



PATIENT

The submitted study contained 31 still images and 15 videos for review.

Cookie Lee

PRESENTING CLINICAL SIGNS

SPECIES

Patient had been vomiting a few times during the week. In one occasion she vomited 5 times during 1 night. Responded to Cerenia prescribed during last visit and apparently has been eating more since then. Has lost considerable amount of weight since last year.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

American Shorthair

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.

SEX

FS

The left kidney was not definitively visualized. Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was 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 right kidney measured 3.4 cm in length.

AGE

8yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.1lb

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

INTERPRETED BY

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

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 0.58 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dr. Kim

Liver

HOSPITAL NAME

Ridgefield Park
Animal Hospital

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.

REFERRING VET

Dr. Chun

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 measured 0.28 cm in width.

INVOICE

12369ag

The small intestine presented intact wall layering with generalized mildly prominent muscularis layer. Small intestinal wall width measured up to 0.26 cm in width. An irregular non-homogeneous mass which appeared to encompass the discernable ileocolic junction was present measuring ~ 4.5 cm in diameter. Potential for minor segmental ileus was present. No overt evidence of obstructive pattern. Associated regional hyperechoic mesentery was noted.

DATE

12/05/2022



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

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

American Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

- Infiltrative enteropathy pattern with irregular to nodular mass at the level of the ileocolic junction
- Possible low grade to chronic pancreatitis
- Sonographically unremarkable stomach

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The mass the level of the ileocolic junction may indicate neoplastic criteria. Dry form FIP, significant inflammatory disease or other is possible with neoplastic criteria favored. Potential for generalized small intestinal involvement is possible given the prominent small intestine muscularis layer.

8yr

WEIGHT

Assuming normal clotting status and using a 25g needle, an ileocolic junction mass FNA for screening cytology is warranted for further assessment. A spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

6.1lb

As needed GI supportive care is recommended.

INTERPRETED BY

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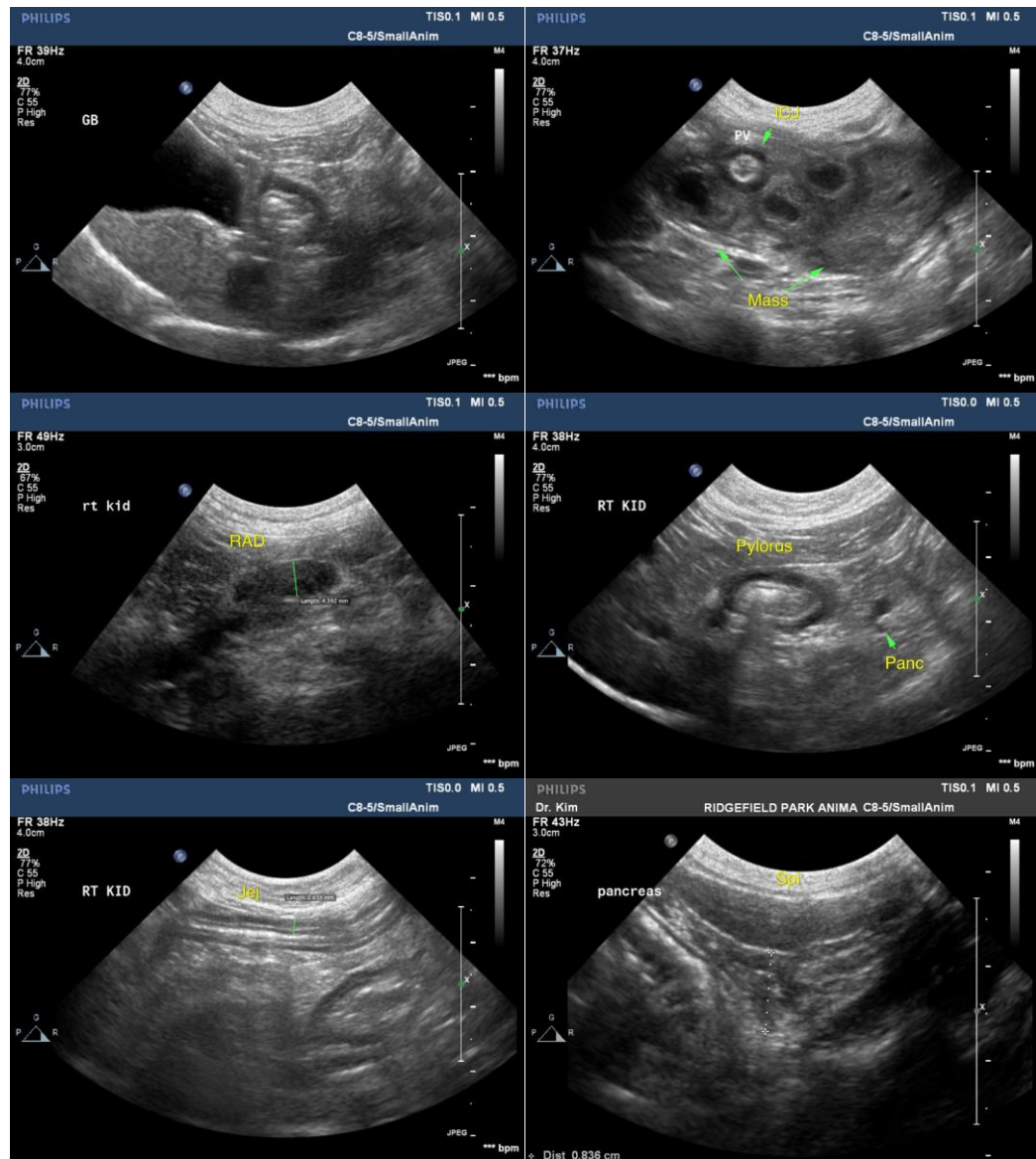
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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