

**PATIENT PRESENTING CLINICAL SIGNS**

Simba McGathy

CBC - WBC 17.6 HT 27 Lymph 8624 Mono 880 Eosino 1056 else unremarkable, retics 211200; Chemistry profile - PSL 30 else unremarkable; Thyroid hormones - T4 - 2.0; Urinalysis - USG 1.055 protein 1+ struvite crystals 2-3 else unremarkable ASSESSMENTS Anemia - regenerative/mild, Leukocytosis Regenerative anemia/mild r/o hemorrhage/hemolysis/other. Mild leukocytosis with mild lymphocytosis/monocytosis/eosinophilia r/o inflammation/infection/neoplasia/other.

**SPECIES**

Feline

**Urinary System**

**BREED**

DSH

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.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

12 years

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 4.6 cm in length. The right kidney measured 4.6 cm in length.

**WEIGHT**

17.49 lbs.

**Adrenal Glands**

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 0.37 cm width.

**INTERPRETED BY**

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

**Spleen**

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

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 0.87 cm width.

**HOSPITAL NAME**

VCA Feline AH

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Vincent Fleming

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.

**INVOICE**

12768

**Gastrointestinal**

**DATE**

12/8/21

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.



**PATIENT**

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The small intestine exhibited mild hypoechoic mural hypertrophy and loss of distinct wall layering involving the ileum proximal to the ileocolic junction. Wall width in the area of thickened ileum measured up to 0.9 cm width. Additional segmental intestinal thickening likely jejunal location exhibiting intact yet mildly altered wall layering was also present. Intestinal wall width within the segmentally thickened intestine measured 0.37 cm. By comparison, normal-appearing small intestine measured 0.22-0.24 cm wall width.

**SPECIES**

Feline

A colic lymph node was present. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 1.9 cm width.

**BREED**

DSH

**Pancreas**

**SEX**

MN

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 were evident.

**AGE**

12 years

**Free Abdomen**

Concurrent mid abdominal jejunal lymphadenopathy was also present. No effusion was noted. Focal minor subjectively benign pancreaticoduodenal lymph node also present.

**WEIGHT**

17.49 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Emerging to mild ileal mural mass
- Concurrent segmentally thickened small bowel exhibiting intact yet altered wall layering - concurrent proximal ileal or jejunal location
- Associated jejunal colic lymphadenopathy

**Secondary Findings**

- Mild chronic renal changes

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DABVP (Canine and Feline)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

VCA Feline AH

**REFERRING VET**

Dr. Vincent Fleming

Potential etiologies for the emerging to mild ileal mural mass may include inflammatory, granulomatous (dry form FIP), or neoplastic disease. The concurrent jejunal colic lymphadenopathy may indicate lymphoid hyperplasia, reactive lymphadenitis, or early neoplastic lymphadenopathy with potential for mixed pathologies.

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Assuming normal clotting status, ultrasound-guided FNA of an enlarged colic lymph node if accessible could be considered for screening cytology. Otherwise, biopsy of the ileal mural mass and lymph node would be required for a definitive diagnosis.

Assessment of serum cobalamin/ folate levels, given the ileal mass, may be considered especially if evidence of weight loss.



**PATIENT**

Simba McGathy

Subjectively, the emerging to mild ileal mass appears to be amendable to surgical resection. If surgery is elected, generalized intestinal biopsies are recommended. CBC pathology review and three view chest radiographs are suggested.

**SPECIES**

Feline

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MN

**AGE**

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**WEIGHT**

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DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

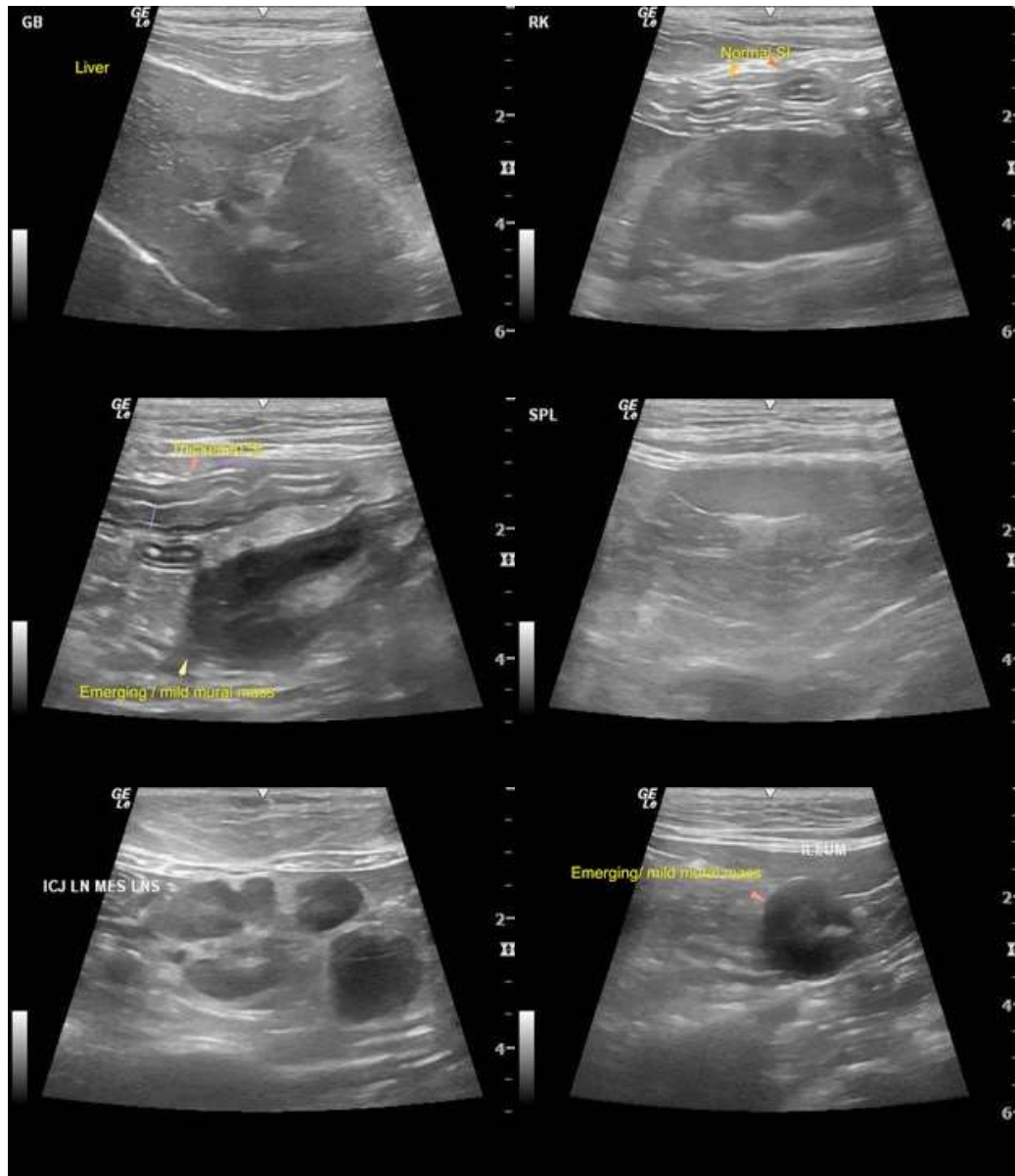
Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

VCA Feline AH

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**PATIENT**

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**SPECIES**

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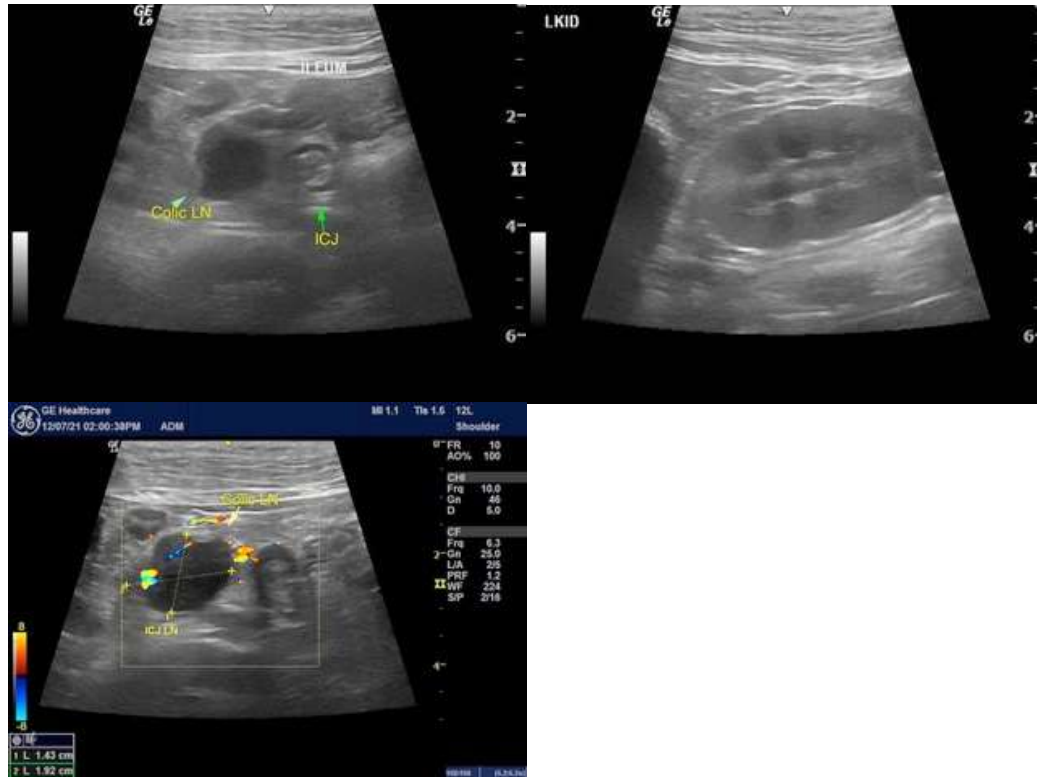
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**WEIGHT**

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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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