

PATIENT PRESENTING CLINICAL SIGNS

Puss Myler
Anorexia, febrile, painful, hunched posture meds: Ampicillin, convenia (O concerned cannot medicate well), pradofloxacin
Abnormal PE/Chem/CBC/UA Results: please see attached labs rads: 2 views centered over diaphragm, irregular margin of right kidney, marked loss of serosal detail, scant free fluid noted

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate to mildly congealed, particulate sediment was present without evidence of calculus formation. The sediment may indicate cellular or crystalline debris or potential mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm and the right kidney measured 3.3 cm.

AGE

16 Years

Adrenal Glands

WEIGHT

3.16 kg

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm. The left adrenal gland measured 0.48 cm.

Spleen

INTERPRETED BY

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

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.75 cm in width. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Liver

HOSPITAL NAME

Hamilton Regional
Emergency Clinic

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Nadeau

Gastrointestinal

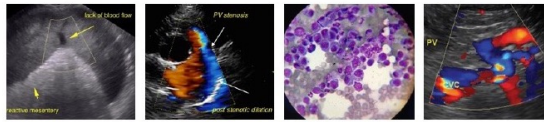
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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was mild to moderately distended with retained anechoic fluid and mild non-specific ingesta with luminal gas. Gastric body wall measured 0.27 cm.

DATE

2/14/22



PATIENT

Puss Myler

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Jejunum wall measured 0.23 cm.

SPECIES

Feline

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

Pancreas

BREED

DSH

The pancreas exhibited generalized enlargement with asymmetrical contour and non-homogeneous to indistinctly nodular parenchyma.

Free Abdomen

SEX

Spayed Female

An unspecified, mildly non-homogeneous mass was present in the mid abdomen, directly adjacent to the distal ileum and ileocolic junction, measuring approximately 3.5 cm in diameter. Regional to generalized non-uniform to nodular mesentery noted along with pockets of mild peritoneal free fluid, primarily around the unspecified peri ileocolic mass.

AGE

16 Years

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate urinary bladder sediment
- Bilateral mild chronic renal changes
- Prominent non-homogeneous to indistinctly nodular pancreas
- Unspecified mass in the area of the ileocolic junction, associated regional to generalized peritonitis and mild peritoneal free fluid
- Mild non-specific hepatomegaly
- Gastroenteritis pattern with gastric hypomotility

WEIGHT

3.16 kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the unspecified mass in the area of the ileoceocolic junction is suggestive of neoplastic criteria with potential intestinal omental or lymphatic origin. Non-neoplastic etiologies such as granuloma, abscess or necrosis possible. Concern for potential regional to generalized omental seeding with concurrent chronic to chronic active pancreatitis or possible pancreatic neoplasia warranted.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Likewise, potential for early hepatic involvement could not be excluded. Assuming normal clotting status, ultrasound guided FNA of the unspecified mass, pancreas +/- liver using 25-gauge needle warranted for screening cytology. Subjectively, the kidneys did not appear to be end stage, with potential for acute on chronic concurrent nephropathy. Guarded to potential unfavorable prognosis pending additional diagnostics.

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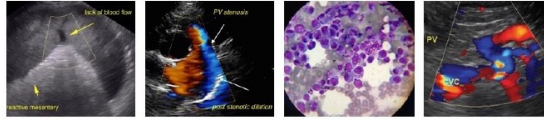
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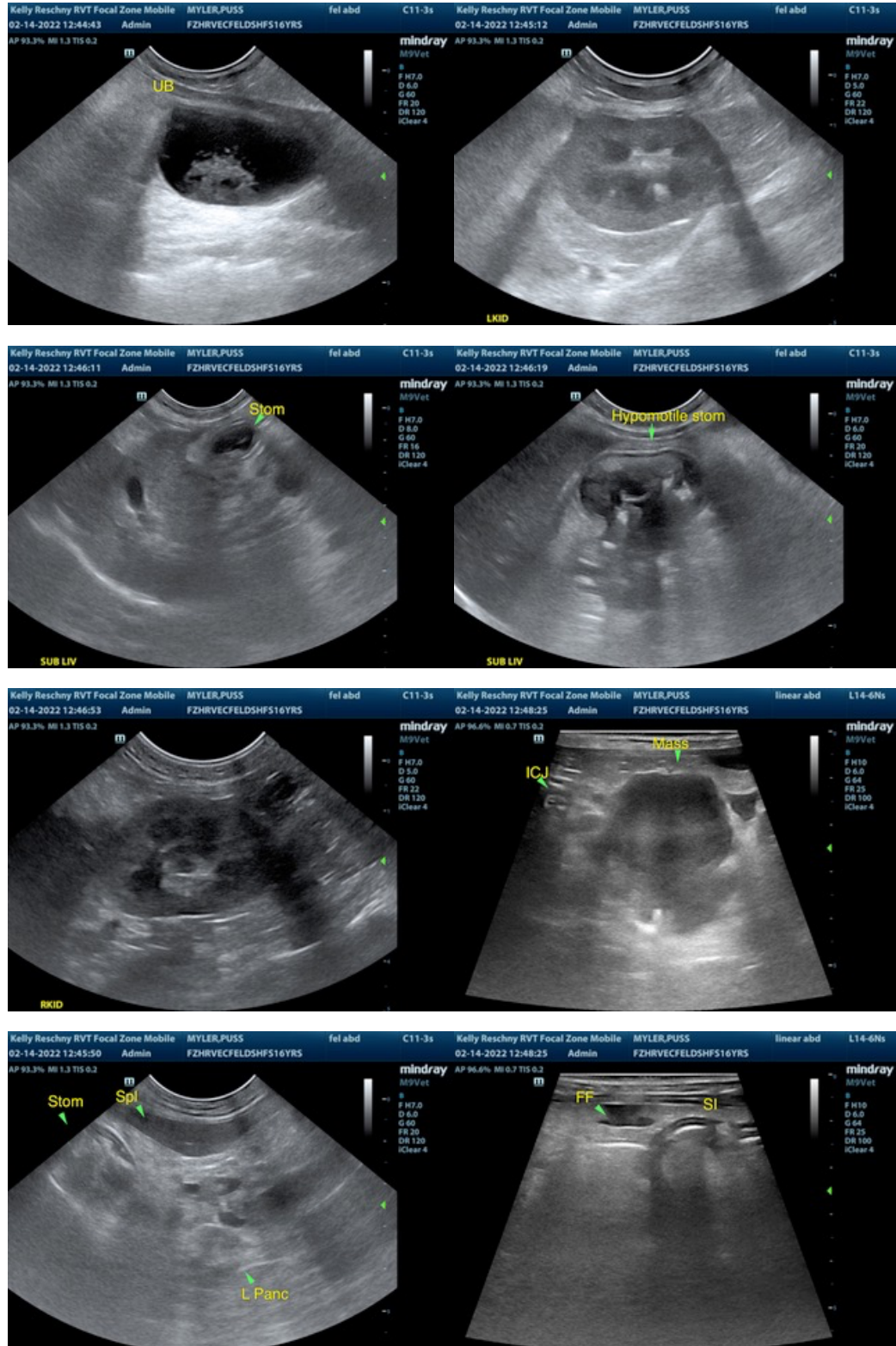
Dr. Nadeau

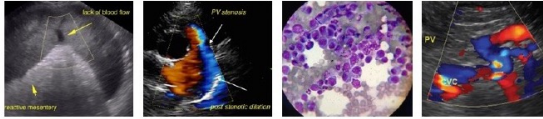
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PATIENT

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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.

SPECIES

Feline

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.

BREED

DSH

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info@SonoPath.com

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