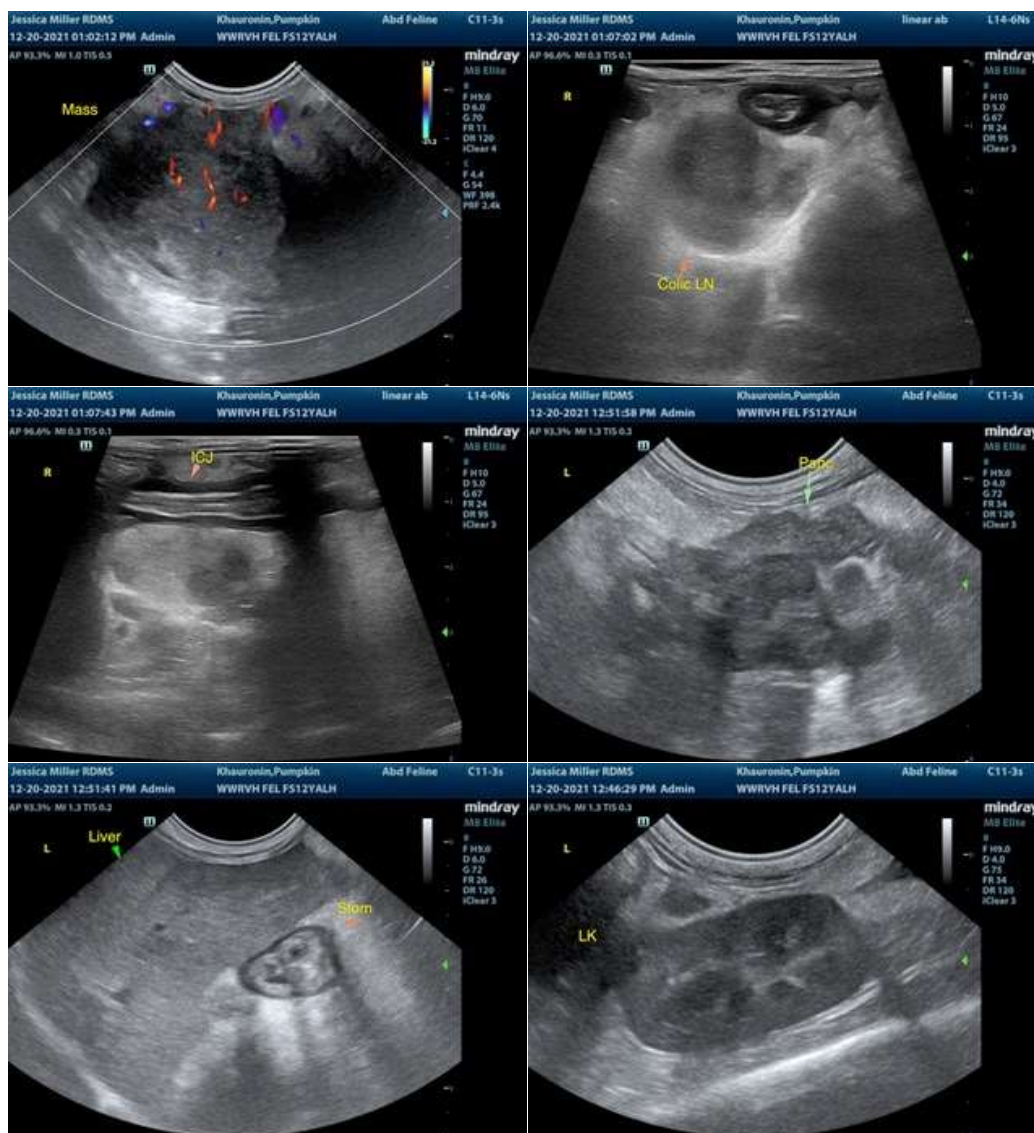
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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