



PATIENT

Cody Watson

PRESENTING CLINICAL SIGNS

Anorexia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

BREED

DSH

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 3.3 cm in length. The right kidney measured 3.8 cm in length.

SEX

MN

AGE

13yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

WEIGHT

11.6

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 0.68 cm in width at the level of the hilus.

INTERPRETED BY

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

Liver/Gallbladder

The liver presented enlarged in size. 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 and mild non-organized echogenic debris suspected to be secondary to fasting. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Dr. Steele

HOSPITAL NAME

Loving Care
Veterinary Hospital

REFERRING VET

Dr. Steele

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 measured 0.25 cm in width.

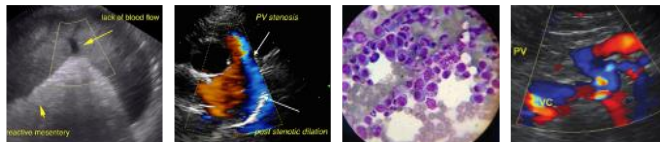
INVOICE

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The intestinal walls demonstrated primarily intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Within the mid abdomen a segmental intestinal mural mass exhibiting variable hypoechoic mural hypertrophy, loss of wall layering and associated suspected metabolic to paralytic ileus was present. The intestinal mural mass measured ~ 5.0 cm in diameter with wall width up to 0.85 cm.

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

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Pancreas

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 was evident.

SPECIES

Feline

Free Abdomen

BREED

DSH

Regional peri intestinal non-uniform hyperechoic to hypoechoic omentum was present along with mildly prominent mesenteric lymphadenopathy. Minor volume peritoneal effusion was present.

SEX

MN

- Diffuse infiltrative enteropathy pattern with segmental intestinal mural mass
- Regional peri intestinal non-uniform hyperechoic to hypoechoic omentum-concern for regional peri intestinal neoplastic omental seeding
- Mild chronic renal changes
- Minor hepatic parenchymal remodeling, mild gallbladder debris

AGE

13yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal presentation is strongly suggestive of neoplastic infiltrative enteropathy with round cells such as high grade lymphoma, mast cell neoplasia or other. Concern for regional omental seeding to possible emerging mesenteric mass. Diffuse small intestinal involvement appears to be present likely precluding surgical options. Biopsies are likely required for a definitive diagnosis with potential for oncology consultation and chemotherapeutic intervention. FNA cytology of the intestinal mural mass wall may prove beneficial for further clarification. As needed GI supportive care is recommended, however unfortunately an unfavorable long term prognosis is indicated.

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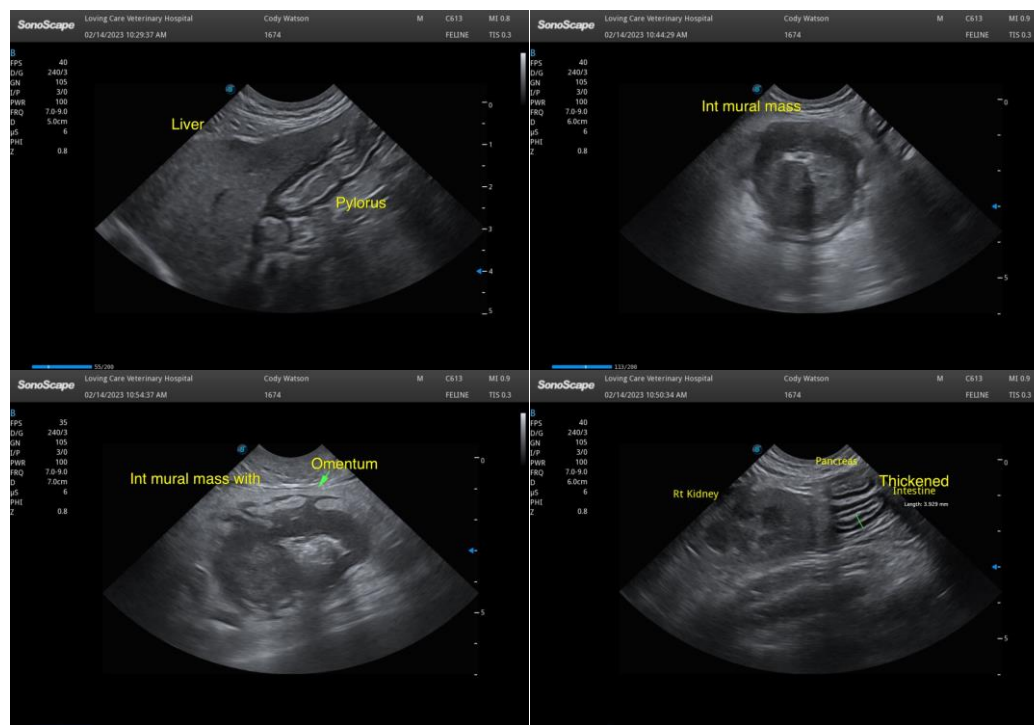
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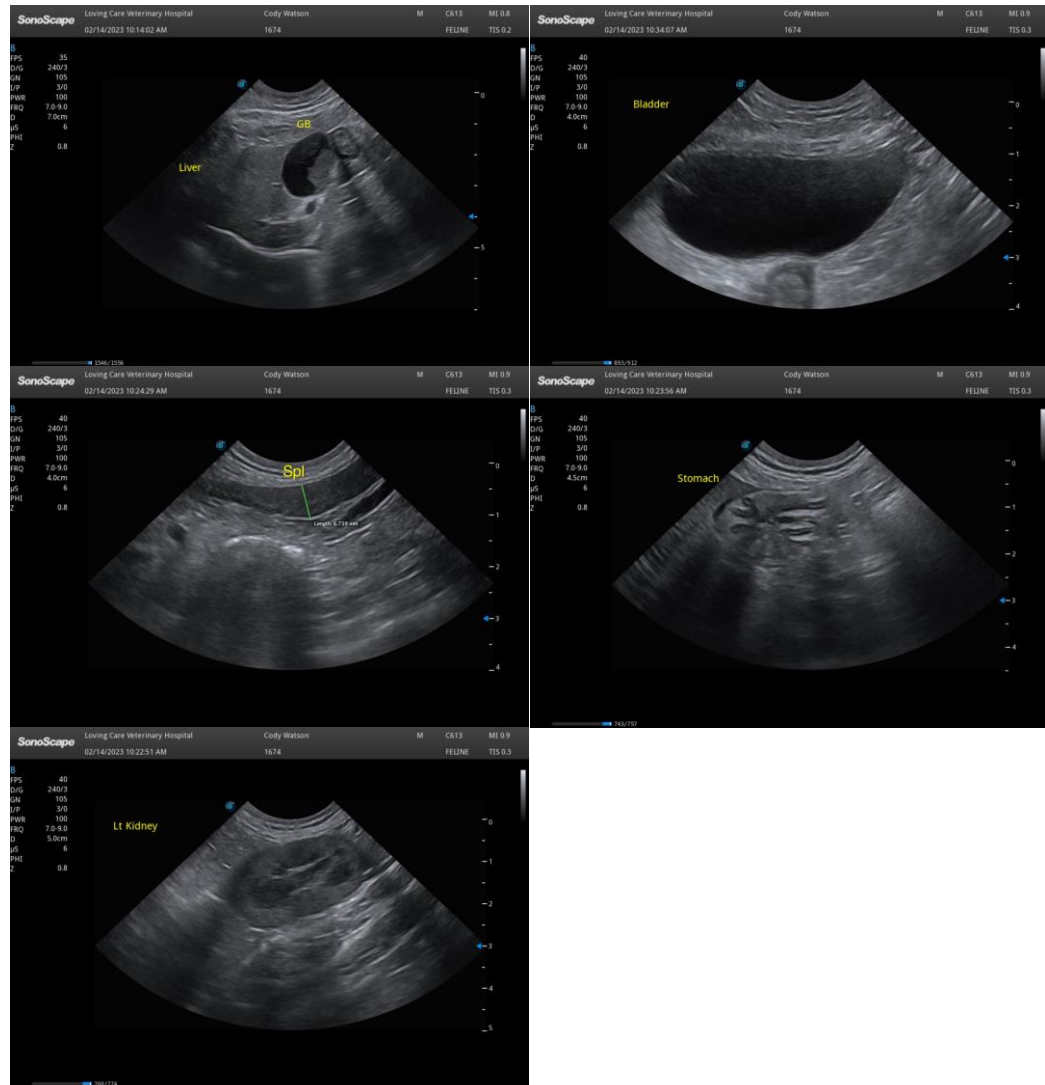
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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