

**PATIENT PRESENTING CLINICAL SIGNS**

Randolph Scheu

History: Losing weight, good appetite, no V/D. II/VI L systolic HM.

Abnormal PE/Chem/CBC/UA Results: BCS 5/9 DDZ stage III/IV Large mass on mid abdomen.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX**

Neutered male

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

**AGE**

10 years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

10.7 pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small nondisruptive hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.67 cm in width.

**IMAGING PERFORMED BY**

Jose

**Liver**

**HOSPITAL NAME**

Animal Clinic of Queens

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Kwasnik

The gallbladder was non-distended in size with thin walls and nonspecific, yet likely incidental gallbladder debris noted. The cystic and common bile ducts were normal.

**Gastrointestinal**

**INVOICE**

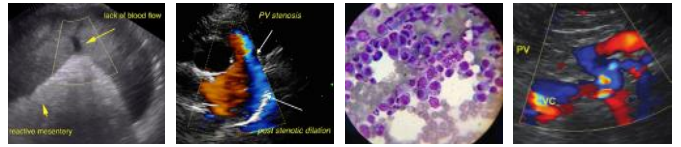
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**DATE**

04/01/2022

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. A moderately sized to large expansive irregular mass was present in the subjective mid abdomen measuring approximately 6 cm x 4 cm. The mass exhibited primarily nonuniform hypoechoic to focally



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hyperechoic parenchyma, regional reactive mesentery and associated regional mesenteric lymphadenopathy. An example of a mesenteric lymph node measured 1.1 cm x 0.6 cm. Directly adjacent or involved segments of unspecified intestine within the mass are likely.

**SPECIES**

Feline

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 was evident.

**BREED**

DSH

**Free Abdomen**

No overt evidence of peritoneal effusion was present.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

- Unspecified abdominal mass-suspect intestinal origin with possible ileocecolic location.
- Associated regional reactive mesentery and mesenteric lymphadenopathy.
- Benign splenic nodules-consistent with probable benign myelolipomas, potential for emerging splenic mineralization or small chronic infarcts.
- Mild gallbladder debris.

**WEIGHT**

10.7 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although not definitive the confirmed abdominal mass is suspected to be of intestinal origin with neoplastic criteria probable. Adenocarcinoma and lymphoma may be considered top differential diagnoses with potential for granulomatous disease (dry form FIP) or fibroplasia possible. A large lymphatic mass surrounding the intestinal tract could also be possible. Assuming normal clotting status, an ultrasound guided FNA of the mass for screening cytology and potential for oncology consult is recommended. Alternatively, laparotomy for gross inspection of the mass with potential for biopsy and/or resection assuming no evidence of pathology on three view chest radiographs could be considered.

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DVM, DABVP  
(Canine and Feline)

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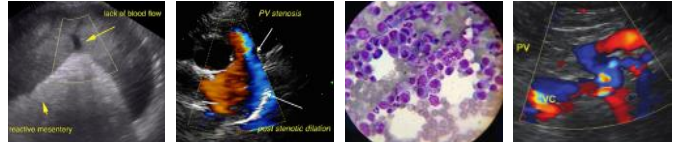
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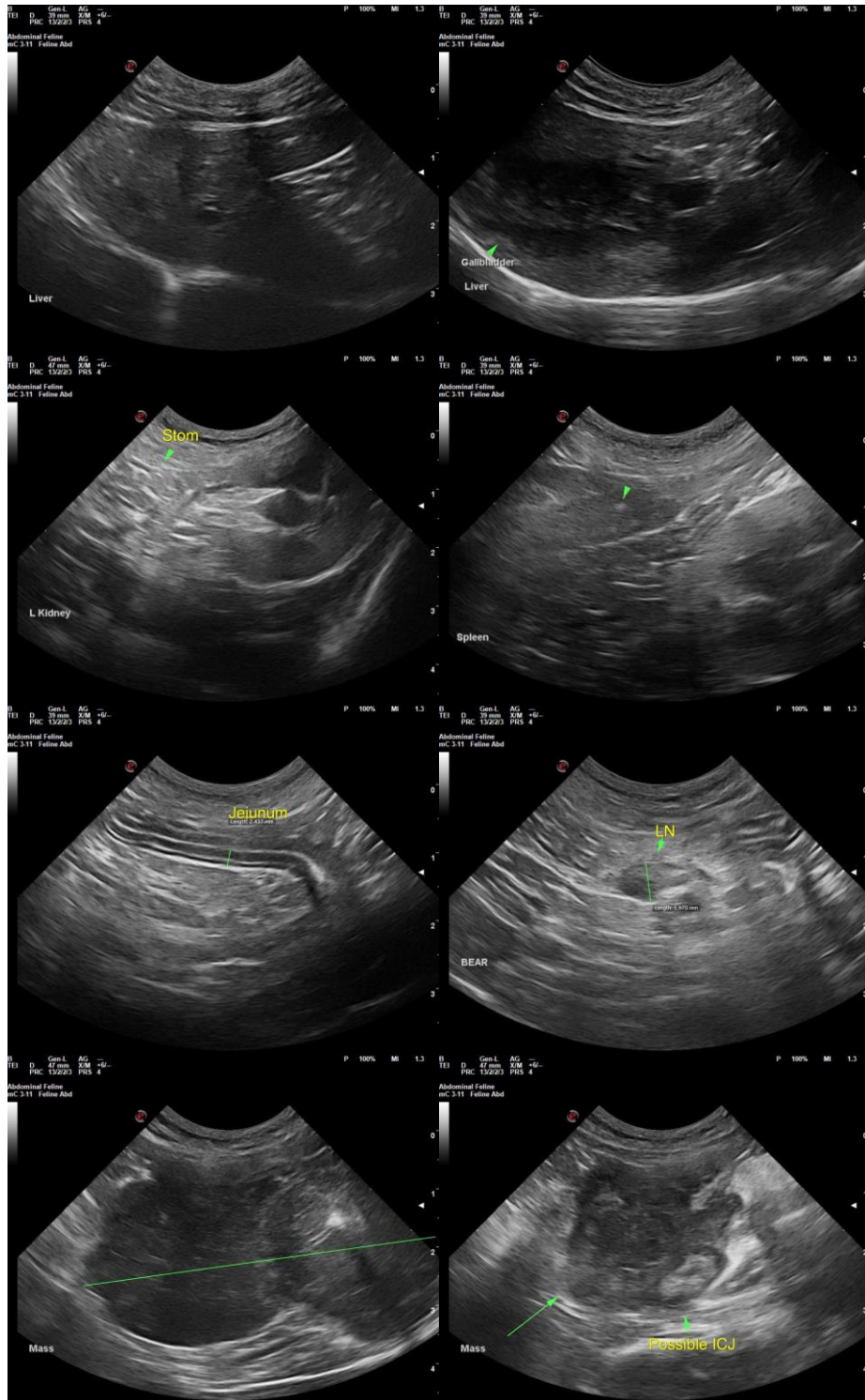
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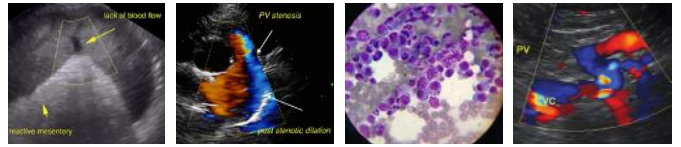
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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

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DSH

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