



**PATIENT**

Arcana Stock

**SPECIES**

Feline

**BREED**

Savannah

**SEX**

FS

**AGE**

6 years

**WEIGHT**

3.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**  
Healing Traditions  
VC

**REFERRING VET**

Dr. Gerrow

**INVOICE**

16454

**DATE**

3/24/23

**PRESENTING CLINICAL SIGNS**

Initially diagnosed with hyperthyroidism (T4 over 200). Midline caudal abdominal mass palpated. Clinical Hx of chronic vomiting, polyphagia, pu/pd and weight loss. Plan was to pursue radioactive iodine therapy as had reaction to methimazole but no treatment yet due to abdominal mass concern.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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 subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented generalized intact overtly normal wall layering with potential for subjective mildly prominent yet intact pylorus wall without evidence of mechanical pyloric outflow obstruction or obstructive pylorus mural pathology. The stomach appeared to contain a mild to moderate amount of primarily nonshadowing, variably echogenic chyme / fluid along with pockets of luminal gas. The pylorus wall width measured 0.28 cm.

The small intestine presented generalized intact visualized wall layering with propensity for subjective, mildly prominent duodenojejunal mucosa, along with segmental minor jejunal corrugation. No



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obstructive pattern, overt loss of intestinal wall layering, or visualized intestinal masses were noted. The duodenum wall measured 0.32 cm width. The jejunum wall measured up to 0.35 cm width in areas of minor jejunal corrugation. The ileocolic wall measured 0.30 cm width. No overt pathology was noted at the level of the ileocolic junction.

Normal visible colon wall layers were present with apparent formed to semi-formed fecal matter.

***Pancreas***

The pancreas was normal in size and contour with subtle nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum.

***Free Abdomen***

An ill-defined potentially mineralized lesion, which did not appear to overt connect to the descending or adjacent colon or adjacent intestinal tract, was noted in the caudal abdomen cranial to the urinary bladder measuring approximately 3.0 cm in diameter. No evidence of peritoneal free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Subjective mild gastritis pattern with retained chyme / fluid
- Intact yet subjective prominent small bowel walls with suspect segmental jejunitis
- Heterogeneous mildly hypoechoic pancreas - potential for low-grade chronic active pancreatic inflammation
- Ill-defined potentially mineralized mass lesion caudal abdomen cranial to urinary bladder - assuming non-enterocolic origin, consolidated chronic abscess / necrosis, mineralized granuloma, nodular fat necrosis, Bates body, or other possible, neoplastic criteria for this lesion is thought less likely yet cannot be definitively excluded

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup including urinalysis +/- screening C/S and UPC level if evidence of proteinuria, given the PU/PD, are suggested.

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss. Given the weight loss and gastrointestinal signs, inflammatory or possible infiltrative gastrointestinal disease and/or low-grade pancreatitis are possible.

Pending additional diagnostics, full-thickness gastrointestinal biopsies, as well as gross inspection of the ill-defined caudal abdominal potential mass +/- biopsy or resection of the mass if clinically indicated could be considered.



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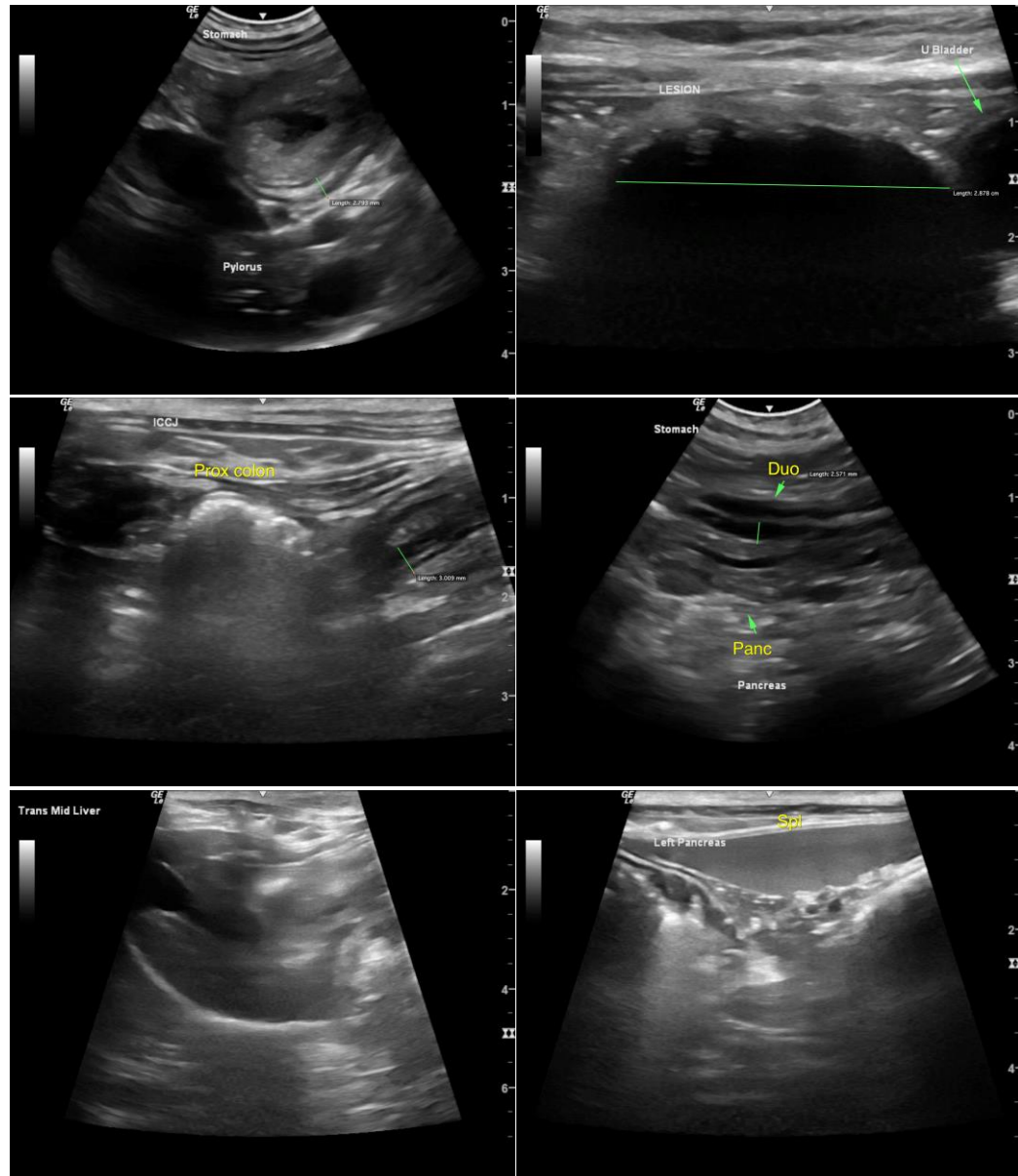
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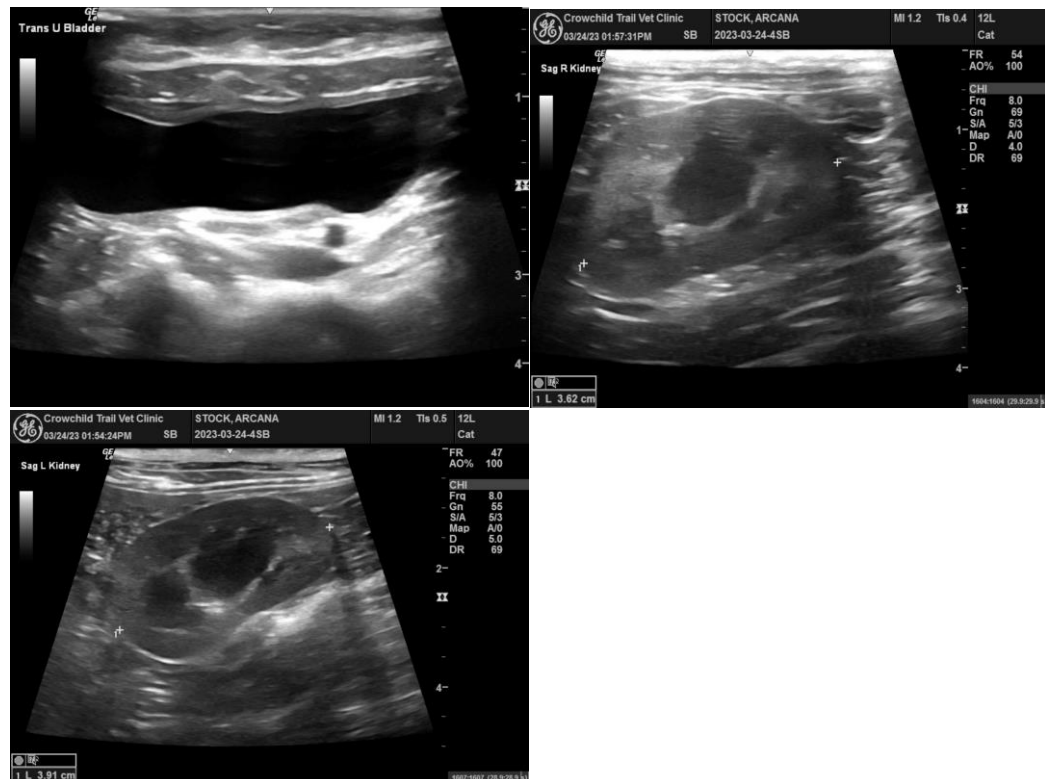
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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