



**PATIENT PRESENTING CLINICAL SIGNS**

Solomon Gangle History: Chronic vomiting and anorexia with weight loss - palpable mass felt upon palpation

**SPECIES** Abnormal PE/Chem/CBC/UA Results: See attached - anemia and increased WBC's See attached radiographs - mass affect within the abdomen

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Tabby 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 moderate nondependent particulate to focally hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX** MN 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. Subtle to focal hypoechoic halo sign was present in the medial left kidney which may indicate minor subcapsular fluid.

**WEIGHT** 12 The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

9.7 The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

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**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. The spleen measured 0.85 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**  
Amanda Crook

**HOSPITAL NAME** *Liver*

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. No overt evidence of neoplastic criteria was observed.

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**REFERRING VET**

Dr. David Gray

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with hyperechoic nonorganized debris. This finding is likely incidental given the lack of hepatic enzyme elevations and may be secondary to fasting. The cystic and common bile ducts were normal.

**INVOICE**

10870ag

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

**DATE**

06/22/2022



**PATIENT**

Solomon Gangle

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A solitary moderately sized intestinal mural mass likely jejunal in location measuring approximately 6 cm in diameter with wall width up to 1.3 cm was present in the mid abdomen. The mass exhibited moderate mural hypertrophy, decreased mural echogenicity and loss of discernible wall layering. Mild regional hyperechoic peri intestinal mesentery and potential for very scant associated peri intestinal free fluid was present.

**SPECIES**

Feline

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

**BREED**

***Pancreas***

Tabby

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**SEX**

***Free Abdomen***

MN

No overt lymphadenopathy was present.

**AGE**

12

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

9.7

- Mid abdominal small intestinal mural mass with mild regional peritonitis
- Nonspecific bilateral chronic renal changes with minor focal medial left kidney hypoechoic halo sign
- Gastric ingesta
- Suspect concurrent low grade pancreatitis
- Moderate urinary bladder sediment

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary finding in this study is the small intestinal mural mass most likely consistent with high grade neoplasia such as lymphoma, although sampling is required for further assessment. Non neoplastic etiologies such as severe inflammatory or granulomatous (dry form FIP) are possible yet thought less likely. Strong concern for emerging multicentric neoplasia with left renal involvement given the left kidney presentation with concurrent focal medial halo sign. Assuming normal clotting status an ultrasound guided FNA of the SI mural mass as well as the left kidney cortex using a 25g needle is warranted for screening cytology and potential oncology consult. Subjectively the mural mass appears to be amendable to surgical resection yet assessment for multicentric neoplasia is required prior to any surgical considerations. Three view chest radiographs suggested to assess for thoracic pathology if not already done.

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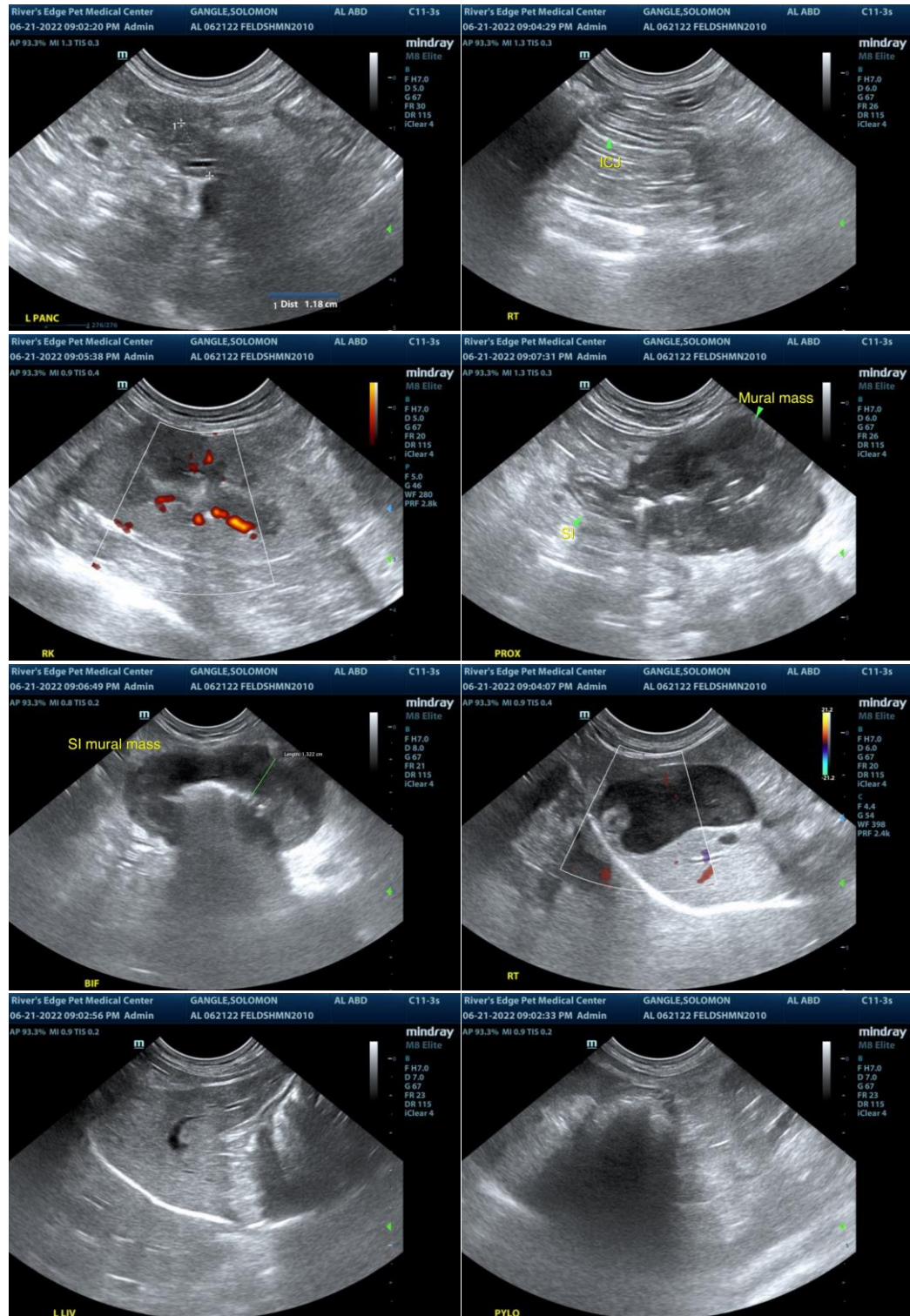
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## PATIENT

Solomon Gangle

## SPECIES

Feline

## BREED

Tabby

## SEX

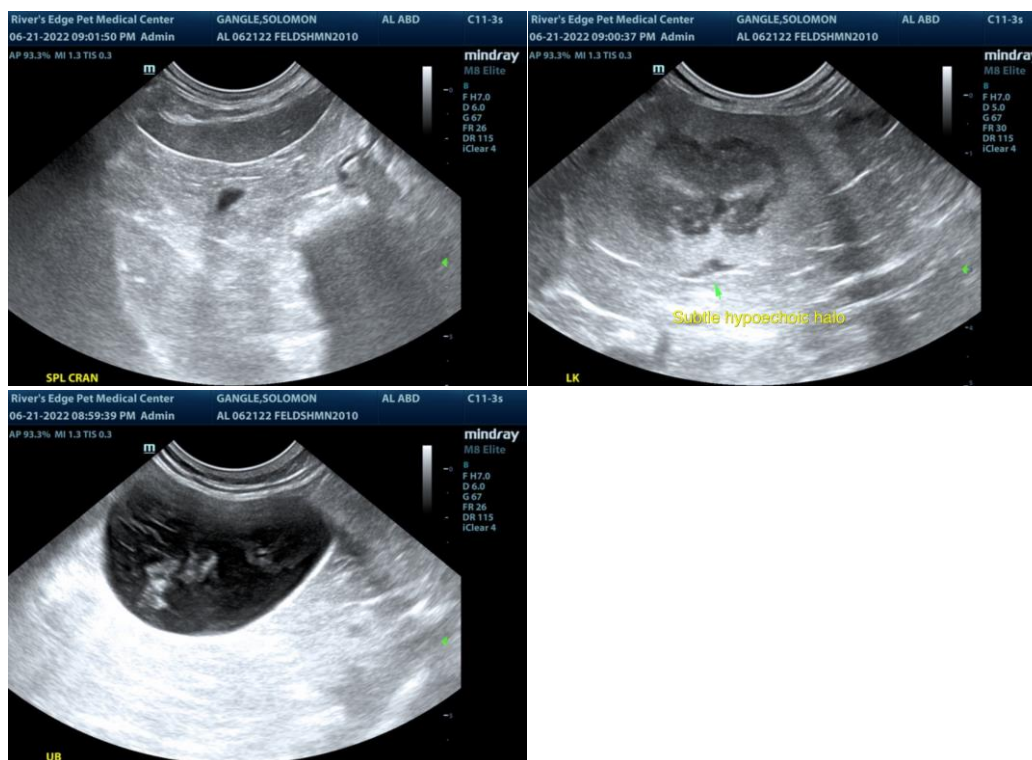
MN

## AGE

12

## WEIGHT

9.7



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(Canine and 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.

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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