



PATIENT

Monty Slade

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14.5 y

WEIGHT

3.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Matthew Olcha

HOSPITAL NAME

East Meadow
Veterinary Center

REFERRING VET

Dr. Matthew Olcha

INVOICE

16045

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Patient presented for weight loss and reduced appetite. No c/s/v/d/PUPD.

Abnormal PE/Chem/CBC/UA Results: Suspected mid abdominal mass palpated on exam with mass effect appreciable on abdominal radiographs. Chest x-rays unremarkable. CBC/Chem/FIV/FeLV pending.

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 changes was noted.

The area of the aortic trifurcation was free of pathology.

Both kidneys were mildly enlarged in size with maintained yet indistinct corticomedullary architecture with loss of corticomedullary border distinction. Mild bilateral pyelectasia was present. Concurrent left and right mild retroperitoneal free fluid was noted. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

No overt pathology associated with the left or right adrenal glands.

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 0.61 cm width at the level of the hilus.

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 mild, variably echogenic, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

Segmental moderately thickening jejunal walls with loss of wall layering and decreased mural echogenicity was present in the mid to caudal abdomen. The mass measured approximately 3.0-3.5 cm



| | |
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| PATIENT | diameter with wall width measuring up to 1.0-1.5 cm. Segmental paralytic ileus was present within the lumen of the abnormal intestine without overt evidence of a regional obstructive pattern. Intact yet thickened directly adjacent jejunum walls were noted. Intact adjacent jejunum wall width measured up to 0.33 cm. By comparison, the normal-appearing jejunum wall width measured 0.23 cm. |
| Monty Slade | |
| SPECIES | |
| Feline | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| BREED | <i>Pancreas</i> |
| DSH | 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. |
| SEX | <i>Free Abdomen</i> |
| MN | Mild regional peri intestinal hyperechoic omentum was present around the jejunal mass. No visualized evidence of significant lymphadenopathy or peritoneal effusion. |
| AGE | |
| 14.5 y | |
| WEIGHT | |
| 3.2 kg | <ul style="list-style-type: none"> Segmental jejunal mural mass with intact mildly thickened adjacent jejunum walls and associated mild paralytic nonobstructive intestinal ileus Associated mild regional peri intestinal hyperechoic omentum Bilateral renomegaly exhibiting indistinct corticomedullary architecture, loss of corticomedullary border distinction, and associated mild left and right retroperitoneal free fluid |
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| East Meadow Veterinary Center | Nonspecific bilateral nephritis could be possible although primary concern for multicentric round cell neoplasia, specifically lymphoma, involving the segmental jejunum as well as bilateral kidneys is warranted. |
| REFERRING VET | |
| Dr. Matthew Olcha | Further assessment may include FNA cytology of the jejunal mural mass wall +/- FNA cytology of a left or right renal cortex with potential for oncology consult. Unfortunately, an unfavorable prognosis is likely indicated given primary suspicion for multicentric neoplasia. |
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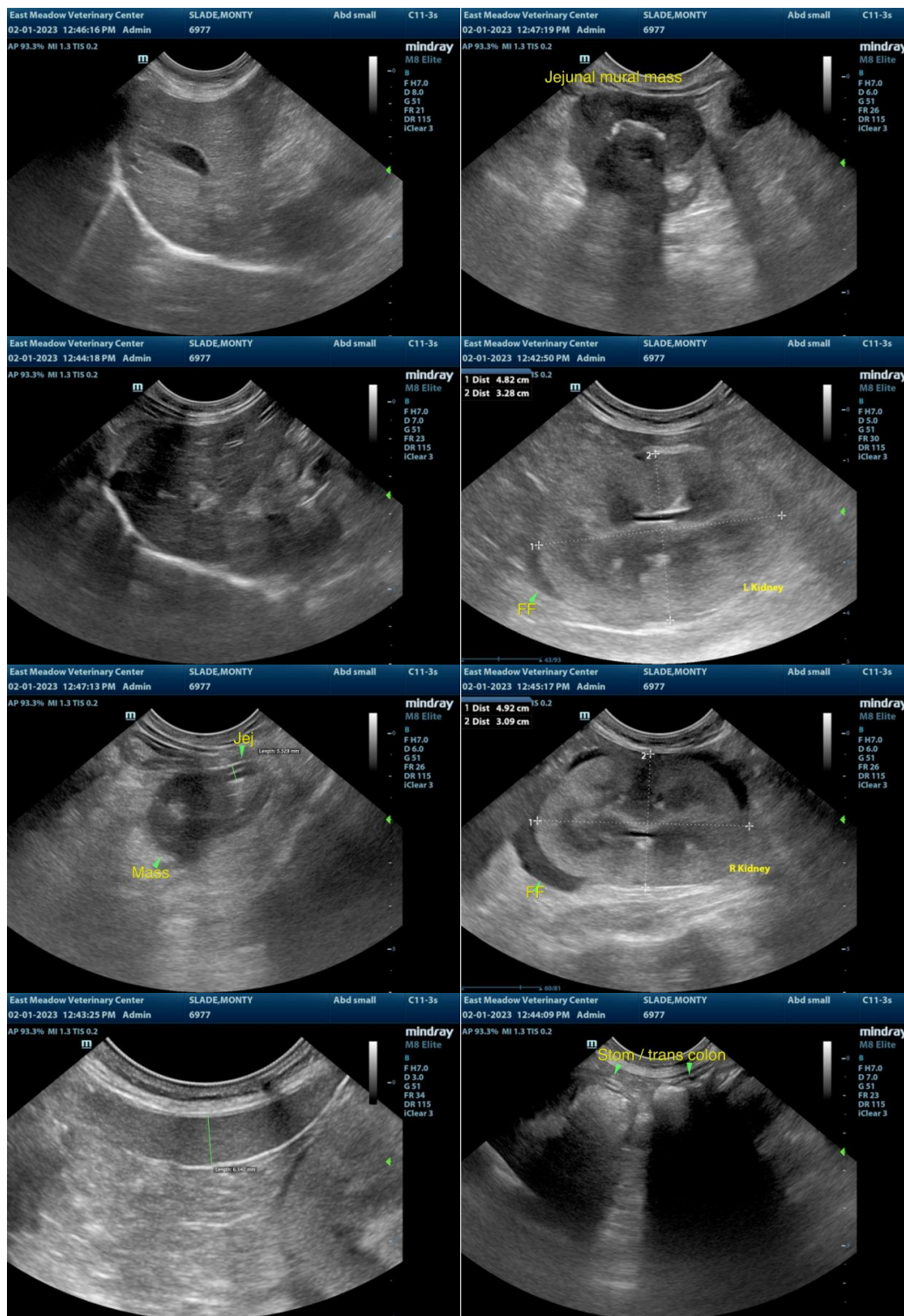
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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