



PATIENT

Max Kerslake

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Abdominal mass 15-Feb-2022 Diarrhea 15-Feb-2022 Vomiting 15-Feb-2022 Anorexia 15-Feb-2022 Had full dental work up with a boarded dentist in September 2021
Abnormal PE/Chem/CBC/UA Results: No murmur or arrhythmia; Synchronous Pulses - Strong femoral pulses. CARDIOPET proBNP - FELINE 71

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.53 Pounds

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. Primarily anechoic urine was present in the lumen. Non-dependent, particulate to focally hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Mild asymmetrical medial capsule contour noted. 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. The spleen measured 0.60 cm.

Liver

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

35685

DATE

2/15/22



PATIENT

Max Kerslake The small intestine exhibited primarily intact wall layering with segmental mild altered 1:3 muscularis/mucosa ratio noted in the duodenum and jejunum. Segmental moderately sized jejunal mural mass exhibiting hypoechoic mural hypertrophy and loss of discernable wall layering was present. The mass exhibited wall width up to 1.0-1.5 cm. Concurrent hypoechoic to swollen adjacent jejunal lymph nodes were present. Example of jejunal lymph node measured 2.1 cm x 1.3 cm. Regional peri intestinal to perilymphatic reactive mesentery noted. Normal appearing jejunal wall measured 0.25 cm. The ileum and ileocecolic junction were overtly normal without concurrent evidence of neoplastic criteria. Ileocolic wall measured 0.30 cm.

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

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.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Urinary bladder sediment
- Bilateral non-specific chronic renal changes
- Enteropathy exhibiting segmental jejunal mural mass
- Associated hypoechoic to swollen jejunal lymphadenopathy, regional perilymphatic to peri intestinal reactive mesentery

WEIGHT

8.53 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for definitive diagnosis, neoplastic criteria involving the jejunal mural mass and lymphadenopathy is met. Lymphoma, carcinoma, stromal tumor, mast cell neoplasia or other possible. Potential for non-neoplastic etiology i.e., severe inflammatory or granulomatous (dry form FIP) possible, yet thought less likely. Correlation with pending mural mass cytology +/- lymphatic cytology for further staging and oncology consult could be considered.

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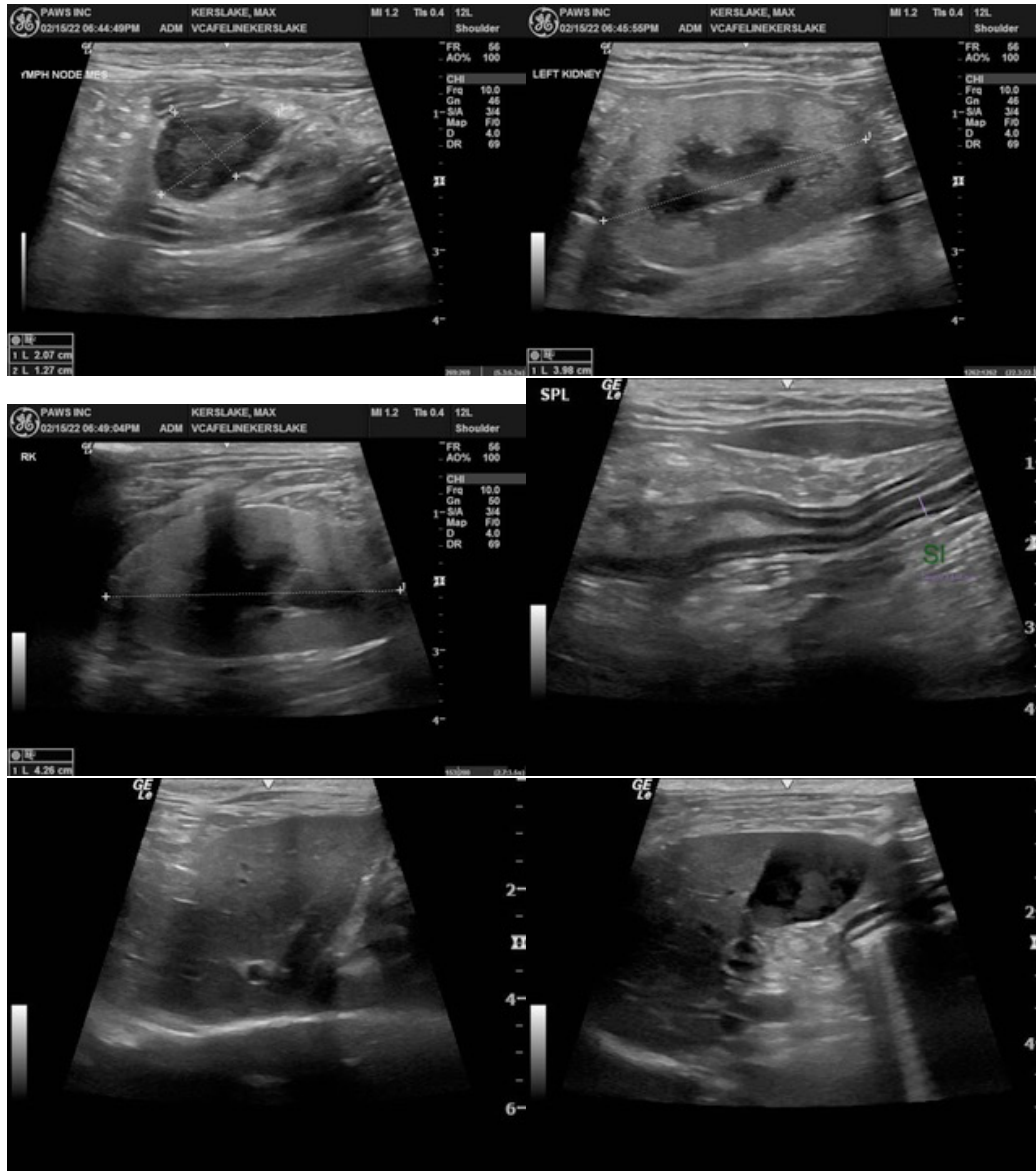
Dr. Vincent Fleming

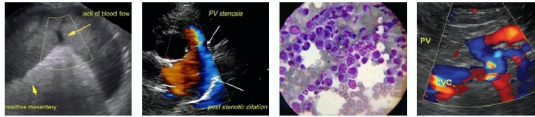
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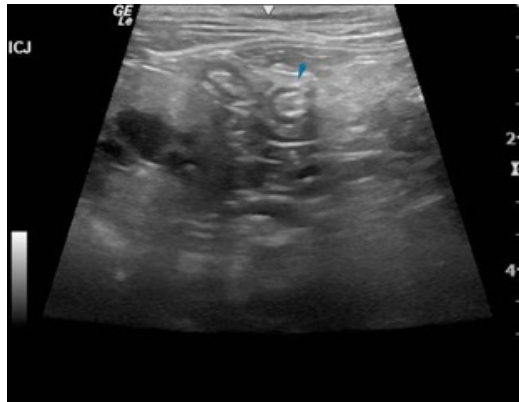
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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