



**PATIENT**

Allie Lubecke

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

16 years

**WEIGHT**

9.8 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Bogunovic,  
Mukwonago AH

**INVOICE**

13608

**DATE**

4/5/22

**PRESENTING CLINICAL SIGNS**

Vomiting and lethargy for the for the past 4 days. A 1cm mass can be palpated in mid abdomen.  
Suspect LN

Abnormal PE/Chem/CBC/UA Results: BW: low creat/BUN Low ALKP Low cl High LIPA

**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. 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 3.9 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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 presented mildly 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 symmetrical to subjective mildly swollen contour. 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. The gastric body wall width measured 0.25 cm.



<b>PATIENT</b>	The small Intestine exhibited primarily intact wall layering with variable alteration and muscularis/mucosa ratio and variably mural hypertrophy secondary to segmental muscularis hypertrophy. Potential Indistinct areas of mild muscularis layer proliferation are possible. An example of a small intestinal wall measured 0.47 cm width.
Allie Lubecke	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	Intermittent to multiple mesenteric 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 measured 1.5 cm length and 1.2 cm width. Additional subtle mildly nonhomogeneous mesenteric lymph nodes exhibiting maintained width: length ratio (<0.5) were also present.
<b>AGE</b>	
16 years	
<b>WEIGHT</b>	
9.8 lbs.	Regional peri-intestinal and perilymphatic reactive mesentery were noted. Small pockets of scant, free fluid were noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Bilateral chronic renal changes</li> <li>• Enteropathy exhibiting prominent to variably altered wall layer ratio</li> <li>• Multiple variably sized hypoechoic to prominent mesenteric lymph nodes</li> <li>• Associated perilymphatic and peri-intestinal reactive mesentery with scant free fluid</li> <li>• Subjective mild yet nonspecific hepatomegaly</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Kim Liedberg	The appearance of the small intestine is consistent with infiltrative enteropathy. General considerations may include; inflammatory vs. neoplastic infiltrative enteropathy, i.e., IBD / eosinophilic enteritis vs. intestinal lymphoma or other neoplasia. Concurrent potential for hyperplastic, reactive, inflammatory, or neoplastic mesenteric lymphadenopathy, although subjective higher probability of neoplastic infiltrative enteropathy and associated lymphadenopathy is warranted in this patient.
<b>HOSPITAL NAME</b>	
SVS Imaging WI	
<b>REFERRING VET</b>	
Dr. Bogunovic, Mukwonago AH	
<b>INVOICE</b>	Assuming normal clotting status, ultrasound guided FNA of an enlarged mid abdominal mesenteric lymph node likely correlating with the small palpable mass reported, +/- screening hepatic FNA using a 25-gauge needle could be considered for further assessment and potential for oncology consultation if neoplastic process is confirmed. Empirical IBD protocol with an assessment of clinical response and abdominal sonographic monitoring would be reasonable if empirical therapy is elected.
13608	
<b>DATE</b>	
4/5/22	



**PATIENT**

Allie Lubecke

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

16 years

**WEIGHT**

9.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

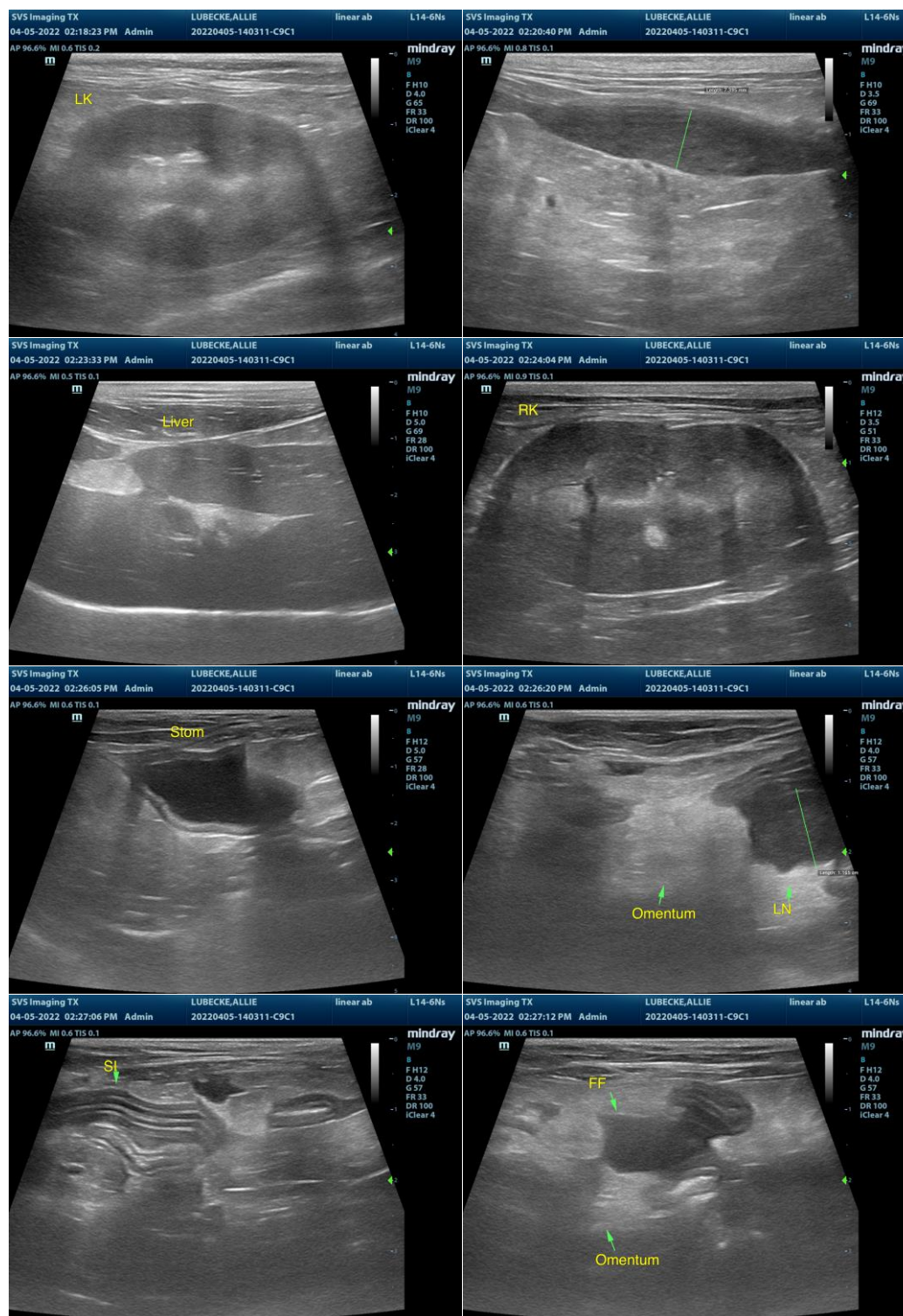
Dr. Bogunovic,  
Mukwonago AH

**INVOICE**

13608

**DATE**

4/5/22





**PATIENT**

Allie Lubecke

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

16 years

**WEIGHT**

9.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

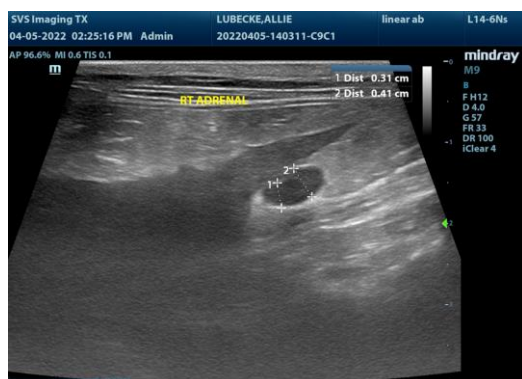
Dr. Bogunovic,  
Mukwonago AH

**INVOICE**

13608

**DATE**

4/5/22



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