



PATIENT PRESENTING CLINICAL SIGNS

Crookshanks Fogel
History: Mass like lesion present on abdominal palpation. Pt had history of abscess treatment in December that healed poorly; required multiple surgeries and several rounds of antibiotics/cultures. Abscess was present on R lateral abdomen. Recently having inappropriate urination, constipation, and decreased appetite. UA unremarkable (mild crystalluria), had enema 5/9/22 and currently on lactulose. No other meds.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

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

NM

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

AGE

1 yr 10 mo

The area of the aortic trifurcation was free of pathology.

WEIGHT

9 lb

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

INTERPRETED BY

Spleen

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

Emma Herdener

Liver

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.

HOSPITAL NAME

Eastgate Veterinary Clinic

Gastrointestinal

REFERRING VET

Dr. Josiah Moses

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.

INVOICE

10572ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

05/10/2022

The area of the descending to pelvic colon immediately cranial to the urinary bladder exhibited indistinct wall thickening with potential retained non formed fecal matter extending into the area of the pelvic inlet. A solitary mildly hyperechoic to nonhomogeneous potential mass lesion in the area of the descending colon at the level and mildly cranial to the urinary bladder was present measuring



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approximately 2 cm in diameter. The proximal and transverse colon was indistinctly visualized yet was without evidence of concurrent pathology.

Pancreas

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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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

NM

ULTRASONOGRAPHIC FINDINGS

- Suspect descending colon mass/lesion with potential associated descending colon to colorectal thickening-granulomatous disease (FIP) or abscessation suspected. Potential for neoplastic criteria i.e. carcinoma or less likely lymphoma is possible.

AGE

1 yr 10 mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an ultrasound guided FNA of the mass/lesion in the distal descending colon as well as potential collection of fluid for C/S would be warranted. Given this presentation, potential for non-descending colon associated pathology such as unspecified draining tract, fistula or similar potentially associated with previous abscessation if clinically applicable may not be definitively excluded. However, given the clinical signs including constipation and inappropriate urination without evidence of concurrent urinary bladder or urethra pathology, descending colon to colorectal involvement is suspected. Abdominal/pelvic CT for further assessment may be ideal given this presentation.

WEIGHT

9 lb

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(Canine and Feline)

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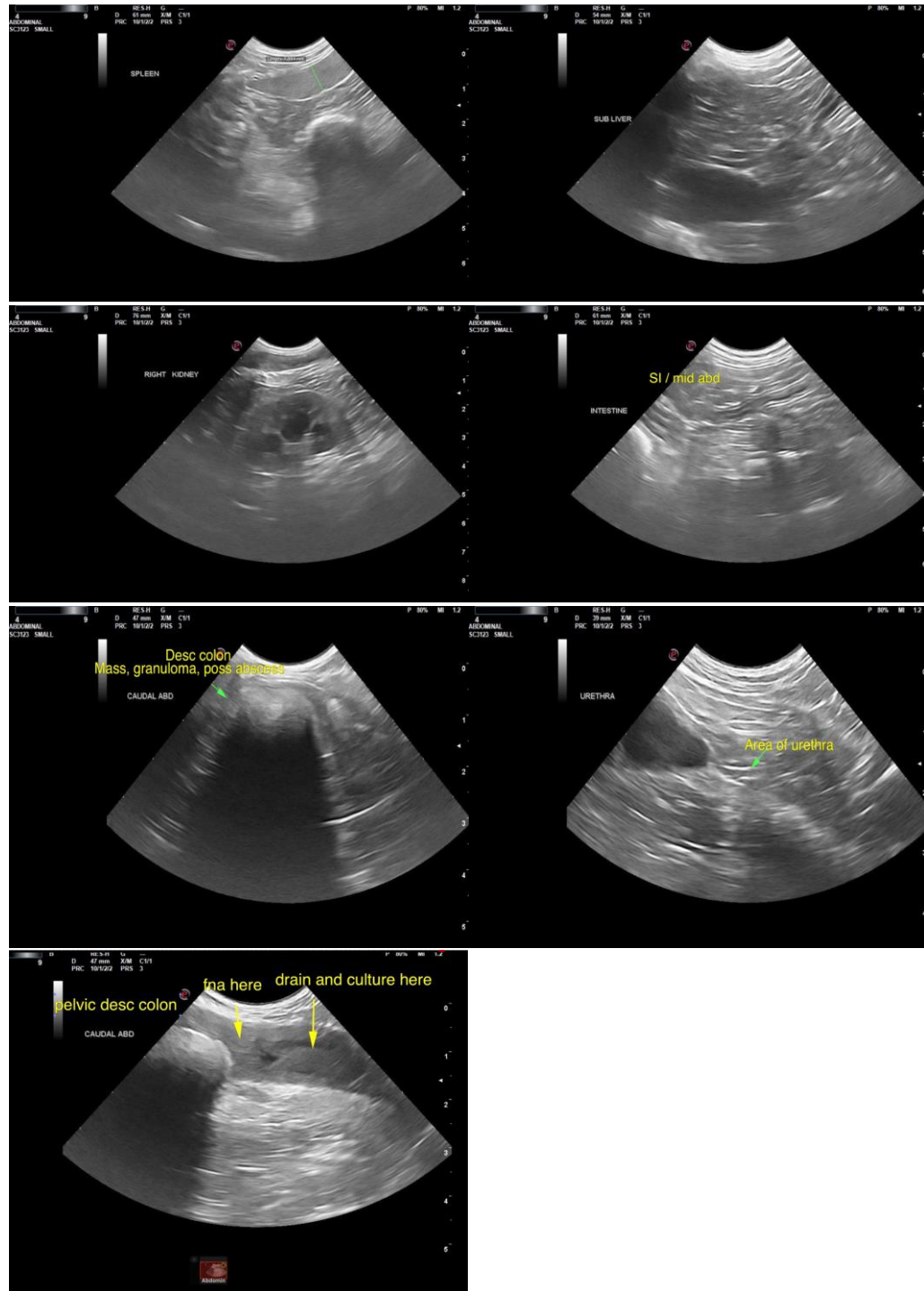
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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)

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info@SonoPath.com

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AGE

1 yr 10 mo

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