SonoPath
Clinical Sonography & Telecytology
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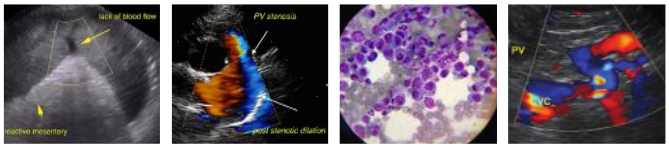

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gizmo Casale

SPECIES

Feline

BREED

British Short Hair

SEX

FS

AGE

21 years

WEIGHT

5.08 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

D.r Mucera

INVOICE

13774

DATE

5/3/22

PRESENTING CLINICAL SIGNS

Decreased appetite, loss weight, muscle waste, no V/C/S/D/PU/PD,
Abnormal PE/Chem/CBC/UA Results: Irregular firm Mass palpated on mid-caudal abdomen +/- 4 CM. no BW performed. BCS 3/9

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. Primarily anechoic urine was present in the lumen with small calculi present in the dependent lumen. An example measured 0.5 cm. Estimate 2-3 present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory urinary bladder criteria 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 moderate 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 3.0 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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen was mildly subnormal in size exhibiting mild parenchyma heterogeneity. The spleen maintained a symmetrical capsule contour with no overt evidence of neoplastic criteria. The spleen measured 0.43 cm width. Although not definitive with potential for patient variant, splenic volume contraction owing to dehydration could be possible.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 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 0.26 cm.

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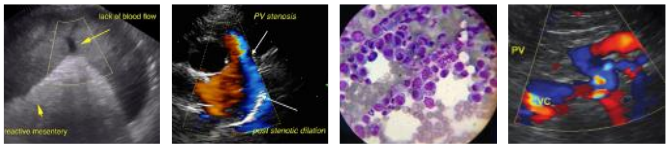

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A moderately sized, midabdominal Intestinal mural mass exhibiting moderate to marked variable hypoechoic mural hypertrophy and loss of discernable wall layering, measuring approximately 4.0-5.0 cm in length with wall width measuring up to 1.5 cm was present. Adjacent intestine exhibiting intact wall layering with subjective propensity for mildly prominent muscularis layer was present.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent regional mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph node measured 1.4 cm x 0.6 cm. Subtle evidence of reactive mesentery was noted around the intestinal mural mass. No evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mid abdominal intestinal mural mass - consistent with neoplastic criteria, Inflammatory or granulomatous (Dry form FIP), possible yet thought less likely
- Associated mild regional mesenteric lymphadenopathy - lymphoid hyperplasia, reactive lymphadenitis, or early neoplastic lymphadenopathy possible

Secondary Findings

- Bilateral moderate chronic renal changes
- Small cystic calculi / mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mural mass is suspected to be involving the midabdominal small intestine, likely jejunum. Ultrasound guided FNA of the intestinal mural mass for screening cytology and potential for oncology consultation could be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested if not done.

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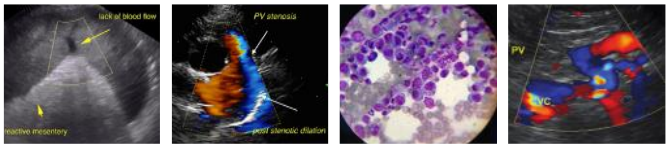

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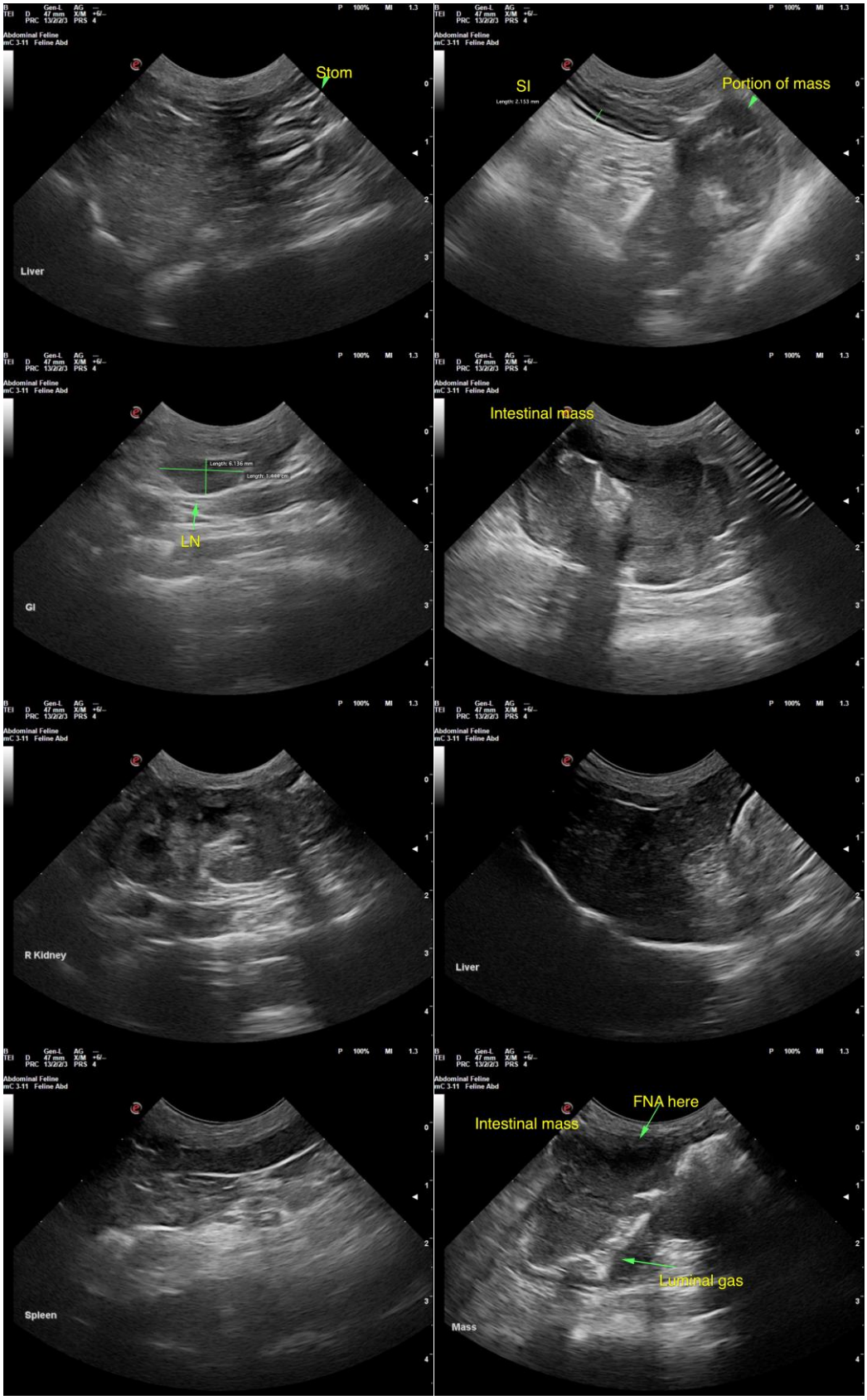

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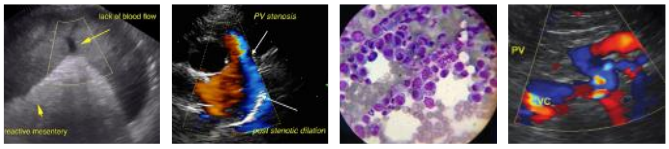

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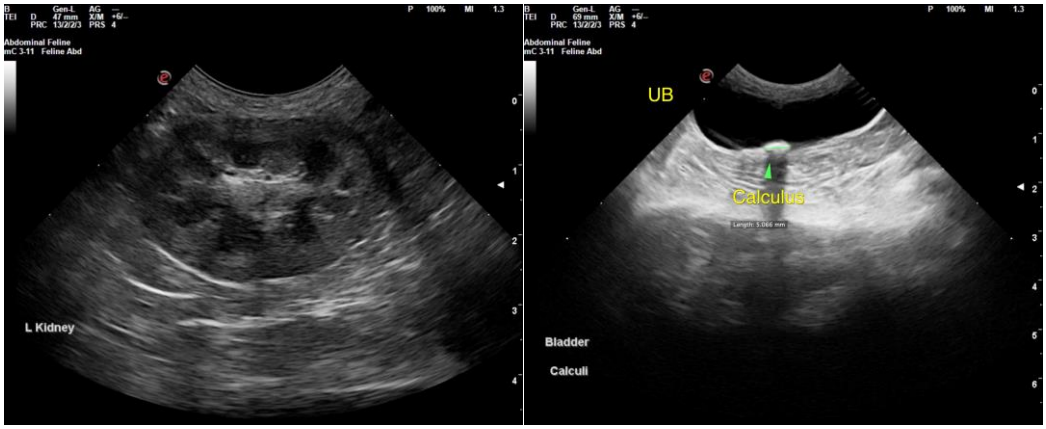

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com