



**PATIENT PRESENTING CLINICAL SIGNS**

Reggie Clark Presented with 2d hx of anorexia and diarrhea, lethargy, wt loss noted. GPE: Alert but palpable abdominal mass.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Please see attached rad

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Singapura 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.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

10 years

Normal size and 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 3.4 cm in length. The right kidney measured 3.6 cm in length.

**WEIGHT**

7.52 lbs

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.20 cm width.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

South Side Pet Hosp

**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.

**REFERRING VET**

Dr. Honda

**INVOICE**

16601

**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.

**DATE**

4/13/23



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Segmental intestinal mural mass was present in the mid-abdomen exhibiting moderate mural thickening, decreased mural echogenicity, and loss of discernable wall layering with minor associated segmental metabolic to paralytic intestinal ileus. The intestinal mass potentially measured 5.0-6.0 cm in length with wall width up to 1.2 cm. Subjective location of the mass is likely distal jejunum or possible proximal ileum. Intact, mildly thickened adjacent small intestine to the mural mass with intact adjacent intestinal wall width measured up to 0.34 cm. By comparison, normal appearing small intestine measured 0.25 cm width. Intact, mildly prominent wall layering was present at the level of the ileocolic junction measuring 0.43 cm width.

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**

Multiple, midabdominal mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example of the lymph nodes measured 3.3 cm x 2.2 cm width. Regional perilymphatic to peri intestinal reactive omentum was noted. No evidence of peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Segmental enteropathy with intestinal mural mass
- Hypoechoic to swollen mesenteric lymphadenopathy
- Perilymphatic to peri intestinal hyperechoic omentum
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further definition, the intestinal mural mass and associated mesenteric lymphadenopathy are most consistent with likely round cell neoplastic criteria such as lymphoma or similar. Other neoplastic etiologies are possible with non-neoplastic etiologies such as significant inflammatory disease or less likely dry FIP possible.

Screening FNA cytology of a mesenteric lymph node as well as the intestinal mural mass is warranted for further clarification. Biopsies may be required for a definitive diagnosis. Three view chest radiographs are suggested with potential for oncology consultation pending sampling.

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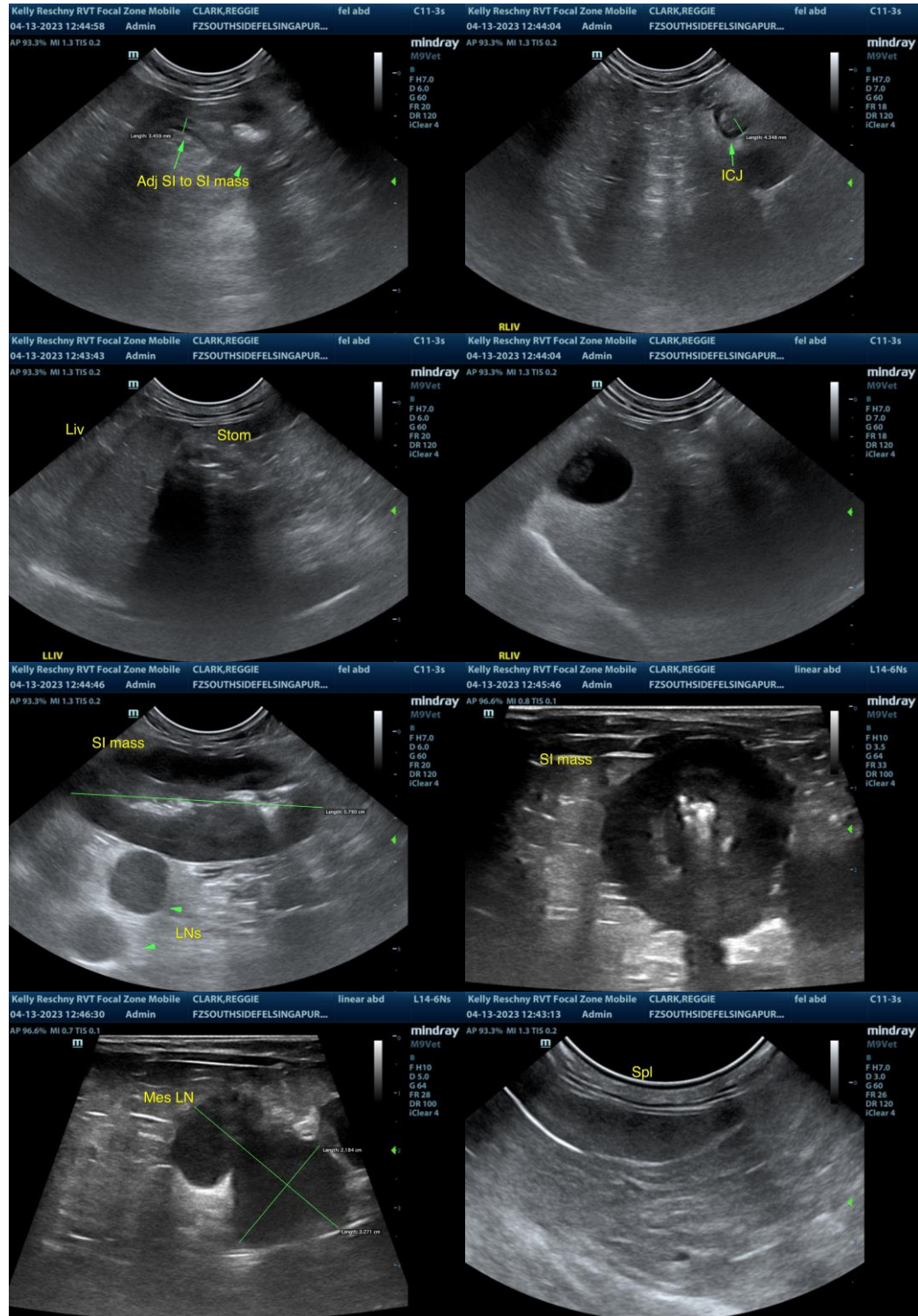
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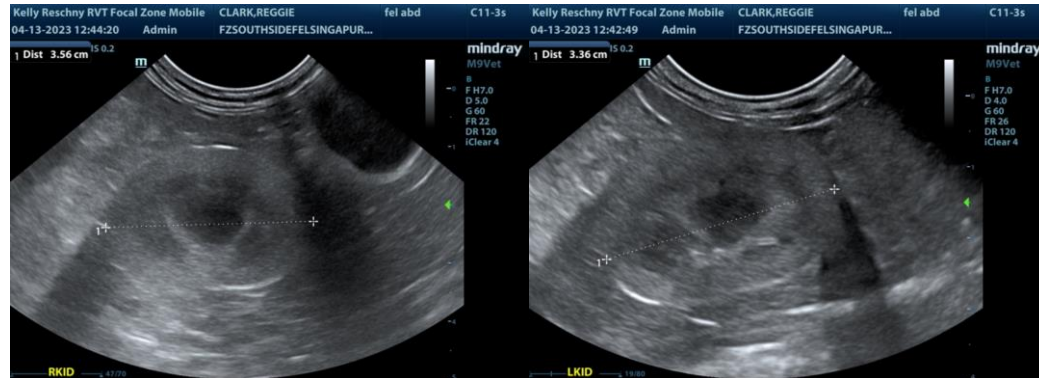
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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