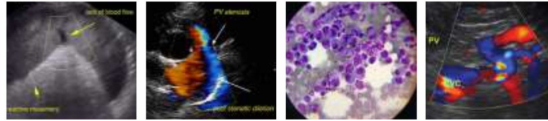


PATIENT

Harlow Mathis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

6.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

INVOICE

13329

DATE

2/11/22

PRESENTING CLINICAL SIGNS

*Dehydration 5-7% *Doughy abd, but non painful * Grade 2 parasternal murmur * More finicky with appetite *Chronic vomiting *weight loss *Muscle atrophy Current Medications SQ fluids, LRS. May have sedation on board

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.

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 3.4 cm in length. The right kidney measured 3.5 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

Spleen

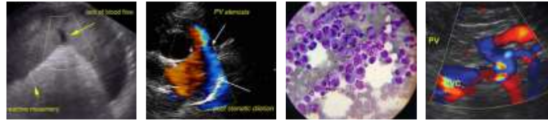
The spleen was subnormal in size likely owing to volume contraction with symmetrical contour and generalized mild parenchyma heterogeneity. No overt evidence of neoplastic criteria was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.



PATIENT

Harlow Mathis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

6.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

INVOICE

13329

DATE

2/11/22

The small intestine presented primarily intact wall layering yet mild altered muscularis/mucosa ratio owing to generalized propensity for mildly prominent muscularis layer. Segmental area of moderate to marked intestinal mural hypertrophy exhibiting decreased mural echogenicity and loss of discernable wall layering measuring approximately 4.0-5.0 cm in length with wall width up to 1.1 cm was present in the mid caudal abdomen.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mid abdominal jejunal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A borderline abnormal width: length ratio was noted (approximately 0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.0 cm x 1.0 cm. Peri intestinal and perilymphatic reactive mesentery were present. Small pockets of scant free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Generalized enteropathy with small intestinal mural mass
- Associated jejunal lymphadenopathy with perilymphatic to peri intestinal reactive mesentery
- Suspect low-grade to chronic pancreatitis
- Bilateral mild chronic renal changes

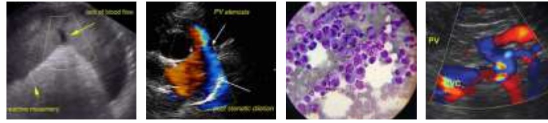
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the overall small intestine including the segmental mural mass may include inflammatory granulomatous (FIP), or neoplastic (lymphoma, mast cell neoplasia, or other), etiologies. However, neoplasia such as lymphoma or other Is favored.

Assuming normal clotting status, ultrasound-guided FNA of the small intestinal mural mass using a 25-gauge needle could be considered for screening cytology. Full-thickness biopsies of both intact intestine, as well as the mural mass, may be required for a definitive diagnosis.

Empirically, as-needed gastrointestinal support and IBD protocol with correction and maintaining of normal hydration would be appropriate. A very guarded prognosis is warranted. Assessment of cobalamin and folate levels is recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Harlow Mathis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

6.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

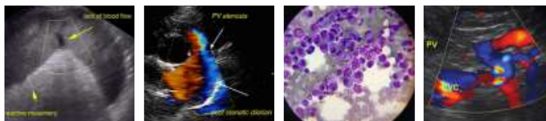
Dr. Bugarovich

INVOICE

13329

DATE

2/11/22



PATIENT

Harlow Mathis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

6.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

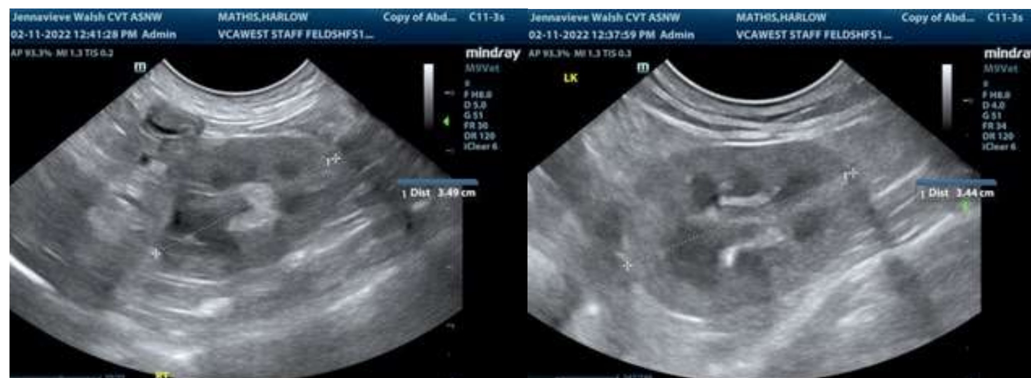
Dr. Bugarovich

INVOICE

13329

DATE

2/11/22



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