



PATIENT PRESENTING CLINICAL SIGNS

Oreo Steco Chronic intermittent vomiting, decreased appetite, PU/PD Cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. No overt evidence of neoplastic criteria was noted. Minimal to mild anechoic urine was present with no sediment or calculi noted. The urethra was normal in structure and tone to a depth of 3.0 cm.

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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 3.3 cm in length. The right kidney measured 3.6 cm in length.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

Spleen

The spleen was normal in size with minor asymmetrical medial capsule contour exhibiting subtle splenic parenchyma heterogeneity. No overt evidence of neoplastic criteria was noted. The spleen measured 0.74 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

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.

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Gastrointestinal

REFERRING VET

Dr. Dengler

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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The small intestine exhibited intact wall layering with segmental maintained 1:3 muscularis/mucosa ratio, as well as segmental mild altered muscularis/mucosa ratio owing to segmental propensity for intact yet prominent wall layering secondary to mildly prominent muscularis layer. Mid-abdominal small intestinal mural mass exhibiting variably yet moderate hypoechoic mural hypertrophy and loss of discernable wall layering measuring approximately 3.3 cm in diameter with wall width up to 1.1 cm, was present.

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

Oreo Steco **Pancreas**

SPECIES 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 were evident.

Feline

Free Abdomen

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Associated peri intestinal peritonitis exhibited by regional peri intestinal generalized hyperechoic mildly nonuniform mesentery was present, along with mild volume peritoneal free fluid. Evidence of concurrent significant lymphadenopathy was not definitively evident, yet non-visualized omental lymphadenopathy cannot be excluded.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

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- Intestinal mural mass with concurrent segmental, likely adjacent, thickened small intestine exhibiting intact yet altered wall layering
- Regional peri intestinal to generalized peritonitis exhibited by nonuniform mildly hyperechoic mesentery and mild volume peritoneal free fluid

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Secondary Findings

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- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Although sampling is required for further assessment, the intestinal mural mass is strongly suggestive of neoplastic criteria such as high-grade lymphoma, mast cell neoplasia, carcinoma, or other. Potential for non-neoplastic etiologies such as significant inflammatory disease, granulomatous disease (Dry Form FIP), or others, are possible yet thought less likely.

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The adjacent to regional small Intestine around the intestinal mural mass exhibiting intact yet altered muscularis/mucosa ratio is concerning for additional regional Intestinal inflammatory or concurrent early neoplastic changes. Likewise, the possibility of regional omental seeding and / or peritoneal free fluid owing to lymphatic obstruction i.e., lymphomatosis or similar is of high suspicion, yet not definitive.

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Assuming normal clotting status, ultrasound guided FNA of the intestinal mural mass for screening cytology with potential for oncology consultation is suggested and recommended prior to any potential surgical considerations. Three view chest radiographs are recommended.

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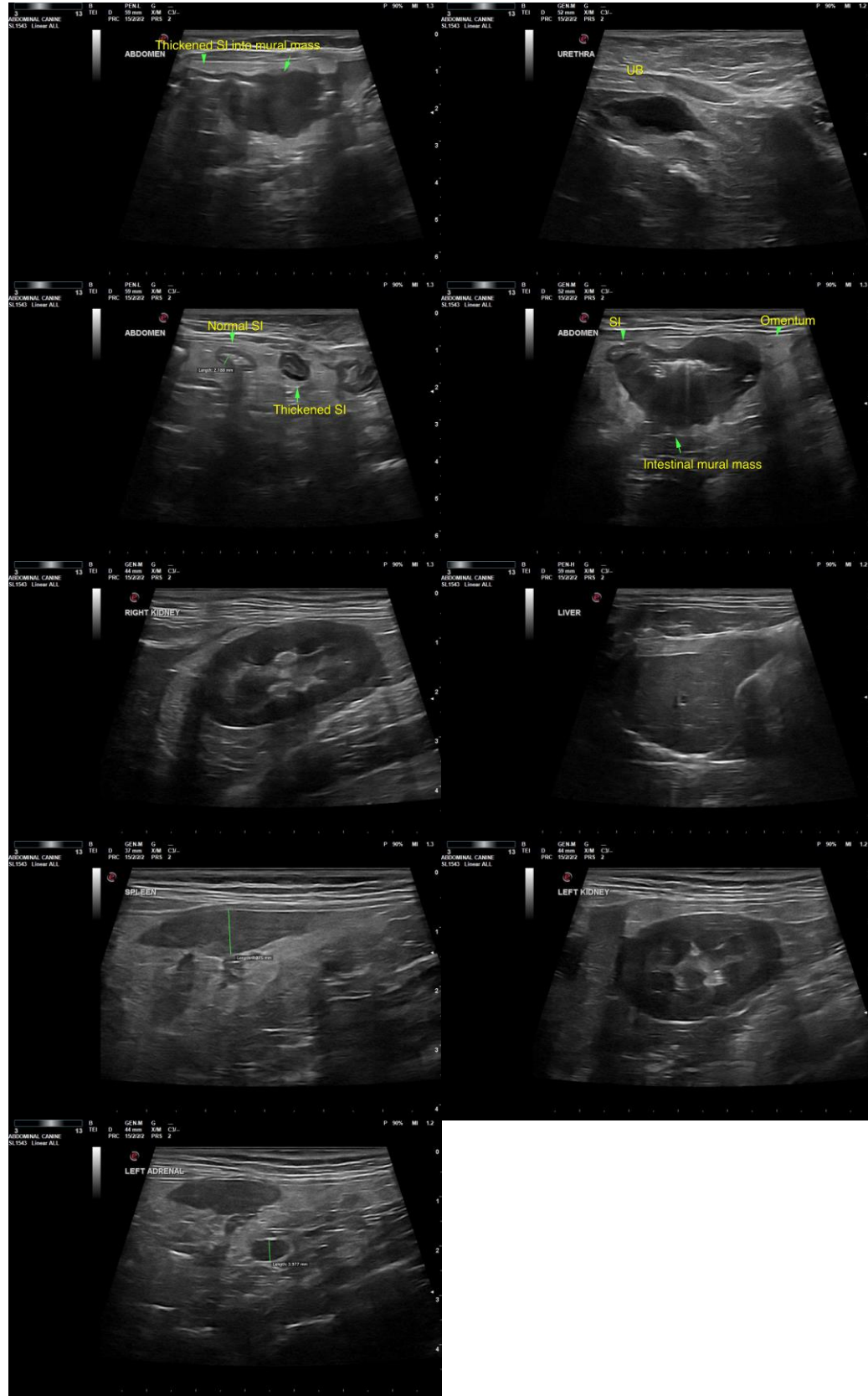
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Oreo Steco

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Feline

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.

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