



PATIENT

Penny Yazbek

PRESENTING CLINICAL SIGNS

History: Swelling by rectum and bruising.
Abnormal PE/Chem/CBC/UA Results: Blood in urine. AUS-hernia? Abscess?

SPECIES

Feline

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder, trigone, cystourethral junction exhibited normal thickness and tone. The visualized proximal urethra exhibited subjective normal structure and tone to a depth of 1.0 cm. 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 were noted.

BREED

DLH

The distal colon to colorectum exhibited mildly prominent walls with indistinct wall layer detail. The distal colon wall measured 0.25 cm wall width. Subjective formed feces present in the distal descending colon and colorectum. Multiple hypoechoic swollen to spherical mass lesions noted adjacent to but potentially surrounding the area of the colorectum, an example measured 3.0 cm x 2.4 cm.

SEX

Spayed Female

AGE

6 Years

Concurrent hypoechoic to swollen asymmetrical inguinal lymph nodes were present. An example of inguinal lymph node size measured 1.7 cm in width. Concurrent hyperechoic tissue was noted around the unspecified pericorectal mass lesions as well as around the hypoechoic to swollen inguinal lymph nodes. Small pockets of scant peritoneal to retroperitoneal free fluid noted.

WEIGHT

10 Lbs.

ULTRASONOGRAPHIC FINDINGS

- Multiple unspecified hypoechoic pericorectal mass lesions with associated regional inflammation
- Non-homogeneous hypoechoic to swollen inguinal lymphadenopathy
- Overtly normal urinary bladder
- Scant peritoneal/retroperitoneal free fluid

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoechoic pericorectal mass lesions were nonspecific with considerations including unspecified neoplasia, inflammation/abscess, lymphadenopathy, necrosis or other. The inguinal lymph nodes may potentially indicate concurrent inguinal lymphadenitis or neoplastic lymphadenopathy. Assuming normal clotting status, ultrasound guided FNA of a hypoechoic pericorectal mass lesion as well as an inguinal lymph node (if accessible) for screening cytology, as well as culture and sensitivity. CT assessment of the distal colon and colorectum as well as the inguinal area for further clarification is likely ideal in this case. Full sonographic assessment of the abdomen, to assess for concurrent intrabdominal pathology as well as three-view chest radiographs (if not done) recommended.

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Tim Hunt

INVOICE

13920

DATE

2/14/22



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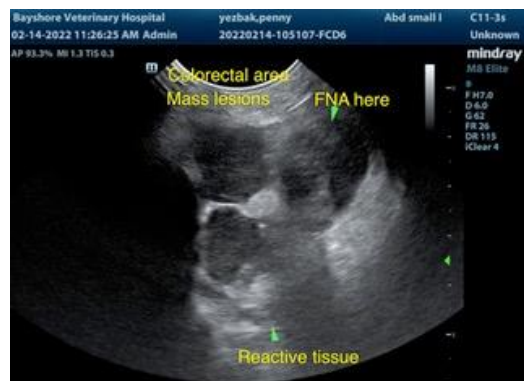
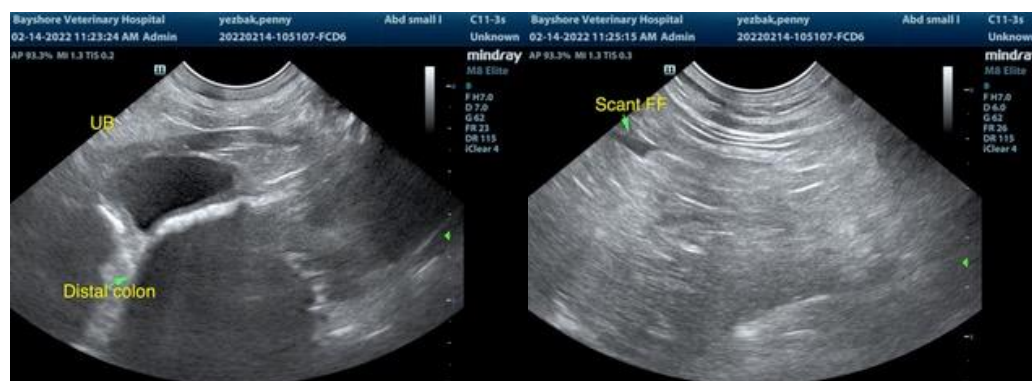
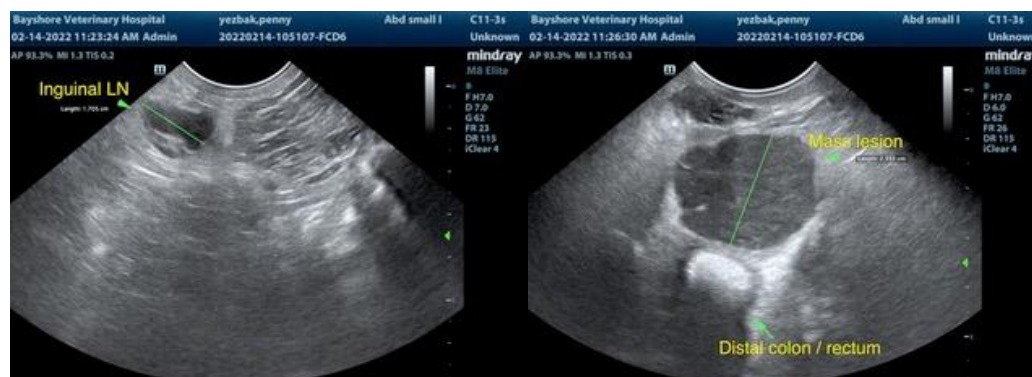
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com