



PATIENT

Pinot Georgellis

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

10 years

WEIGHT

7.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Emergency VH

REFERRING VET

Patti Mayfield DVM

INVOICE

16437

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Patient has suffered from chronic vomiting throughout his entire life, which client attributed to bolting of food. Beginning 4 days ago, patient started vomiting and was increasingly lethargic.

Abnormal PE/Chem/CBC/UA Results: PE: ~6-7% dehydrated. Tachycardia, no murmur appreciated. Profound splenomegaly palpable. Evidence of significant weight loss with moderate to profound epaxial muscle atrophy. Blood work: pending AUS performed due to palpable splenomegaly (fast scan)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, non-dependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, 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. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The area of the aortic trifurcation was free of pathology.

Bilateral mild enlargement with normal 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 5.1 cm in length. The right kidney measured 4.9 m 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 0.63 cm width.

Spleen

The spleen exhibited generalized moderate enlargement with areas of subtle capsule asymmetry and splenic folding. The spleen maintained a finely textured and homogenous parenchyma with normal splenic vascularity. No visualized splenic masses or nodules were noted.

Liver/ Gallbladder

The liver presented moderately enlarged in size yet exhibited symmetrical capsule contour with normal to mildly decreased parenchyma echogenicity and moderate coarse echotexture. Normal hepatic vascular volume was present. No visualized hepatic masses were noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 width measured 0.25 cm.

The small intestine presented primarily intact variably prominent wall layering owing to propensity for variable to mildly prominent muscularis layer. Within the mid abdominal intestinal segments, consistent with jejunal location, segmental moderate mural hypertrophy, decreased mural echogenicity and loss of discernable segmental jejunal wall layering with wall width up to 0.78 cm was present.

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 were evident.

Free Abdomen

Several to multiple midabdominal variably sized, hypoechoic to swollen mesenteric lymph nodes were present with surrounding perilymphatic to peri intestinal hyperechoic omentum. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example of the mesenteric lymph nodes measured 3.1 cm length x 1.9 cm width. Intermittent small pockets of scant peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatosplenomegaly
- Enteropathy with segmental jejunal emerging to mild mural mass
- Associated hypoechoic to swollen mesenteric lymphadenopathy
- Bilateral mild renomegaly exhibiting intact corticomedullary architecture
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for multicentric round cell neoplasia involving the liver, spleen, segmental to generalized intestinal tract, and mesenteric lymph nodes, is indicated. Inflammatory enteropathy, non-neoplastic hepatosplenomegaly, and granulomatous enteropathy, i.e., dry form FIP, are possible yet considered less likely. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic, lymphatic, +/- if accessible intestinal mural mass FNA cytology and potential oncology consult is recommended. Pretreatment with Benadryl is suggested if FNA cytology is elected.



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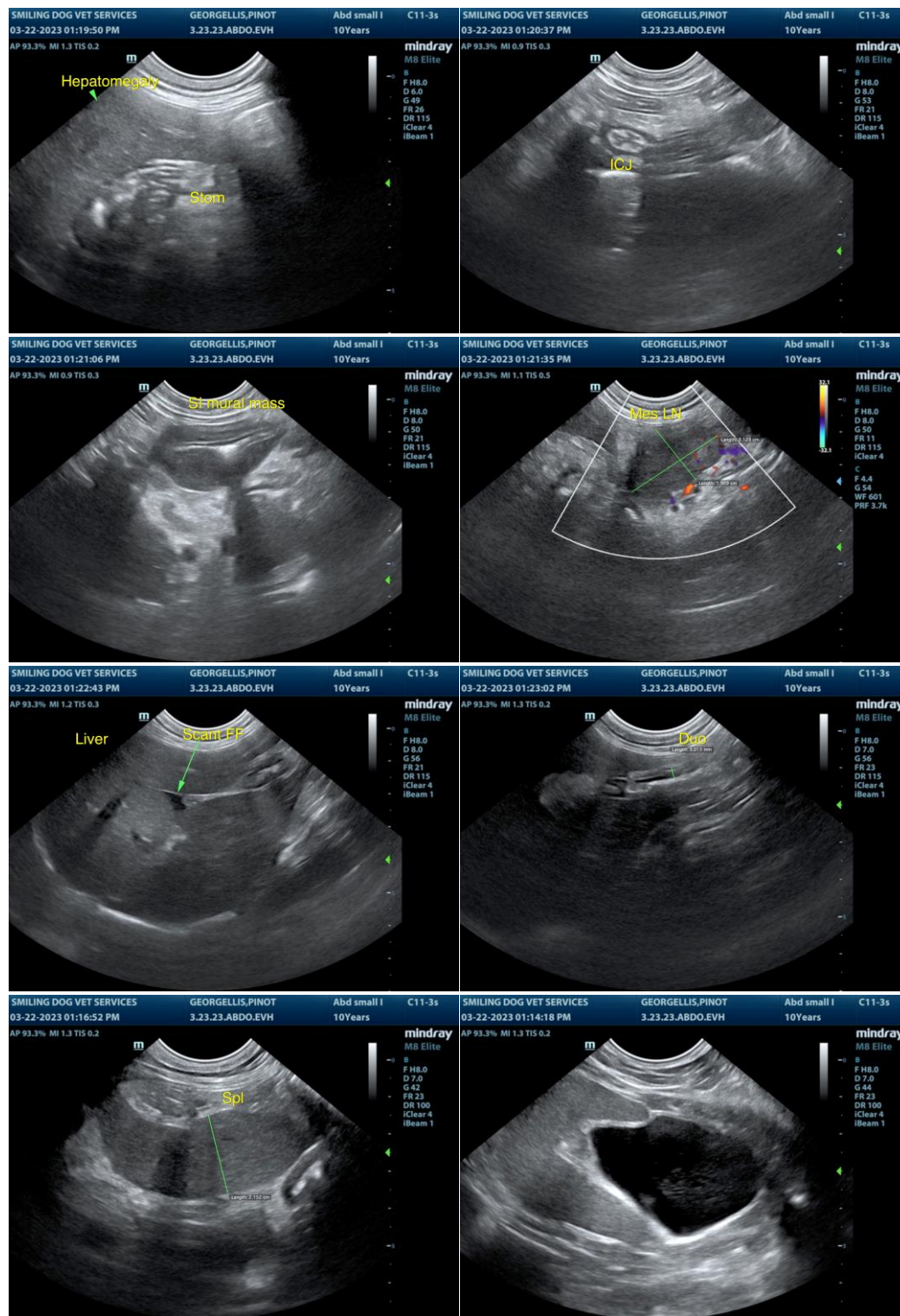
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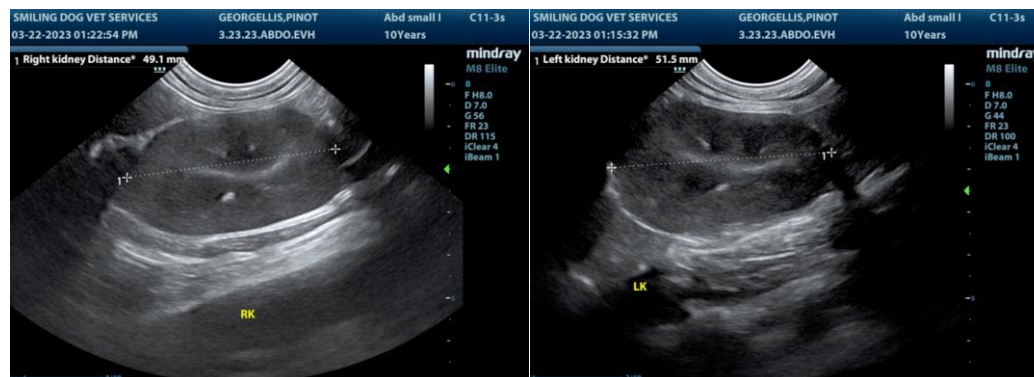
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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