



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Buttons Preston	-Weight loss, defecating outside of box, abdominal mass palpated
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	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.
DSH	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
FS	
<b>AGE</b>	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 3.1 cm in length. The right kidney measured 3.5 cm in length.
15 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
3.49 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small to discreet, non-expansive, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.66 cm in diameter.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Pamale Harrigan, RDMS	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. No evidence of hepatic masses or nodules was noted. Mild congealed nonorganized echogenic gallbladder debris was present. The gallbladder and common bile duct were otherwise normal.
<b>HOSPITAL NAME</b>	
Wignall AH	
<b>REFERRING VET</b>	
Victoria Harvey, DVM	
<b>INVOICE</b>	
12708	
<b>DATE</b>	<b>Gastrointestinal</b>
12/3/21	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.



<b>PATIENT</b>	The duodenum and jejunum exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio to the level of the ileum. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.20 cm. Segmentally thickened ileum just proximal to the ileocolic junction exhibiting indistinct to loss of discernable wall layering was present. This segment of the ileum measured approximately 2.0-3.0 cm in length with wall width measured up to 0.7-0.8 cm. The ileocolic junction appeared to be normal with intact wall layering and without evidence of mural hypertrophy.
Buttons Preston	
<b>SPECIES</b>	
Feline	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed to shadowing feces in lumen.
DSH	<b>Pancreas</b>
<b>SEX</b>	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.
FS	
<b>AGE</b>	<b>Free Abdomen</b>
15 years	Associated several colic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example of the lymph nodes measured 2.0 cm x 1.2 cm. Regional peri ileocolic and lymphatic reactive mesentery was noted. No overt free fluid was noted.
<b>WEIGHT</b>	
3.49 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Small intermittent splenic nodules - likely benign, suggestive of probable myelolipomas</li> <li>• Segmentally thickened ileum with indistinct to loss of discernable wall layering- potential emerging ileal mural mass</li> <li>• Associated hypoechoic to swollen colic lymphadenopathy and associated regional reactive mesentery</li> <li>• Possible low-grade chronic active pancreatitis</li> </ul>
Pamale Harrigan, RDMS	<b>Secondary Findings</b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Mild age-related renal changes</li> </ul>
Wignall AH	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>REFERRING VET</b>	Assuming normal clotting status, ultrasound-guided FNA of the colic lymph nodes for screening cytology is recommended. Surgical biopsies +/- resection anastomosis of the thickened ileum and colic lymph nodes may be considered in this patient. The enlarged colic lymph nodes appear to somewhat superimpose in the area of the ileum. However, ileal mural pathology is suspected. Overt colonic involvement was not definitively evident. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended to rule out occult thoracic pathology.
Victoria Harvey, DVM	
<b>INVOICE</b>	
12708	
<b>DATE</b>	
12/3/21	



**PATIENT**

Buttons Preston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15 years

**WEIGHT**

3.49 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamale Harrigan,  
RDCS

**HOSPITAL NAME**

Wignall AH

**REFERRING VET**

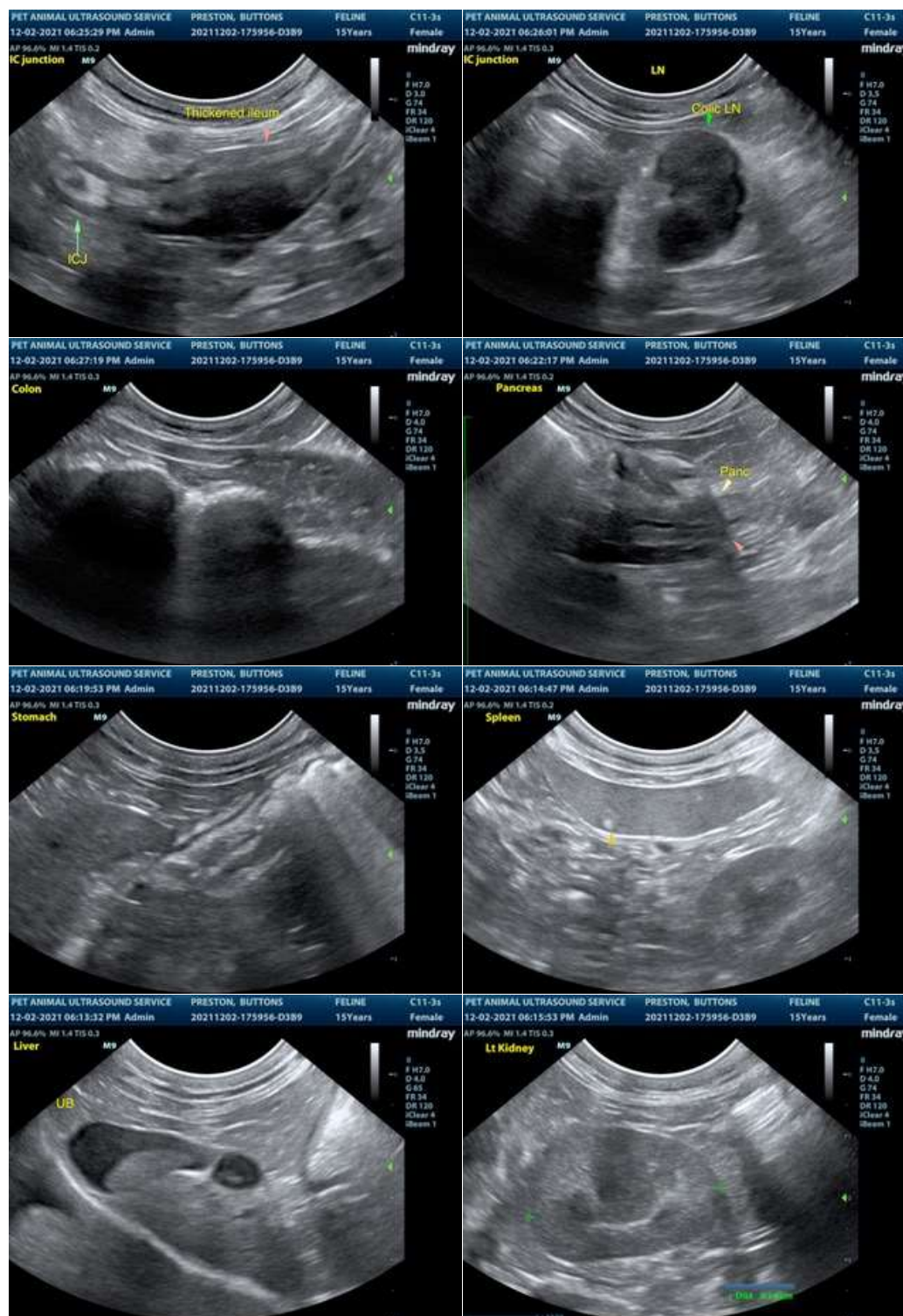
Victoria Harvey,  
DVM

**INVOICE**

12708

**DATE**

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**PATIENT**

Buttons Preston

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Pamale Harrigan,  
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**HOSPITAL NAME**

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Victoria Harvey,  
DVM

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**DATE**

12/3/21



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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