



PATIENT	PRESENTING CLINICAL SIGNS
Baxter James Walsh	History: Weight loss with possible mid-abdominal intestinal mass and irregular kidneys.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9, QAR, + Murphy on portions of AUS. BW: SDMA 21, Creat. 2.5, Alb 2.3.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Himalayan	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	Adrenal Glands
MN	The bilateral adrenal glands were not definitively visualized.
AGE	Spleen
11.5 yr	The spleen was normal in size measured 0.94 cm in width. Subtle areas of medial capsule asymmetry and heterogeneous parenchyma exhibiting subtle diffuse parenchymal changes along with focal to intermittent hypoechoic nodules were noted. An example of a splenic nodule measured 0.5 cm in diameter.
WEIGHT	Liver
10 lb	The left, mid and majority of the right liver exhibited normal size and contour and normal parenchyma echogenicity with a mild to moderate coarse echotexture. A mild to moderately expansive mass was present in the area of the caudate liver lobe as well of the pancreas base and right pancreatic limb measuring approximately 6 cm x 4 cm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic nonshadowing ingesta with no signs of ileus, obstruction or foreign material.
IMAGING PERFORMED BY	Small Intestine
Dr. Ebersole	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A segment of the small intestine exhibited hypoechoic mural hypertrophy with loss of discernable wall layering in the mid to right cranial abdomen measuring approximately 4-5 cm in length with wall width up to 1.1-1.2 cm.
HOSPITAL NAME	Pancreas
Scanvet	The visualized left pancreas exhibited normal size and contour with mildly heterogeneous to hypoechoic parenchyma.
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PATIENT

Free Abdomen

Baxter James Walsh

Small pockets of scant free fluid were noted.

SPECIES

Feline

Focal to regional enlarged mesenteric lymph nodes were present around the segment of thickened intestine. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. The nodes exhibited borderline abnormal width: length ratio. Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm x 1.1 cm.

BREED

Himalayan

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Small intestinal mural mass with associated regional mesenteric lymphadenopathy
- Bilateral nodular renomegaly
- Mass in the area of caudate liver/right pancreas
- Micronodular to nodular spleen
- Small pockets of peritoneal free fluid

AGE

11.5 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10 lb

Although sampling is required for further assessment, the abnormalities are most consistent with multicentric neoplasia involving the segmental intestine and regional lymph nodes, potential caudate liver or pancreas and suspected spleen. Lymphoma vs other round cell neoplasia or carcinoma is likely. Assuming normal clotting status, an ultrasound guided FNA of the abnormalities could be considered for screening cytology and oncology consult. Unfortunately this case appears to be nonsurgical. An unfavorable prognosis is likely indicated.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ebersole

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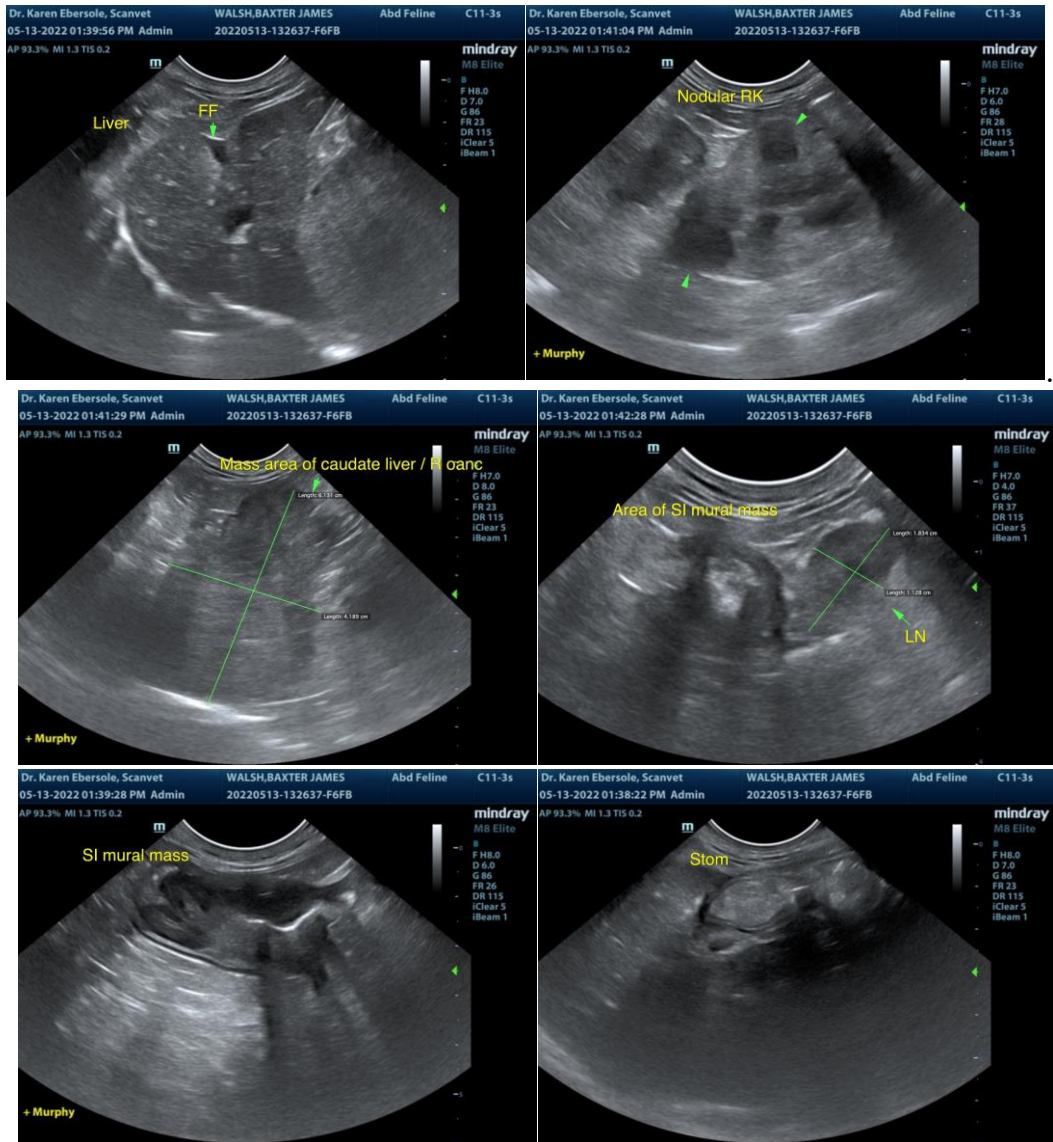
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PATIENT

Baxter James Walsh

SPECIES

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SEX

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AGE

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WEIGHT

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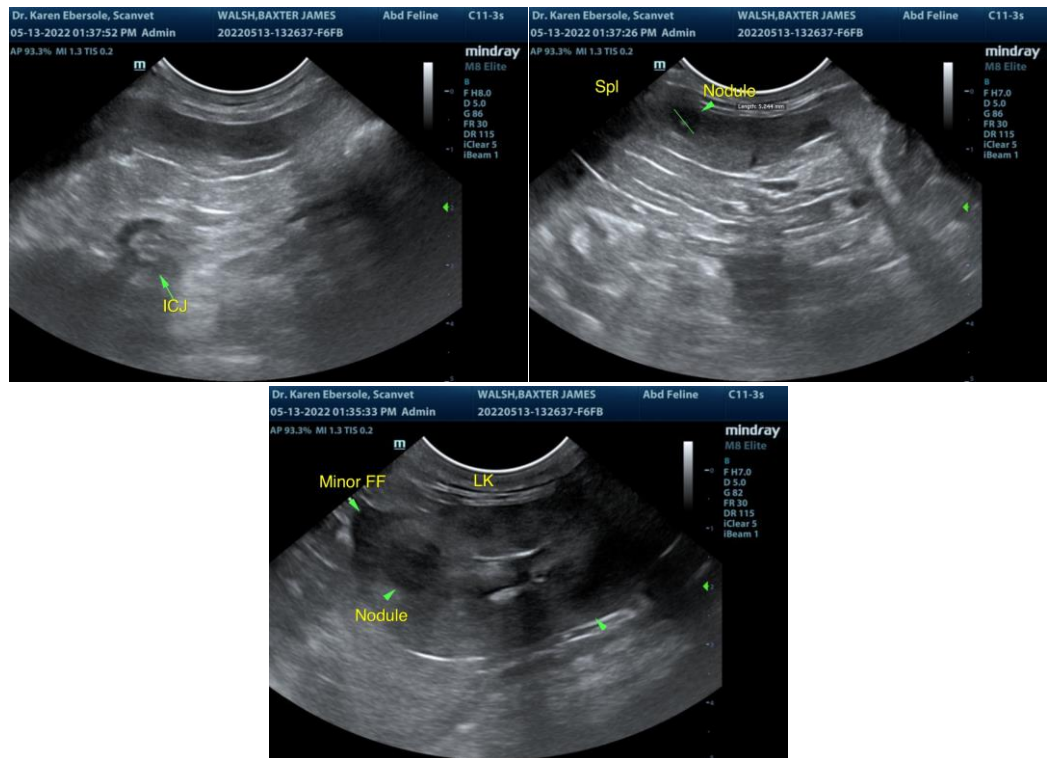
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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