



**PATIENT PRESENTING CLINICAL SIGNS**

Freckles Scholl History: Decreased appetite for ~3 weeks, pruritic skin and ears, 3.5# weight loss in 2 months, palpable abdominal mass

**SPECIES** Medication: Convenia, Amino B plex

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Domestic Shorthair

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

7 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

**WEIGHT**

14 Pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 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 0.75 cm width.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley AH  
(Allen)

**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.

**REFERRING VET**

Dr. Meyer

**Gastrointestinal**

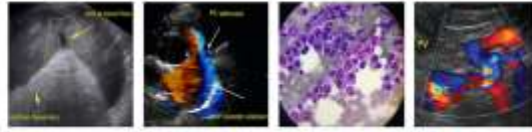
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The gastric fundus and body exhibited intact sonographically unremarkable wall layering. The gastric body wall width measured 0.26 cm. The pylorus exhibited intact yet subjective prominent wall layering owing to mild pyloric mucosal hypertrophy and minor retained anechoic pyloric fluid. The pylorus wall width measured 0.50 cm.

**DATE**

12.9.2021



**PATIENT**

Freckles Scholl

**SPECIES**

Feline

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The small intestine revealed segmental moderate yet asymmetrical mural hypertrophy exhibiting decreased mural echogenicity and loss of distinct wall layering in the mid to caudal abdomen. This segment of intestines measured approximately 5.0-6.0 cm in length with wall width measured 0.67 cm. Thickened yet Intact small Intestinal wall layering was noted likely proximal or distal to the abnormal intestine with wall width measuring up to 0.38 cm. By comparison, normal-appearing small intestine measured 0.24 cm wall width.

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

***Pancreas***

The pancreas was normal in size and contour with subtle hypoechoic parenchyma.

***Free Abdomen***

Regional peri Intestinal echogenic mesentery and associated jejunal lymphadenopathy exhibiting hypoechoic echogenicity and mildly swollen contour were present. An example of a jejunal lymph node measured 4.1 cm x 1.8 cm. Small pockets of scant peritoneal free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Intestinal mural mass - mid caudal abdomen, consistent with jejunal location
- Adjacent intact yet thickened small intestine distal / proximal to intestinal mural mass
- Associated regional peri intestinal reactive mesentery and jejunal lymphadenopathy
- Mildly thickened pylorus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intestinal mural mass may indicate inflammatory, granulomatous (dry form FIP), or neoplastic etiologies. The associated lymphadenopathy may indicate reactive lymphadenitis or neoplastic lymphadenopathy. Potential for regional peri intestinal peritonitis is suspected. Subjectively, this Intestinal mural mass appears to be amendable to surgical resection. Intestinal vs lymphatic biopsies or resection anastomosis of the intestinal mural mass and regional lymph nodes with additional intestinal biopsies of any grossly abnormal appearing small intestine may be considered.





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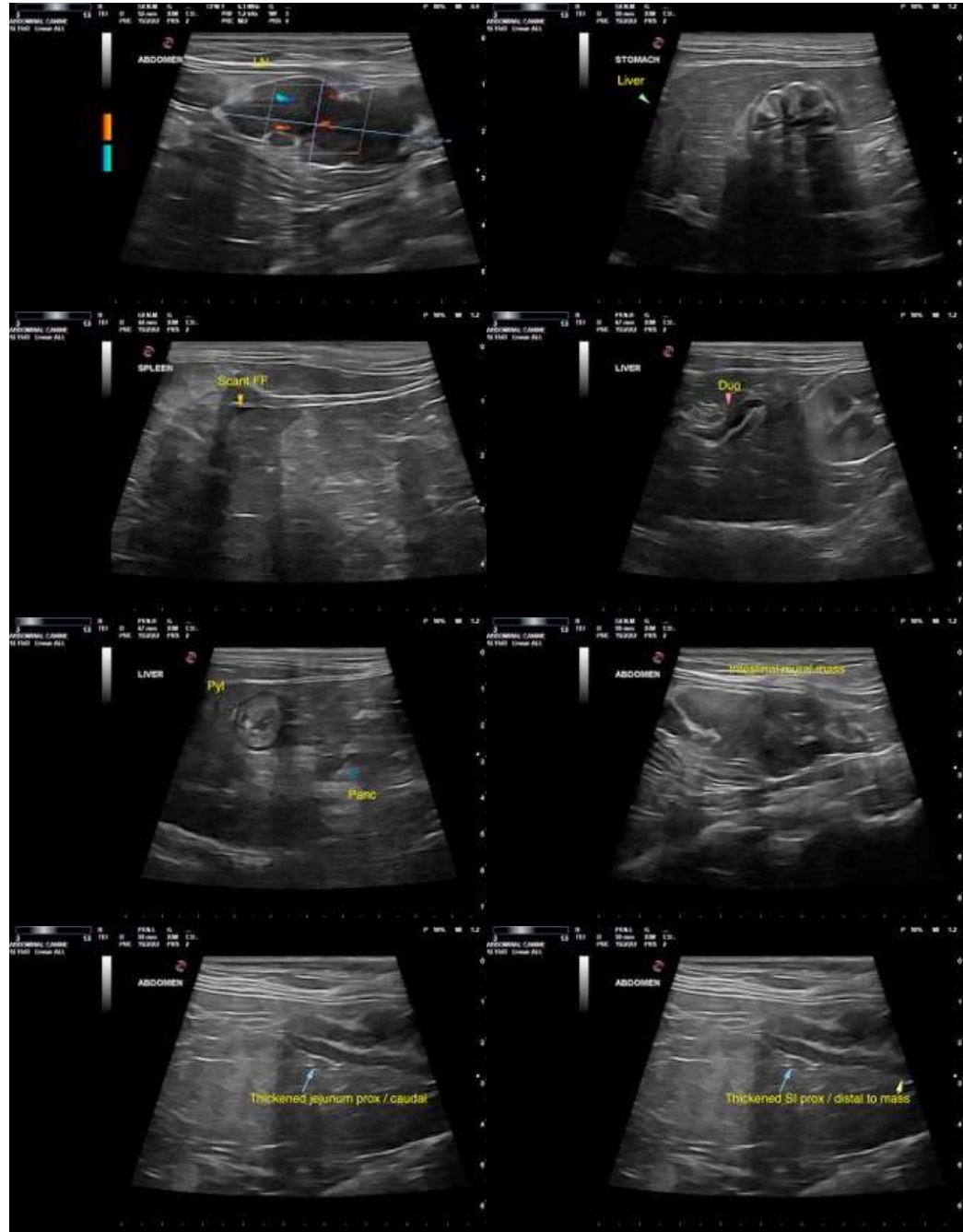
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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