



PATIENT

Nico Warshauer

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

Not Given

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

13648

DATE

4/13/22

PRESENTING CLINICAL SIGNS

Abdominal mass palpated on exam, diarrhea at home. Current meds: Metronidazole, Benadryl inj.
Abnormal PE/Chem/CBC/UA Results: Elevated wbc.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. The kidneys primarily maintained a 1:3 cortex / medulla ratio with mild loss of corticomedullary border demarcation and mild increased medullary echogenicity. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.38 width and the right adrenal gland measured 0.36 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. The spleen measured 0.69 cm width.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement, maintained symmetrical capsule contour, and primarily finely textured homogeneous hepatic parenchyma with intermittent nondisruptive subtle hypoechoic hepatic intraparenchymal nodules. An example of a liver nodule measured 0.62 cm. 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 wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

The majority of the visualized small intestine exhibited intact wall layering and primarily maintained a 1:3 muscularis / mucosa ratio. A large intestinal mural mass was noted within the right mid cranial and left abdomen measuring approximately up to 7.0 cm in diameter with wall width approaching 3.0-4.0



PATIENT	cm width. The mass appeared to extend into the area of the descending colon just cranial to the urinary bladder.
Nico Warshauer	
SPECIES	Discernable descending colon walls were noted cranial to and at the level of the urinary bladder with mild descending colon distention with nonformed feces, consistent with diarrhea. Regional peri intestinal / peri colic reactive mesentery was present.
Feline	
BREED	<i>Pancreas</i>
DSH	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.
SEX	
MN	<i>Free Abdomen</i>
AGE	Small pockets of scant free fluid were present. Intermittent mesenteric / medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 2.1 cm length and 1.1 cm width.
10 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
Not Given	<ul style="list-style-type: none"> • Large Intestinal mural mass - subjectively primarily involving the proximal mid and distal colon • Intermittent prominent to hypoechoic mesenteric / medial Iliac lymphadenopathy • Mild nonspecific chronic renal changes • Nonspecific yet suspicious small hepatic nodules • Gastric ingesta • Peri intestinal reactive mesentery and scant free fluid
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Newton Vet	Although the large intestinal mural mass appeared to primarily be Involving the colon, potential for segmental or distal small intestinal involvement cannot be excluded, given its size. Neoplastic criteria is met and favored, i.e., lymphoma or other, although non-neoplastic etiologies such as severe inflammatory or possible granulomatous (FIP), etiologies are possible.
REFERRING VET	
Dr. Wyman-Greenwald	Warranted concern for lymphatic and / or early hepatic metastasis if neoplastic process is confirmed on pending cytology.
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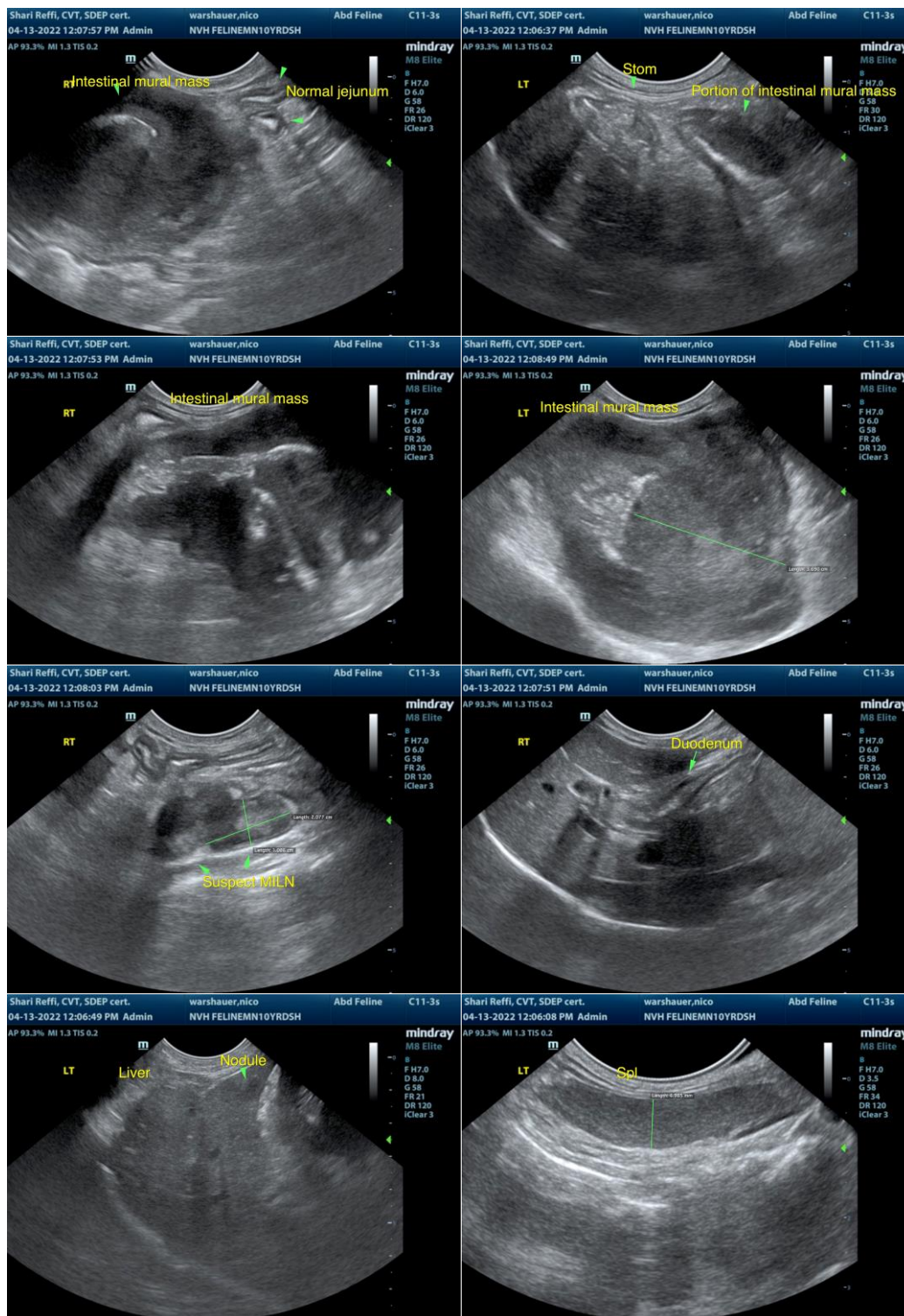
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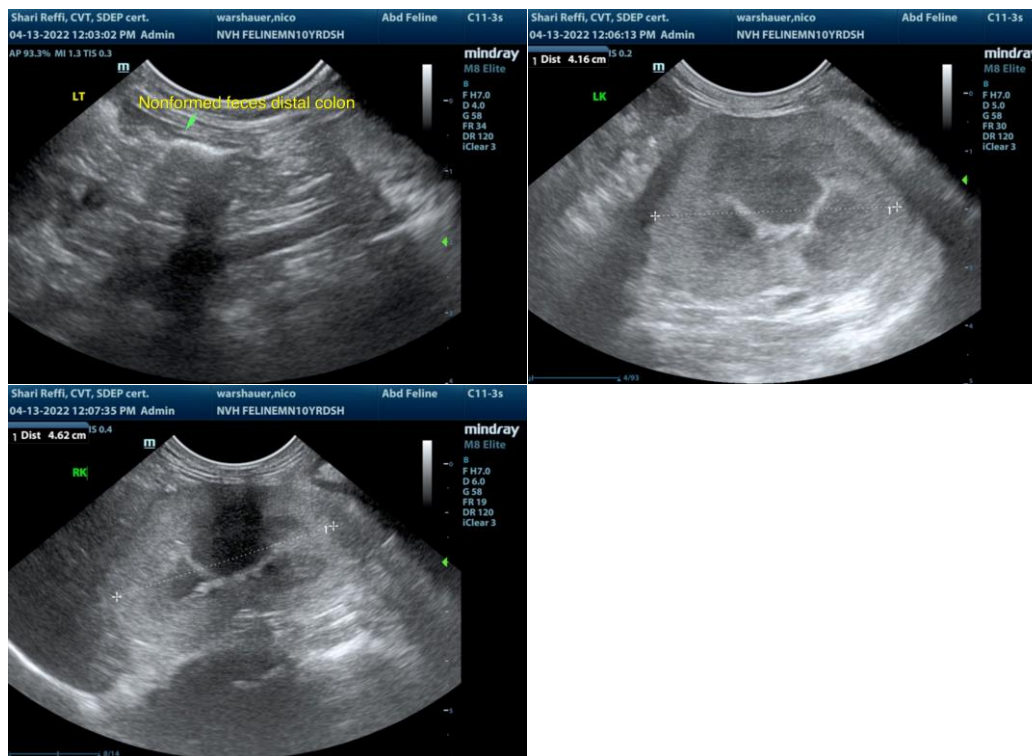
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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