



PATIENT PRESENTING CLINICAL SIGNS

Soxie Cude Weight loss 2 kg in past year, mostly the last month, liquid diarrhea for the last few weeks. Inappetence. No specific pathology but abdomen feels full and soft, seems comfortable for palpation. Codeine transdermal, Mirtazapine, B12, Cerenia, SQ fluids

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: Soxie is FIV positive. CBC shows some anemia, mild monocytosis, SDMA elevation Spec fPL elevation, Total protein and Albumin and Calcium decreased.

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

4.4kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 3.5 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma.

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 0.60 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 was empty with no signs of ileus, obstruction or foreign material.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

13549ag

DATE

04/21/2023



PATIENT
Soxie Cude
The small intestine presented generalized intact wall layering with altered muscularis/mucosa ratio owing to mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The intestinal wall measured 0.27 cm in width.

SPECIES
Feline
The colon exhibited mild prominent descending colon wall with segmental mural mass in the subjective transverse to proximal descending colon exhibiting segmental mural hypertrophy, decreased mural echogenicity and loss of discernable colon wall layer detail. Formed to non-formed fecal matter was present in the colon.

BREED
DSH
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.

SEX
MN
Free Abdomen
Mild peri intestinal and peri colic reactive omentum was present. No peritoneal effusion.

AGE
10yr
Intermittent enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.6 cm x 0.8 cm.

WEIGHT
4.4kg

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy pattern.
- Segmental colon mural mass with formed to non-formed feces.
- Associated mesenteric lymphadenopathy.
- Mild chronic renal changes.
- Sonographically unremarkable pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine and colon mural mass may include inflammatory, neoplastic or granulomatous (dry FIP) etiologies. Concurrent mesenteric lymphadenopathy may indicate secondary hyperplasia, reactive lymphadenitis or early neoplastic/metastatic lymphadenopathy. Although sampling is required for further assessment, neoplastic criteria is favored. FNA cytology of the colon mural mass +/- accessible lymph node for cytology and potential oncology consult. Enterocolic and lymphatic biopsies are likely required for a definitive diagnosis. Potential for concurrent low grade pancreatitis may present sonographically normal.

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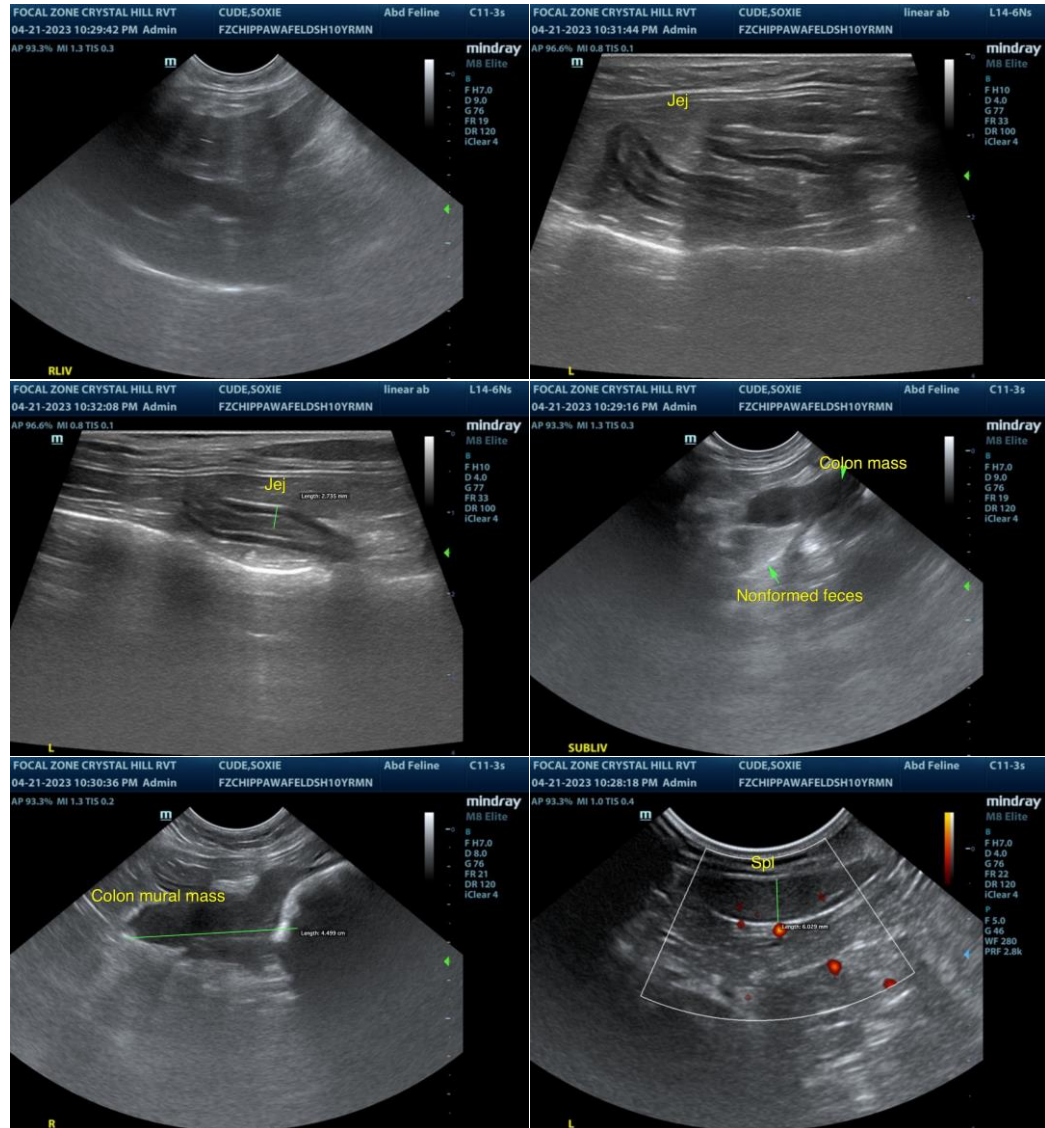
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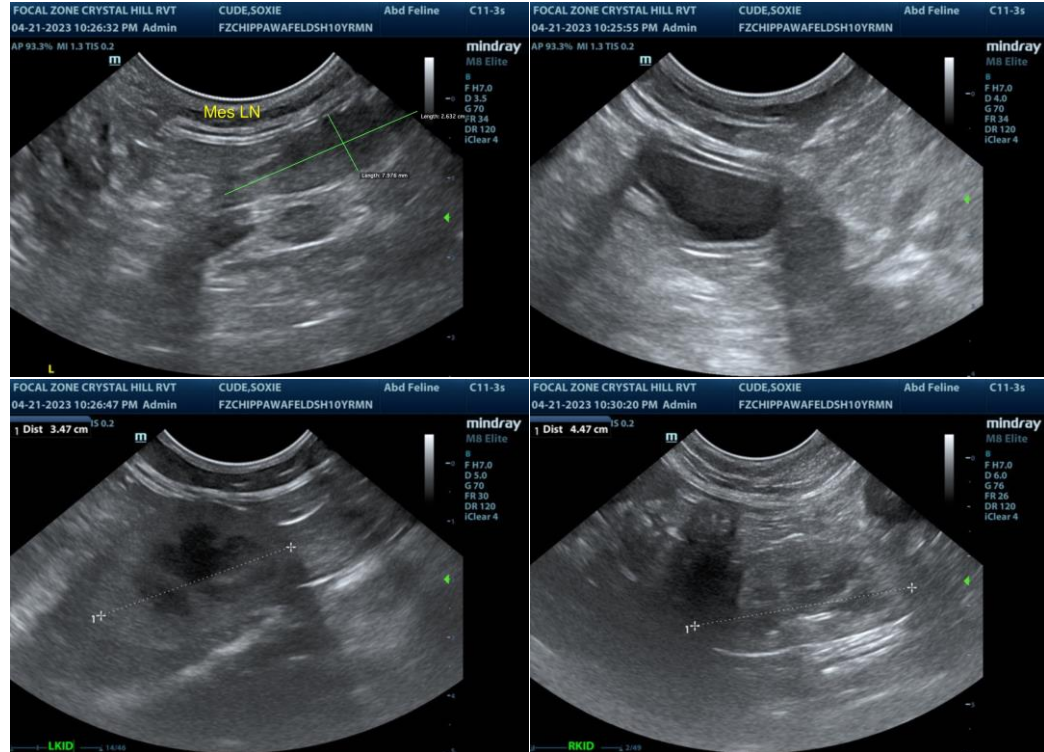
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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