

PATIENT PRESENTING CLINICAL SIGNS

Jezebel McDermott

needs steroids- heart OK? weight loss- elevated BUN Crea- GI issues
Abnormal PE/Chem/CBC/UA Results: ALBUMIN 2.7 2.5 - 3.9 g/dL GLOBULIN 5.1 2.3 - 5.3 g/dL
Alb/Glob ratio 0.5 0.35 - 1.5 AST (SGOT) 24 10 - 100 IU/L ALT 44 10 - 100 IU/L ALP 24 6 - 102 IU/L
GGT 2 1 - 10 IU/L Total bilirubin 0.1 0.1 - 0.4 mg/dL BUN 63 14 - 36 mg/dL Creatinine 3.0 0.6 - 2.4
mg/dL BUN/CREAT RATIO 21 4 - 33 PHOSPHORUS 5.9 2.4 - 8.2 mg/dL Glucose 69 64 - 170 mg/dL
CALCIUM 9.1 8.2 - 10.8 mg/dL Magnesium 2.0 1.5 - 2.5 mEq/L Sodium 154 145 - 158 mEq/L
Potassium 4.8 3.4 - 5.6 mEq/L Na/K ratio 32 32 - 41 Chloride 119 104 - 128 mEq/L CHOLESTEROL 157
75 - 220 mg/dL Triglycerides 67 25 - 160 mg/dL Amylase 1152

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

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DATE

12/8/21

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. The left kidney measured 3.7 cm in length. The right kidney measured 3.2 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 0.41 cm width. No overt pathology was noted 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 0.93 cm width.

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.



PATIENT *Gastrointestinal*

Jezebel McDermott

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.

SPECIES

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The small intestine exhibited segmental moderate mural hypertrophy, decreased mural echogenicity, and altered to prominent wall layering within the mid-abdomen subjectively involving the ileum / ileocolic junction. Wall width in the area of abnormal intestine measured up to 0.81 cm width. The remainder of the small intestinal tract appeared to be sonographically normal with intact wall layering and maintained 1:3 muscularis / mucosa ratio. By comparison, normal-appearing jejunum wall width measured 0.21 cm.

BREED

DSH

Concurrent segmental, mildly thickened proximal colon with indistinct wall layering was also noted with the segmental proximal colon wall measuring 0.7 cm max.

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Pancreas

The left limb, right limb, and base of the pancreas presented hypochoic 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

Associated regional reactive mesentery along with mild to moderately prominent uniformly hypochoic colic lymphadenopathy were present. No evidence of effusion was noted.

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DABVP (Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intestinal mural mass - subjectively involving the Ileum / ileocolic junction primarily with potential for extension into proximal colon
- Associated colic lymphadenopathy
- Concurrent mild active to chronic active pancreatitis

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Secondary Findings

- Mild chronic renal changes with minor left kidney pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The intestinal mural mass may indicate Inflammatory, granulomatous (dry form FIP), or neoplastic disease. Neoplasia i.e., round cell neoplasia such as lymphoma or mast cell neoplasia is favored. Associated regional lymphadenitis or early neoplastic lymphadenopathy are possible. Sampling of the intestinal mural mass +/- associated lymphadenopathy is required for further clarification. Assuming normal clotting status, ultrasound-guided FNA of the intestinal mass +/- associated lymph node if accessible could be considered for screening cytology. A GI panel and three-view chest radiographs are warranted.

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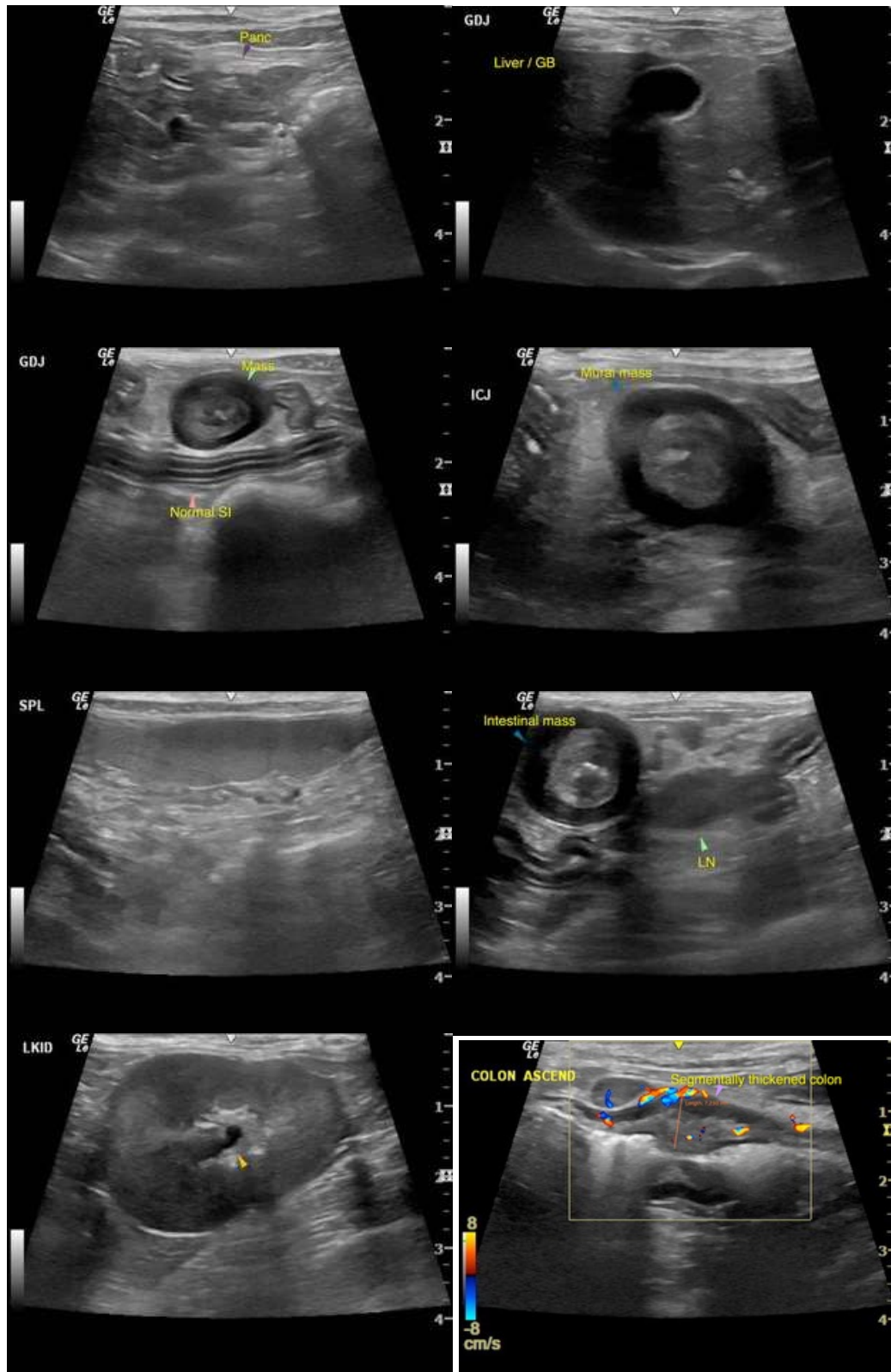
Dr. Vincent Fleming

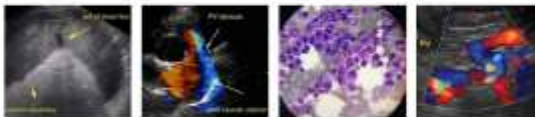
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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