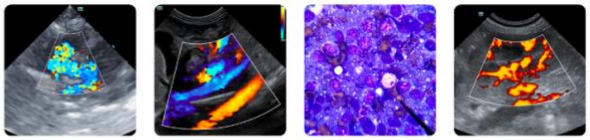

PATIENT

Nessie Deadwyler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

13.56

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Mavis McCormick

HOSPITAL NAME

Lanier Animal Hospital

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PRESENTING CLINICAL SIGNS

Owner reports Nessie was initially seen at another vet clinic for vomiting and lethargy, where she was diagnosed with a "pretty bad UTI" and treated with Convenia. - Two weeks after Convenia treatment, symptoms returned, and Nessie was started on Clavamox at the second visit. - Owner reports decreased appetite with Nessie taking very little bites of food and licking her lips when food is presented, which owner interprets as nausea. - Nessie continues to drink water normally but is not eating enough according to the owner. - No vomiting has been observed since the initial episode that led to the first veterinary visit. - No diarrhea or abnormal stool has been noted by the owner. - No urinary accidents have been observed in the last two weeks. - Normal diet consists of Fancy Feast wet food in the morning and Fancy Feast dry food in the afternoon. - Owner reports Nessie was "perfectly normal" until the beginning of November. - Owner has been away from home frequently due to hospital visits (for someone else), which may have affected monitoring of symptoms. - Previous medications include Convenia injection and Clavamox prescribed by other vet clinic.

Abnormal PE/Chem/CBC/UA Results: Patient has experienced significant weight loss (2 lbs in approximately one month) -Previous urinalysis showed bacteria, consistent with UTI diagnosis - Previous blood work didn't show significant abnormalities -Abdominal ultrasound performed during visit -Patient has responded poorly to previous antibiotic treatments - Diagnosis/Diagnoses Abdominal mass of unknown origin Weight loss and decreased appetite History of UTI (possibly resolved or recurring)

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.2 cm in length.

Adrenal Glands

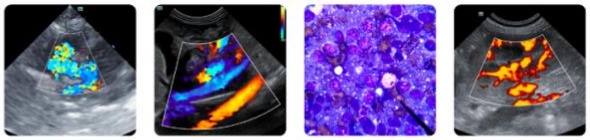
The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented normal in size, primarily symmetrical contour and homogenous mildly hypoechoic parenchyma compared to adjacent omentum measuring 0.70 cm in diameter.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A thinly-walled intraparenchymal cystic lesion was visualized dorsal to the gallbladder measuring 2.2 cm in diameter.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering. The stomach contained a mild to moderate amount of anechoic fluid and mild lumen gas. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.25 cm wall width.

A mid abdomen intestinal mass was visualized exhibiting thickened hypoechoic wall and loss of mural detail measuring approximately 6.0 cm in diameter with 1.2 cm wall width. Mild associated ileus within segments of intestinal mass. Variably thickened intact adjacent to generalized small intestinal wall with thickened intestinal wall measuring 0.30 cm to 0.35 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Mid abdomen mesenteric lymph nodes were present. 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. An example measured 4.1 cm x 2.2 cm. Perilymphatic to mild hyperechoic omentum with mild volume peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonobstructive hypomotile stomach.
- Segmental to probable diffuse enteropathy with segmental intestinal mass.
- Associated hypoechoic swollen mesenteric lymphadenopathy and generalized omental hyperechogenicity, mild volume peritoneal effusion.
- Mild hepatomegaly with intraparenchymal cystic lesion.
- Nonenlarged mildly hypoechoic spleen.
- Gallbladder debris.

Secondary Findings

- Mild chronic renal changes.
- Sonographically normal nondistended urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass and associated mesenteric lymphadenopathy are consistent with neoplastic criteria with probable segmental to diffuse intestinal involvement and potential for multicentric neoplasia involving the liver and spleen. Multicentric round cell neoplasia i.e. lymphoma is favored.

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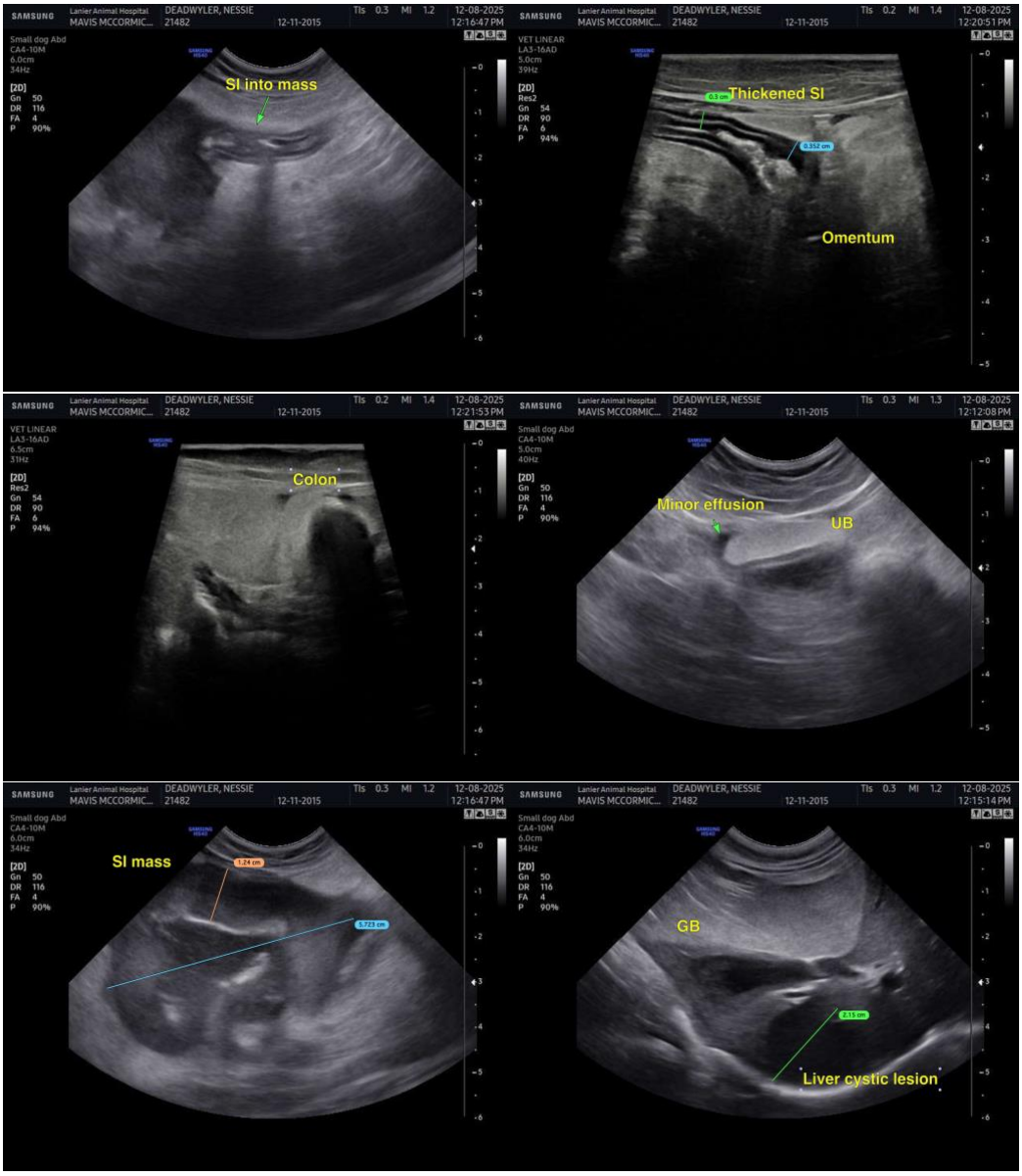
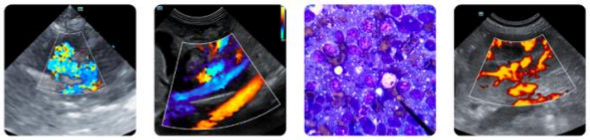
Nonneoplastic etiology i.e. significant inflammatory disease, granulomatous disease, etc. thought less likely.

Further assessment may include (assuming normal clotting status) intestinal mass wall and accessible lymph node +/- hepatosplenic FNA cytology using a 25-gauge needle. Oncology consult may be considered.





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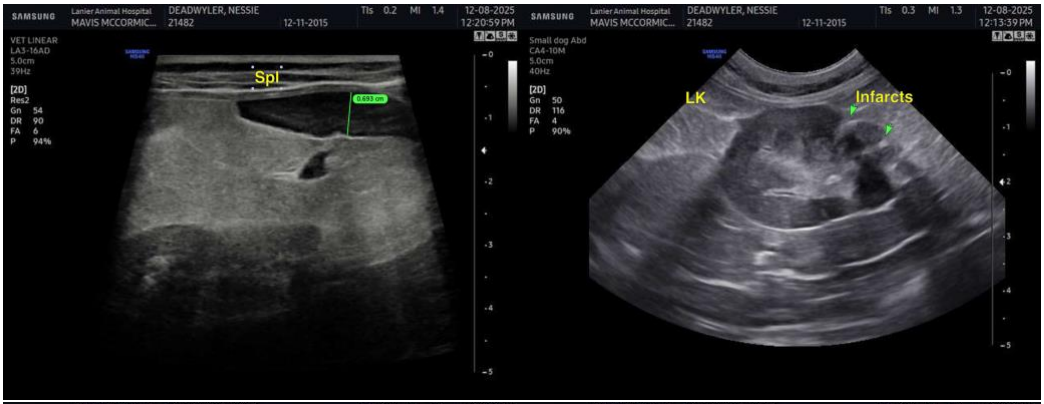

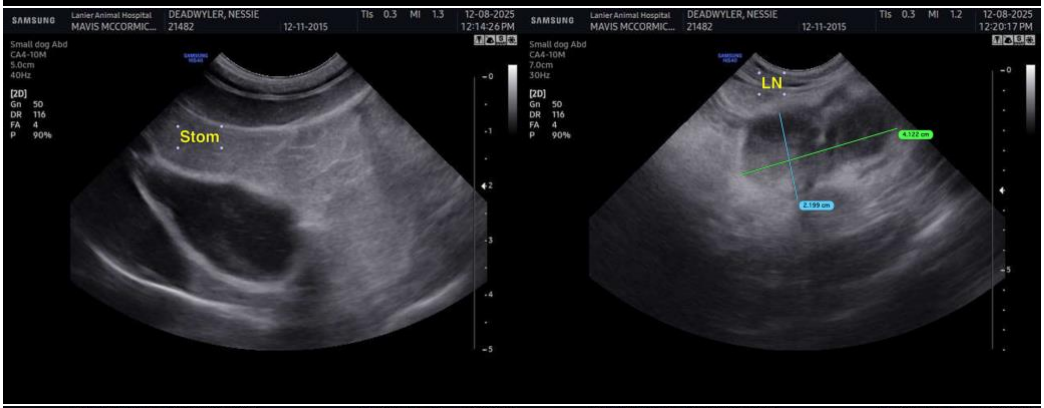

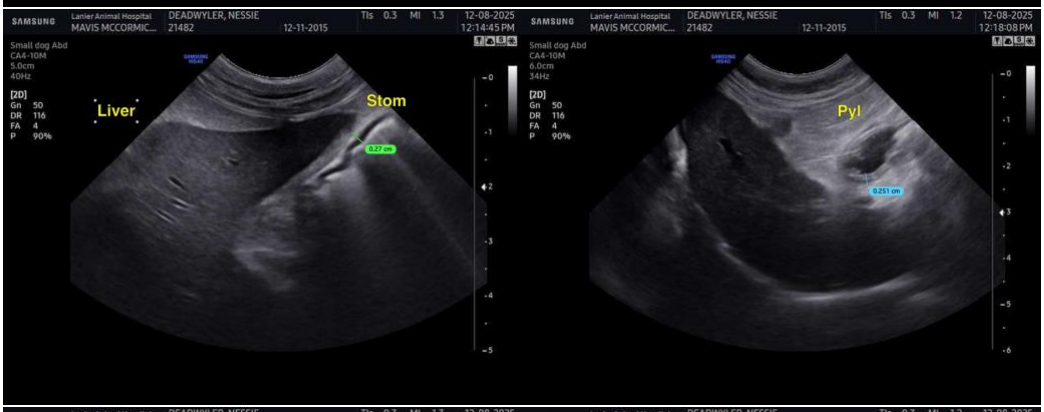

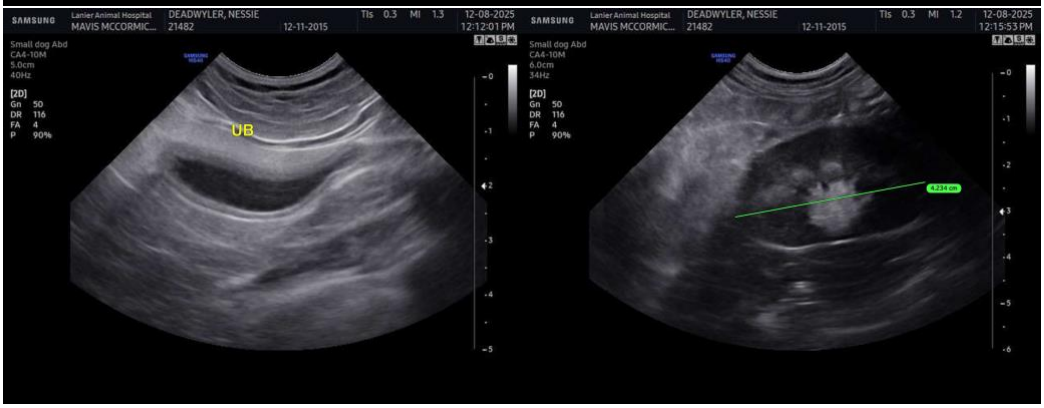

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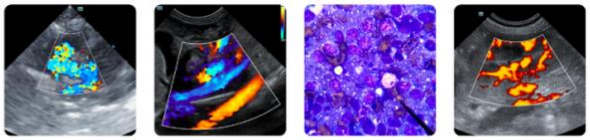

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com