PATIENT

Wolfgang Weiss

SPECIES

Feline

BREED

Balinese

SEX

MN

AGE

14Y

WEIGHT

8.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

74031

DATE

3-3-26

PRESENTING CLINICAL SIGNS

- Gastroenteritis, suspect mass in left cranial abd.
- Wt loss

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		NM	0.37	1.45	0.41	48	83
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT		1.2	1.3			0.8	NM

Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

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 were noted.

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The area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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. Loss of corticomedullary distinction was also present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.31 cm width. The right adrenal gland measured 0.34 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 subjectively mildly enlarged in size. The liver parenchyma was nonuniform and hypoechoic to the spleen with a 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall most notable in the pylorus without evidence of obstructive pyloric mural pathology or foreign material. The stomach contained a mild to moderate amount of anechoic fluid. The pylorus wall measured 0.47 cm wall width.

The small intestine presented segmental intact non thickened small intestinal wall. Segmental mild thickened intestinal wall with retained ingesta. Within the cranial abdomen, an ill-defined irregular nonhomogeneous mass associated with the intestinal tract was visualized measuring approximately 3.0 cm in diameter.

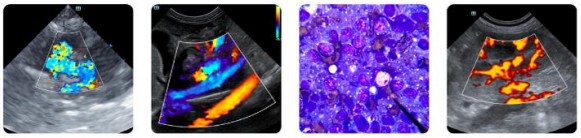
Normal visible colon wall layers were present with formed feces in lumen.

Pancreas

The pancreas exhibited prominent to enlarge in size most notable in the area of the pancreas base and right pancreatic limb exhibiting asymmetric capsular contour and heterogeneous remodeled parenchyma.

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.

Free Abdomen



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Peri intestinal to generalized mild hyperechoic omentum was present.

Multifocal variably enlarged to nonhomogeneous mesenteric lymph nodes were present. Example of lymph node measured 1.3 cm in diameter.

Minor peritoneal effusion was seen.

ULTRASONOGRAPHIC FINDINGS

Cardiac

- Normal cardiac structure, size, and function with mild myocardial remodeling.

Abdomen

- Ill-defined intestinal mass with subjective proximal possibly impacted segmental intestinal ingesta.
- Mildly thickened hypomotile stomach.
- Prominent to enlarged nonhomogeneous remodeled pancreas.
- Mildly enlarged nonhomogeneous liver.
- Bilateral chronic renal changes.
- Peri intestinal to generalized mild omental hyperechogenicity and variable nonhomogeneous enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

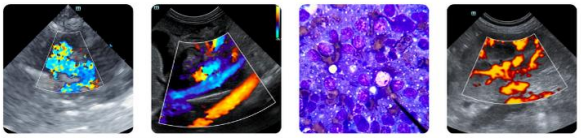
The intestinal mass is consistent with neoplastic criteria with subjective partial intestinal obstruction given the segmental retained possibly impacted intestinal ingesta. Small intestinal location is favored with potential for ileocolic involvement although primary colon mass is not definitively excluded.

The mesenteric lymphadenopathy is highly suggestive of metastatic criteria with potential for multicentric neoplasia and omental seeding.

Assuming normal clotting status, FNA cytology of the intestinal mass, accessible lymph node, +/- liver, using 25-gauge needle could be considered with possible oncology consult.

A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs if not done may be considered.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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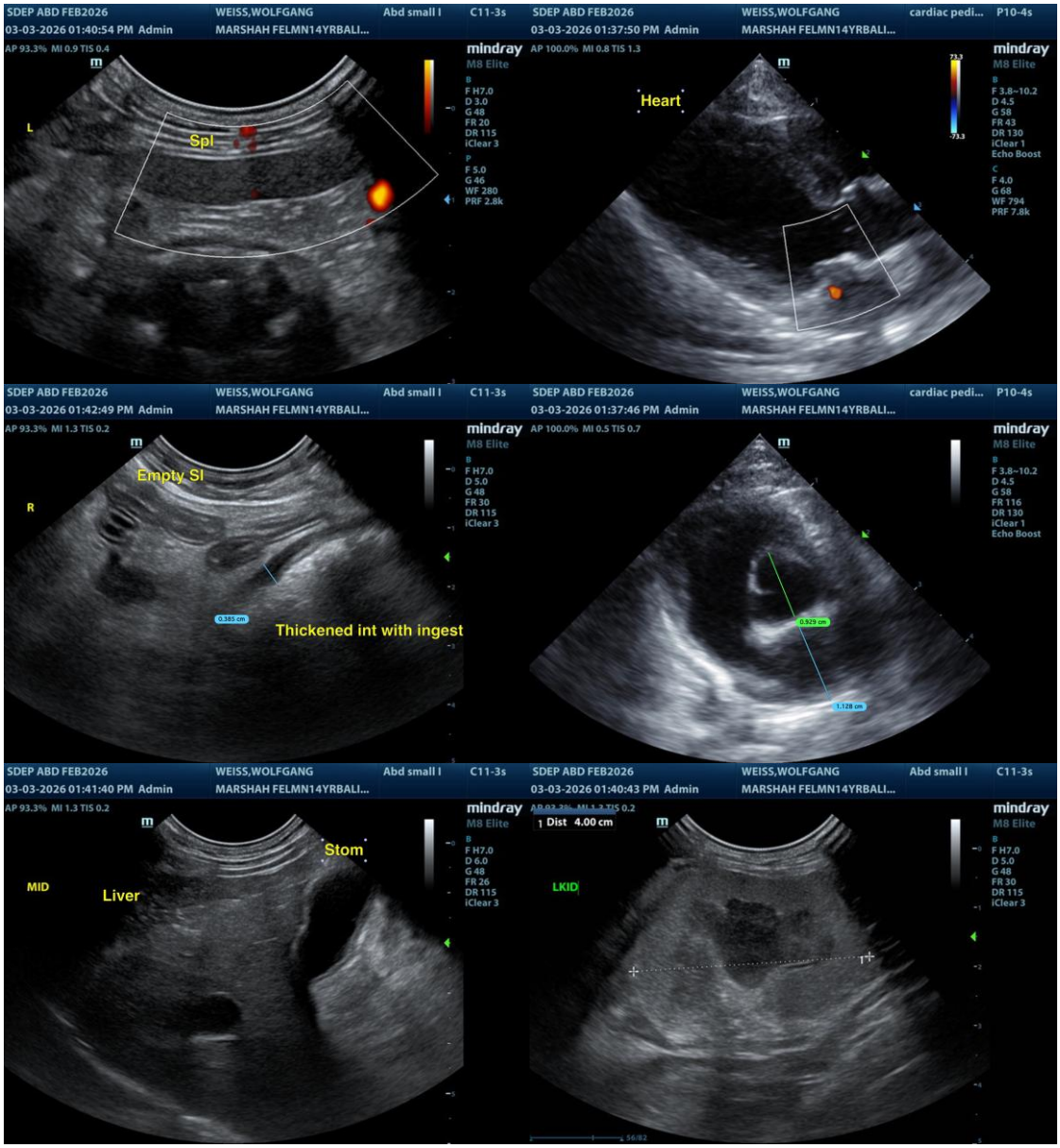

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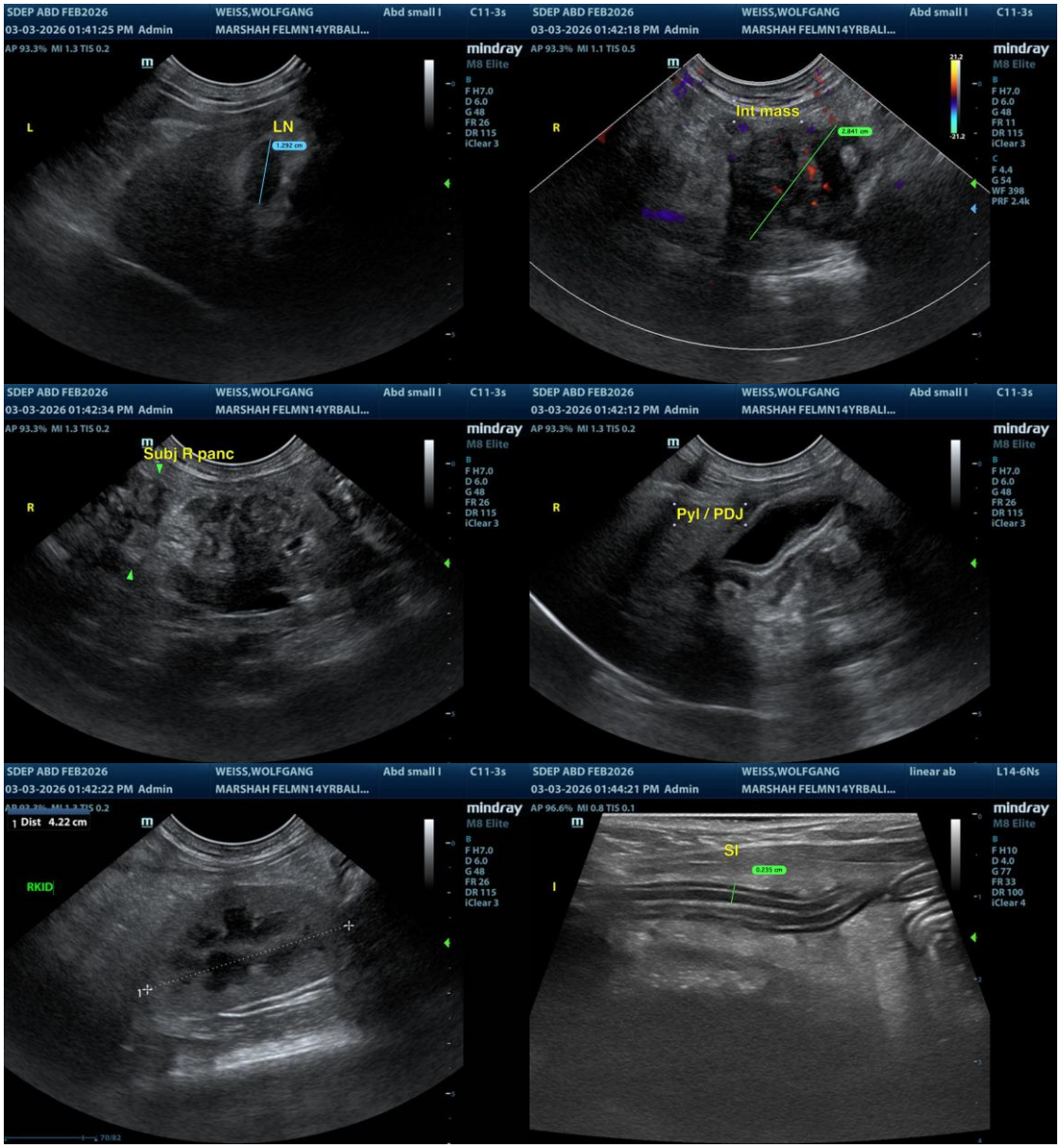

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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