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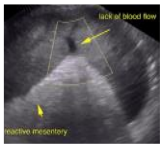

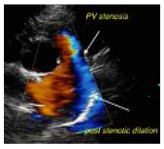

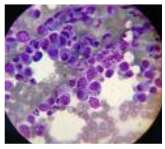
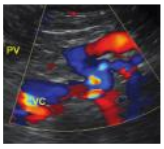

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1-800-838-4268 info@sonopath.com

PATIENT

Sylvester Family

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16.5 y

WEIGHT

10.47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Summit Dog and Cat

REFERRING VET

Dr. Vogler

INVOICE

16178

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Bloody diarrhea, weight loss

Abnormal PE/Chem/CBC/UA Results: 1/21/23 - WBC 16.7, MCHC 28, RBC 5.1, ABS Neuts 12358, Hemoglobin 7.6, Hematocrit 27%, Ca 7.9, Na/K ratio 30

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 3.8 cm in length. The right kidney measured 3.8 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 0.50 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

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.

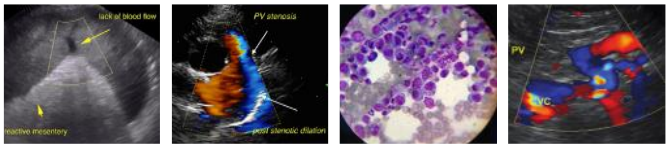
Liver/ Gallbladder

The liver was mildly enlarged with symmetrical capsule contour and uniform mild increased hepatic parenchyma echogenicity. No masses or nodules were noted. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with minor nonorganized echogenic gallbladder debris. 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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.



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Irregular, nonhomogeneous to hypoechoic mass associated with the distal descending colon and colorectal wall was present measuring approximately 3.0 cm in diameter, although the definitive size of the mass was difficult to ascertain. The mass appeared to possibly extend into the colon lumen with non-formed fecal matter proximal. Concurrent mildly thickened regional visualized descending colon walls were present. An example of an intact yet prominent to thickened descending colon wall proximal to the distal descending colon and colorectum mass measured 0.45 cm width.

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. Minor pancreatic duct dilation was present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

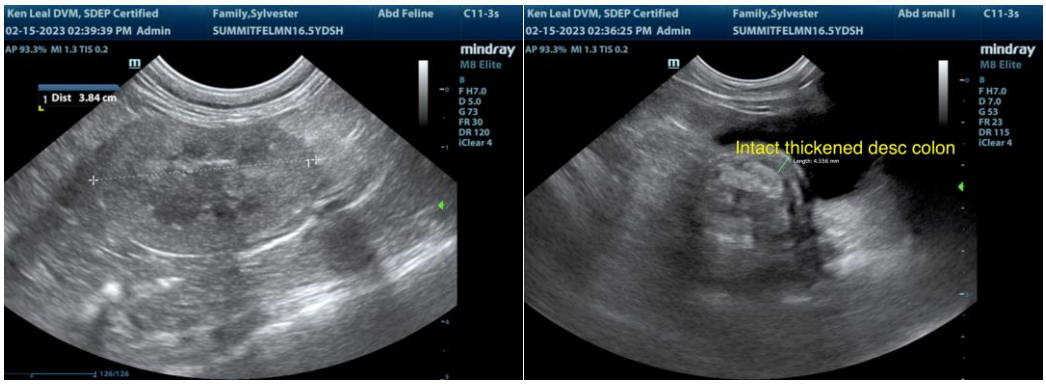
ULTRASONOGRAPHIC FINDINGS

- Distal descending colon / colorectal mass
- Overtly normal gastrointestinal tract
- Possible concurrent low-grade to chronic pancreatitis
- Hepatomegaly exhibiting mild uniform parenchyma hyperechogenicity, mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the distal descending colon / colorectal mass is most likely consistent with neoplastic criteria with significant inflammatory or granulomatous (Dry FIP) etiologies possible. Possible ultrasound-guided FNA cytology of the colon/colorectal mass could be considered for further assessment. Endoscopic biopsies are likely required for a definitive diagnosis.

Possible emerging hepatic lipidosis if the patient is inappetent, nonspecific hepatobiliary inflammation, or concurrent infiltrative neoplasia are all potentials. Hepatic FNA cytology, assuming normal clotting status, using a 25-gauge needle and with vitamin K pretreatment, could be considered for further clarification. Three-view chest radiographs are suggested to assess for or rule out thoracic pathology as a contributing factor to weight loss.



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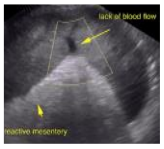
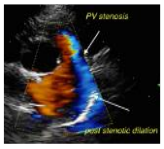
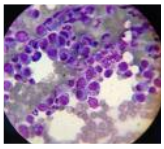
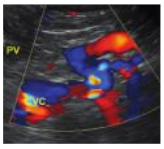

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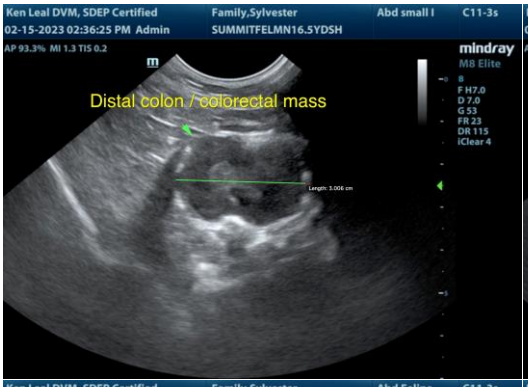

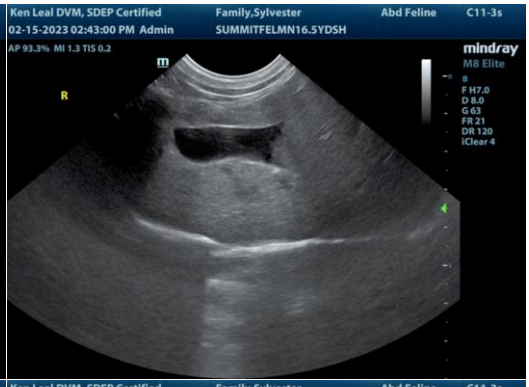
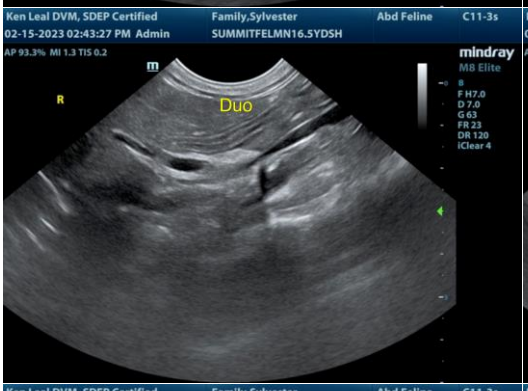

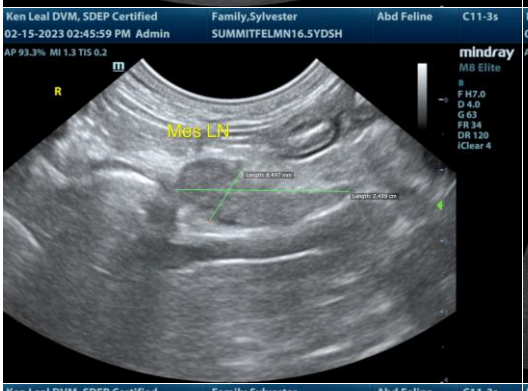

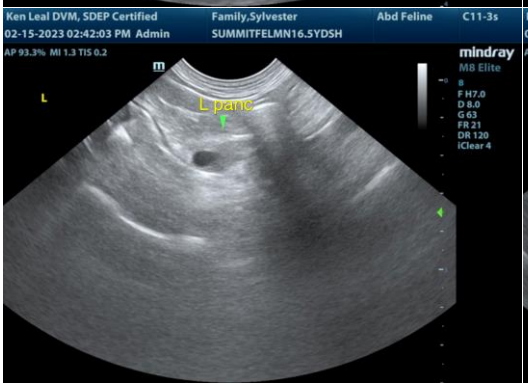

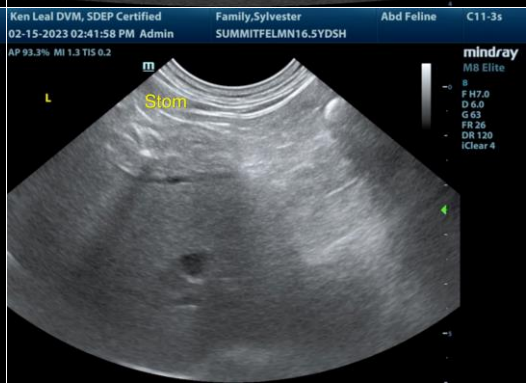

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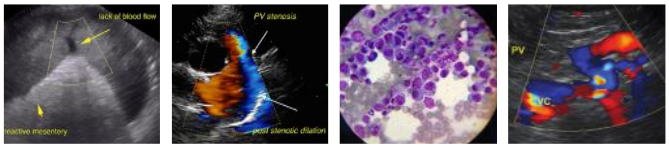

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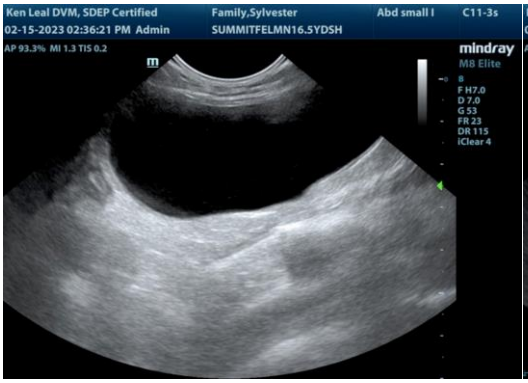

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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