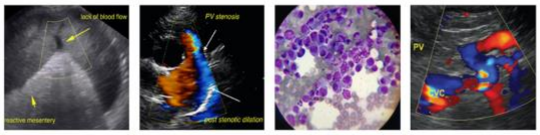
Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Noche Bersten

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2009

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Carlisle SAVC

REFERRING VET

Dr. Morrison

INVOICE

37798

DATE

5/20/22

PRESENTING CLINICAL SIGNS

Sensitive stomach, vomited foreign object, inappetance, lethargy Elura

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

Normal size and margination was 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 meaursed 3.9 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.36 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.88 cm in width at the level of the hilus. 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

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.

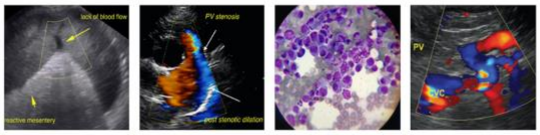
Gastrointestinal

The gastric fundus and body extending into the area of the pylorus exhibited intact and sonographically unremarkable wall layering with minor retained chyme and luminal gas. No evidence of gastric distention with retained ingesta, fluid or foreign material. Ventral gastric body wall measured 0.25 cm.

An expansive, asymmetrical, non-homogeneous, hypoechoic mass appearing to involve and originate from the right cranial abdominal small intestine was noted. The mass measured approximately 5-6 cm in diameter with associated regional mildly hyperechoic mesentery. No overt evidence of peritoneal free fluid. Segments of intestine not involved with the mass exhibited intact wall layering with segmental propensity for mildly prominent muscularis layer. Small intestinal wall not involved with the mass measured 0.25 cm in width. No overt evidence of additional areas of loss of intestinal wall layering or additional intestinal masses. No evidence of mechanical or metabolic ileus pattern.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Noche Bersten

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2009

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Carlisle SAVC

REFERRING VET

Dr. Morrison

INVOICE

37798

DATE

5/20/22

Pancreas

The area of the pancreas base and right pancreatic limb was ill visualized owing to the presence of the intestinal mural mass.

Free Abdomen

Focal cystic lymph node versus omental cyst noted in the subjective mid abdomen, measuring 1.5 cm in diameter.

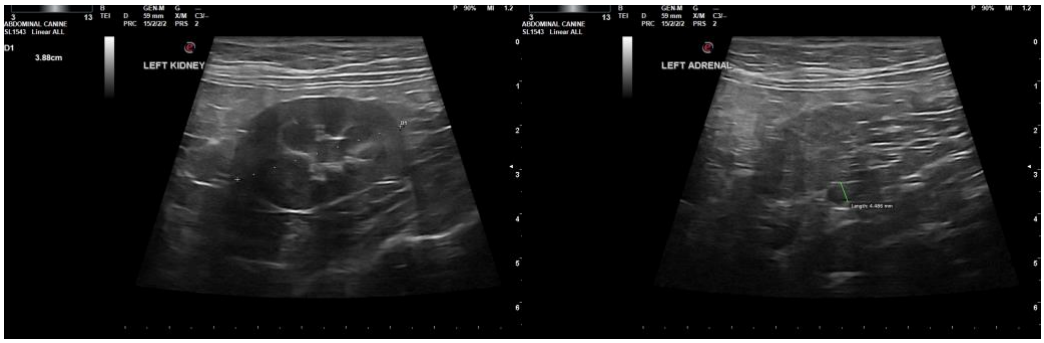
ULTRASONOGRAPHIC FINDINGS

- Expansive intestinal mural mass in the right cranial abdomen – suspect duodenal involvement.
- Concurrent small intestinal segments exhibiting intact wall layering with subjective propensity for mildly prominent muscularis layer.
- Focal cystic mid abdominal lymph node versus omental cyst.
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

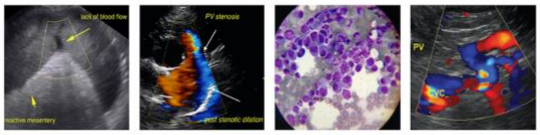
Although sampling is required for further assessment, the intestinal mural mass in the right cranial abdomen is suggestive of neoplastic criteria (i.e., lymphoma or other). Potential for non-neoplastic etiology such as inflammatory or granulomatous (dry FIP) disease possible, yet thought less likely. The mass appears to be originating from the cranial abdominal small intestine, yet the possibility of non-neoplastic origin (i.e., pancreatic origin involving the cranial abdominal intestinal segments) cannot be definitively excluded.

Assuming normal clotting status, ultrasound guided FNA of the intestinal mural mass for screening cytology and potential for oncology or surgical consult could be considered. 3-view chest radiographs suggested if not done.



Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Noche Bersten

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2009

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Carlisle SAVC

REFERRING VET

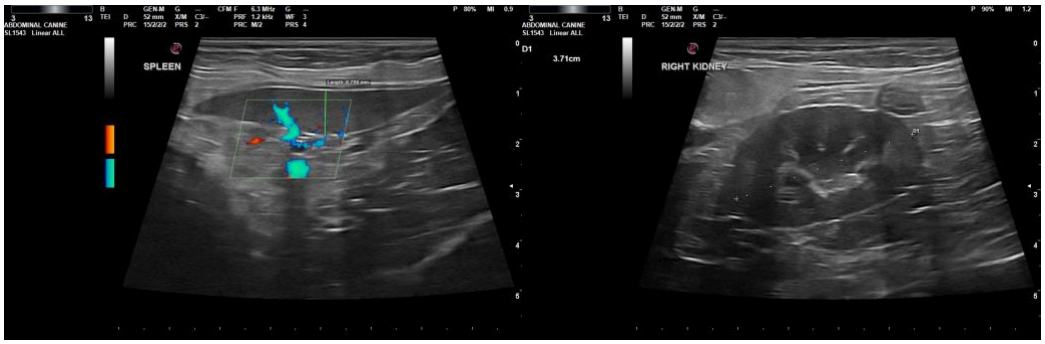
Dr. Morrison

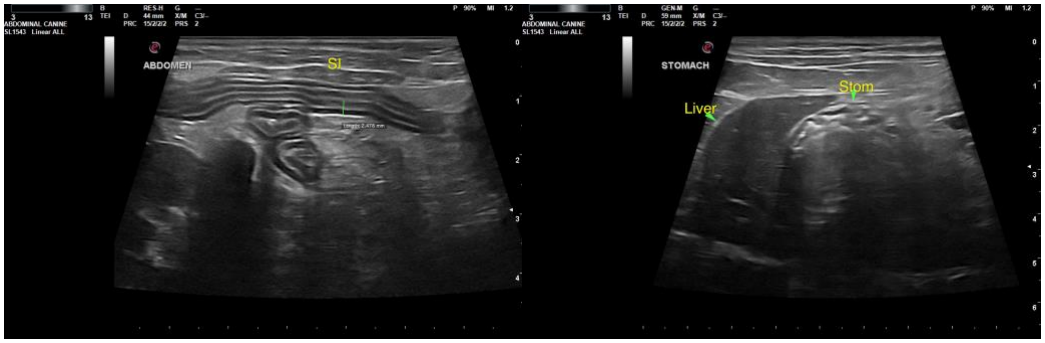
INVOICE

37798

DATE

5/20/22





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