

**PATIENT**

Cadillac Fullwiler

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

13.2 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAMESVS Imaging Kansas
City**REFERRING VET**

Dr. Sarah Burkindine

INVOICE

13679

DATE

4/14/22

PRESENTING CLINICAL SIGNS

Chronic vomiting off and on for years. Has slowly lost 3 lb over last 3 years.

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. Primarily anechoic urine was present in the lumen with mild nondependent particulate sediment without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 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 4.1 cm in length. The right kidney measured 4.0 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, ingesta / chyme exhibiting subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted. The gastric walls were sonographically normal. The ventral gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. No evidence of mechanical / metabolic small intestinal ileus was noted.

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Normal visible colon wall layers were present with semi-formed to soft feces. Intact wall layering was maintained at the level of the ileum and ileocolic junction.

Pancreas**SPECIES**

Feline

The area of the pancreas base and proximal right pancreatic limb presented hypoechoic 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.

BREED

DSH

Free Abdomen**SEX**

FS

Unspecified, multichambered, cystic lesion to undifferentiated mass noted primarily in the area of the distal ileus and ileocolic junction measuring approximately 3.0-4.0 cm in diameter. Subtle evidence of associated regional hyperechoic mesentery with small pockets of scant peripheral free fluid were present. The cystic areas within this lesion to undifferentiated mass contained anechoic fluid exhibiting mild cellular debris. Doppler assessment of this mass revealed evidence of blood flow within the parenchymal areas of the cystic lesion to undifferentiated mass. The adjacent proximal colon, as well as the generalized colon exhibited intact wall layering with subjective semi-formed to soft feces. Intact wall layering was maintained at the level of the ileum and ileocolic junction.

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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Primary Findings

- Unspecified cystic lesion to undifferentiated mass In area of the distal ileum/ ileocolic junction
- Suspect mild pancreatitis
- Overall sonographically unremarkable gastrointestinal tract with moderate retained gastric ingesta

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Secondary Findings

- Mild chronic renal changes
- Mild urinary bladder sediment - suspect cellular or crystalline debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

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Ultrasound-guided FNA / centesis of the unspecified to undifferentiated cystic lesion to mass in the area of the ileocolic junction with potential for fluid analysis cytology +/- culture and sensitivity recommended.

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Given the patient's chronic weight loss and vomiting, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. The presence of gastric ingesta / chyme may indicate recent meal ingestion. However, if documented NPO, some degree of gastric hypomotility or nonobstructive stasis could be present. Empirical gastrointestinal support and conservative therapy for suspected mild pancreatitis pending further diagnostics would be reasonable.

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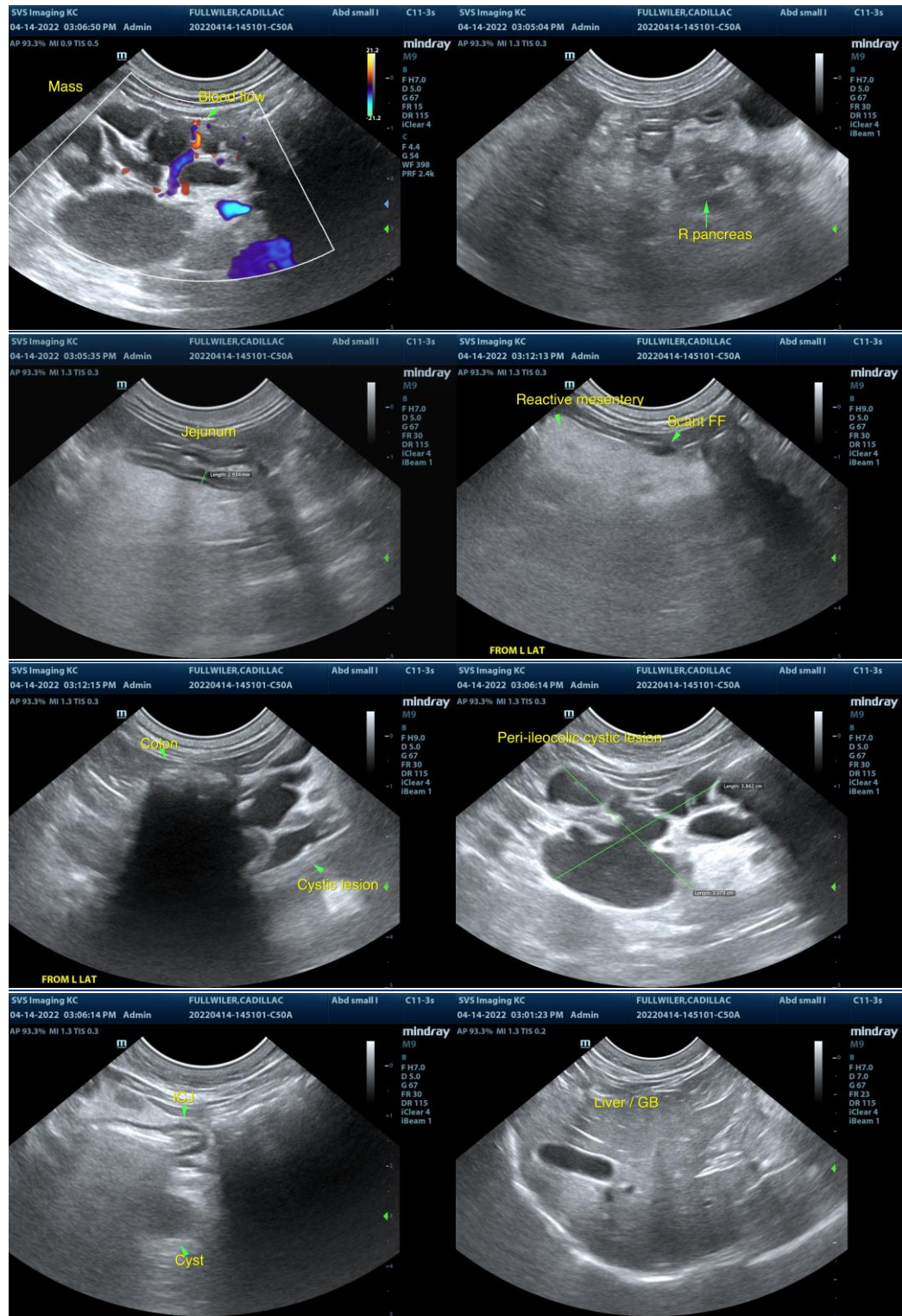
Dr. Sarah Burkindine

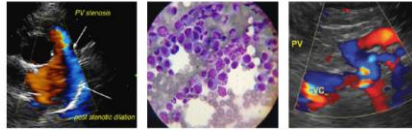
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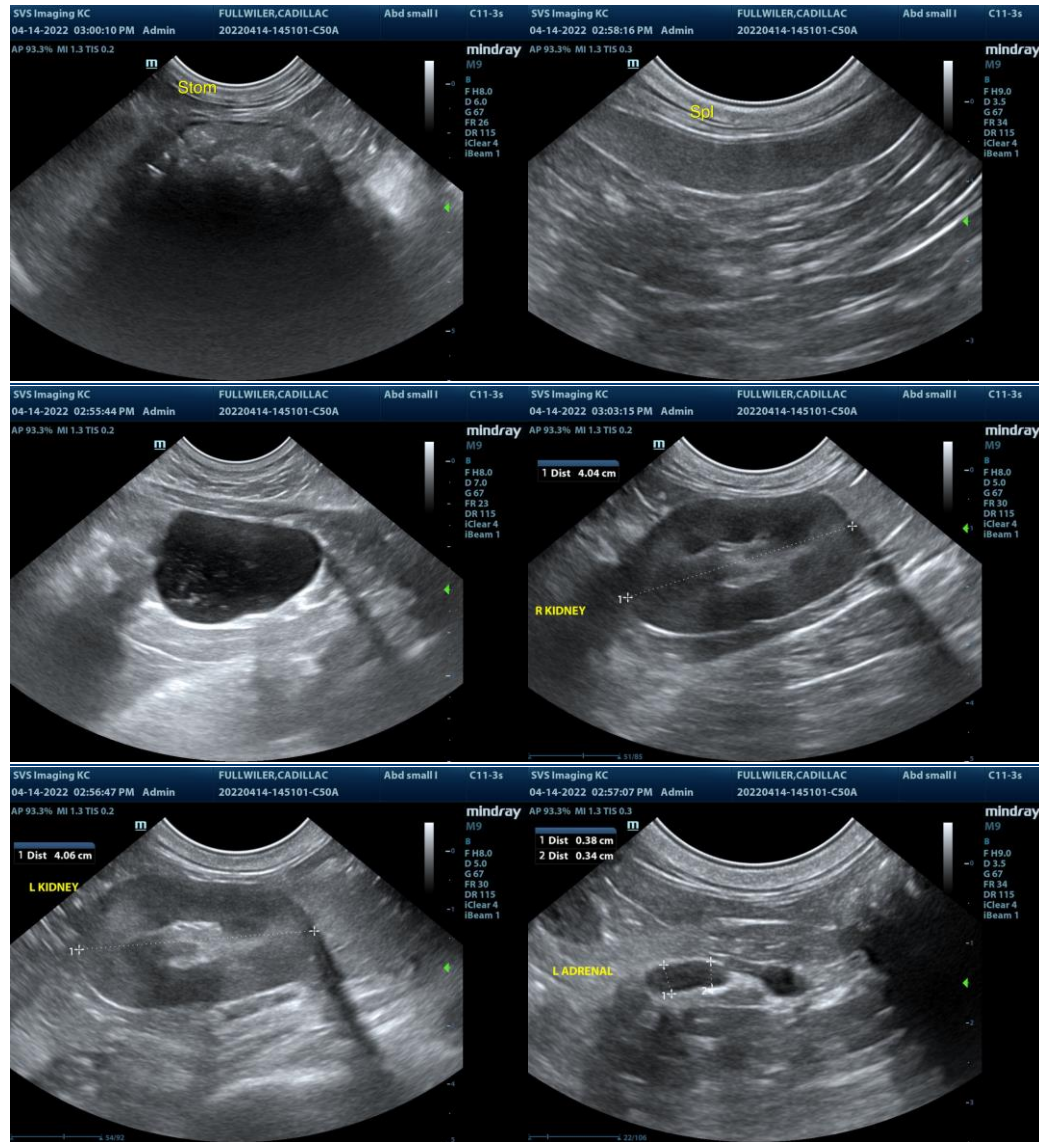
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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