



PATIENT PRESENTING CLINICAL SIGNS

Scribble Breedlove

History: Distended abdomen with large, mid abdominal semi painful mass. Presented for hiding behavior, increased vomiting and enlarged abdomen. No previous pertinent medical history. Patient eating, drinking and active.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: No labs performed at this time Current Medications N/A
Radiographic Findings Mid abdominal mass causing deviation of transverse colon and small intestine. No free fluid noted on quick ultrasound scan; confirmed presence of cavitary mass.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

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 were noted.

AGE

10 Years

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 left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

16 Pounds

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.45 cm.

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland was not definitively visualized. No overt pathology was noted in the right adrenal gland.

Spleen

HOSPITAL NAME

Linn VH

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. 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. The spleen was normal in size, measuring 0.92 cm in width at the level of the hilus.

REFERRING VET

Dr. Beachy

Liver

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The liver revealed potential mild enlargement with maintained symmetrical capsule contour and subjective mild decreased parenchyma echogenicity, exhibiting mild coarse echotexture. Vascular volume was normal.

DATE

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The gallbladder was mildly subnormal in size, containing anechoic content. No evidence of inflammatory criteria. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

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The visualized stomach walls were sonographically normal. The lumen of the stomach contained moderate progressively shadowing ingesta.

SPECIES

Feline

The discernable intestinal tract exhibited intact wall layering with primarily 1:3 muscularis to mucosa ratio. No obstructive pattern was noted.

BREED

DSH

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

SEX

Neutered Male

Pancreas

The left pancreatic limb was normal in size and contour with subtle nonhomogenous to hypoechoic parenchyma compared to adjacent omentum.

AGE

10 Years

Free Abdomen

A moderately sized, irregular to expansive mass was noted in the mid abdomen, subjectively within the area of the ileocolic junction, measuring approximately 6.0 cm in diameter. The mass was primarily hypoechoic to mildly nonhomogenous. Peripheral to regional hyperechoic omentum was present, as well as regional mildly hypoechoic to prominent mesenteric lymph nodes. No evidence of peritoneal effusion.

WEIGHT

16 Pounds

Other

INTERPRETED BY

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

The transdiaphragmatic view of the caudal thorax revealed evidence of pleural effusion.

IMAGING PERFORMED BY

Sara Hansen

ULTRASONOGRAPHIC FINDINGS

- Irregular expansive mass in the mid abdomen, subjectively at the level of the ileocolic junction
- Associated regional hyperechoic omentum and mesenteric lymphadenopathy
- Bilateral chronic renal changes
- Mild hypoechoic liver
- Mild pleural effusion

HOSPITAL NAME

Linn VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the mid abdominal mass is most suggestive of neoplastic criteria with potential for intestinal, lymphatic or omental origin possible. Lymphoma, adenocarcinoma, granulomatous etiology (FIP), fibroplasia or other are all potentials. Assuming normal clotting status, FNA cytology of the mass, as well as screening hepatic FNA cytology, using a 25-gauge needle, is recommended for further assessment. Potential for multicentric neoplasia given the concurrent evidence of pleural effusion is of concern. If possible, concurrent pleural effusion analysis cytology is suggested. Prognosis is extremely guarded.

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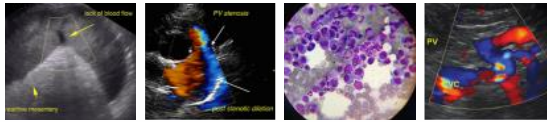
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HOSPITAL NAME

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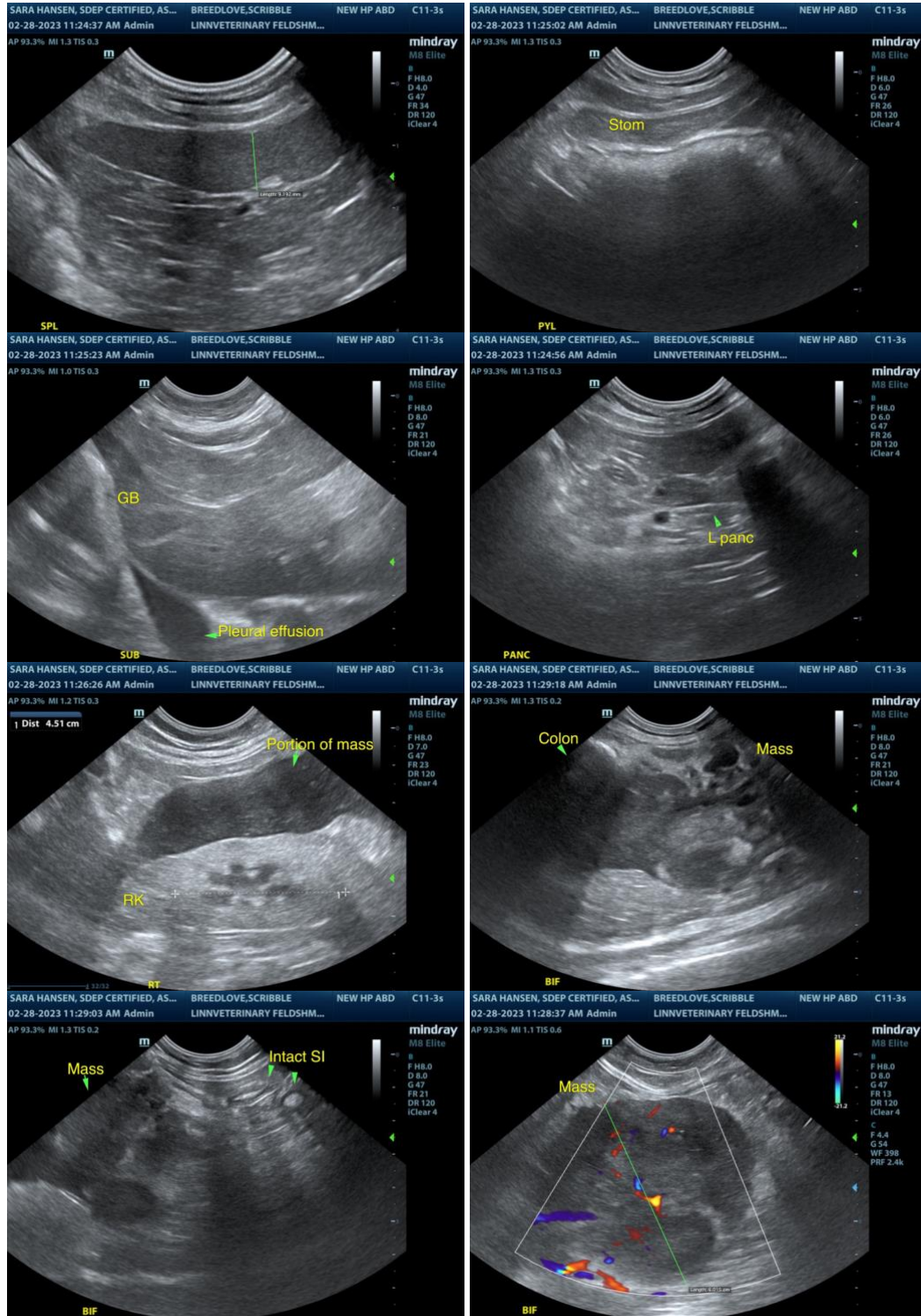
Dr. Beachy

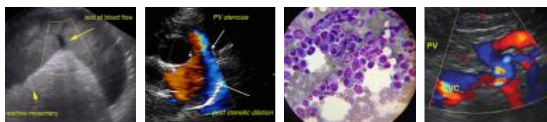
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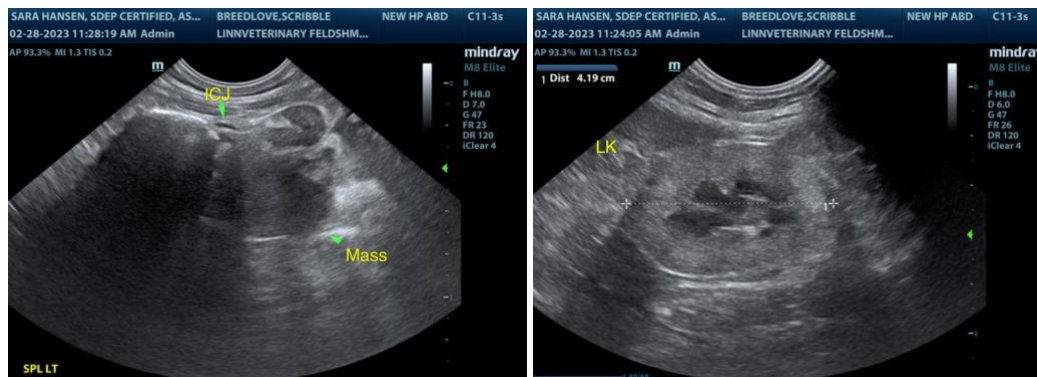
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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