

PATIENT

Whiskey Ankama

PRESENTING CLINICAL SIGNS

Weight loss, poor appetite, possible abdominal mass. Lymph nodes in neck are enlarged.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen. Focal minor dependent luminal mineral noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

DSH

SEX

Neutered Male

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 3.5 cm with scant pyelectasia. The left kidney measured 4.6 cm.

AGE

14 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.33 cm.

WEIGHT

11.4 Pounds

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.95 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.

INTERPRETED BY

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

Liver

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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. Small thinly walled intraparenchymal cysts were noted in the caudal liver lobe, containing anechoic fluid measuring 0.80 cm diameter. 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. Mild non-organized echogenic gallbladder sludge. The cystic and common bile ducts were normal.

HOSPITAL NAME

East Boston AH

Gastrointestinal

REFERRING VET

Dr. Raman Chopra

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. Gastric body wall measured 0.25 cm.

INVOICE

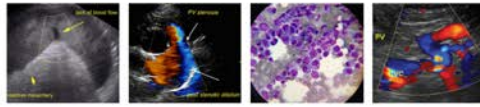
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The small intestine presented intact to generalized thickened wall layering exhibiting inverted muscularis to mucosa ratio owing to generalized variable to markedly thickened intestinal muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured up to 0.60 cm. Ileocolic wall measured 0.36 cm.

DATE

5/6/23

The colon exhibited intact yet generalized mildly thickened wall layering with semifirmed to soft fecal matter.



PATIENT *Pancreas*

Whiskey Ankama The left pancreatic limb was normal in size with minor capsule asymmetry. Subtly non-homogeneous hypoechoic parenchyma with minor pancreatic duct dilation.

SPECIES *Free Abdomen*

Feline Multifocal enlarged, hypoechoic intraabdominal lymph nodes were present. The largest measured 4.0 cm x 2.5 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

BREED *Free Abdomen*

DSH Scant peritoneal free fluid noted.

SEX **ULTRASONOGRAPHIC FINDINGS**

- Neutered Male
- Infiltrative enteropathy with associated variable to marked mesenteric lymphadenopathy.
 - Thickened colon with semiformal/soft fecal matter.
 - Mildly non-homogenous liver with minor gallbladder debris.
 - Moderate chronic renal changes.
 - Possible concurrent low-grade/chronic pancreatitis.

AGE

14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.4 Pounds

General considerations for the small intestine may include inflammatory versus neoplastic infiltrative enteropathy (i.e., IBD/eosinophilic enteritis versus round cell neoplasia such as lymphoma or other) with associated mesenteric lymphatic hyperplasia, reactive lymphadenitis, or neoplastic lymphadenopathy. Dry form FIP is technically a potential, yet considered less likely, given the age of the patient. Neoplastic criteria is favored, given degree of intestinal altered wall layering and degree of mesenteric lymphadenopathy.

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 DABVP (Canine and Feline)

Assuming normal clotting status, FNA cytology of an enlarged lymph node is warranted for further clarification. Intestinal and lymphatic biopsies may be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 3-view chest radiographs suggested if not done. Empirically, as needed gastrointestinal support with IBD protocol would be reasonable.

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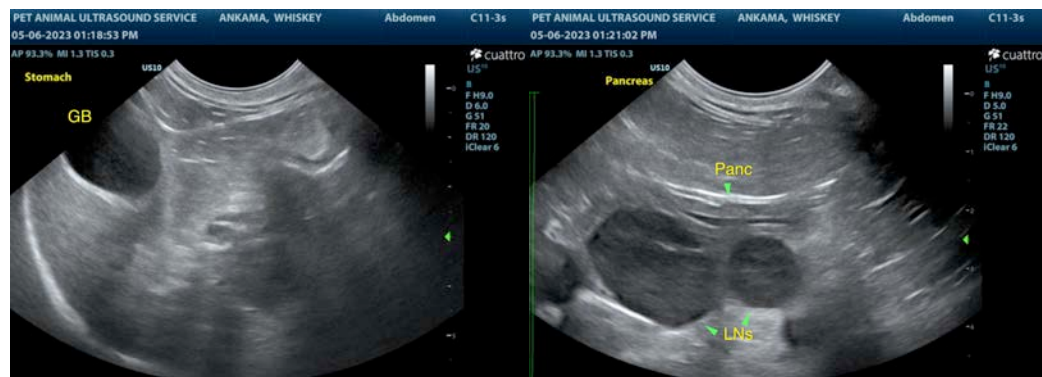
Dr. Raman Chopra

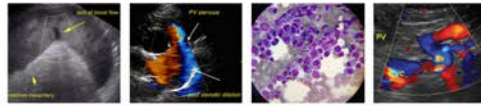
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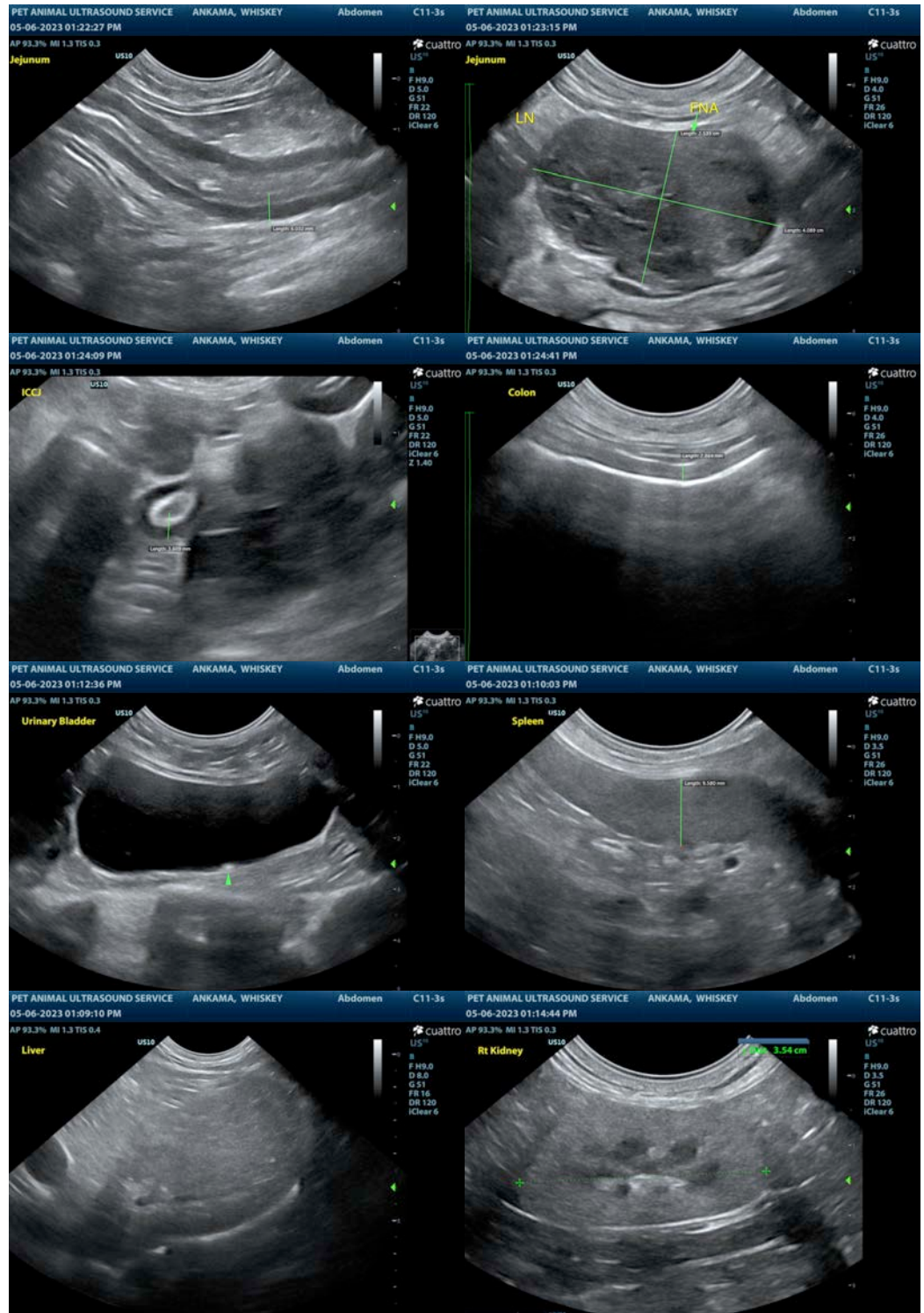
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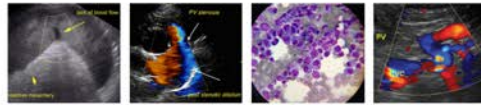
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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