



PATIENT PRESENTING CLINICAL SIGNS

Pudgy Gephart History: 8# weight loss in 6 months, lethargy, now not eating and vomiting for several days, icteric
 ALP 157, ALT 194, AST 192, TBIL 2.1, Ca 9.2, WBC 3.3, HCT 42

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

SEX 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 measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

AGE 2011 The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT 15.8 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 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 0.59 cm in width at the level of the hilus.

IMAGING PERFORMED BY
Liver

Rebekah Jakum, CVT ARDMS/RVT
 The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME
Gastrointestinal

Pottstown Animal Wellness Service
 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 measured 0.25 cm in width.

REFERRING VET Dr. DiBuono
INVOICE 10944ag
 The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. A segmental small intestinal mural mass exhibiting moderate to marked hypoechoic mural hypertrophy with loss of discernable wall layering was noted. The small intestinal wall measured up to 0.60 cm, up to 1.1 cm width in the area of the intestinal mural mass.

DATE
 06/24/2022



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

Pudgy Gephart **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 was evident.

Feline

Free Abdomen

BREED No peritoneal effusion was present.

DSH Intermittent to multiple focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.7 cm x 1.1 cm.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

2011

- Infiltrative enteropathy with segmental small bowel mural mass
- Associated intermittent hypoechoic to prominent mesenteric lymph nodes exhibiting minor perilymphatic reactivity
- Hepatomegaly exhibiting mild uniform parenchyma hyperechogenicity
- Mild chronic renal changes

WEIGHT

15.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The appearance of the small intestine is consistent with infiltrative enteropathy with general considerations including inflammatory (IBD/eosinophilic enteritis) vs neoplastic (lymphoma, mast cell neoplasia or other) enteropathy. Neoplastic criteria in this case is favored given the segmental intestinal mural mass and concurrent mesenteric lymphadenopathy. Concurrent cholangiohepatitis, hepatic lipidosis, or possible infiltrative neoplastic hepatopathy is possible. Assuming normal clotting status, an ultrasound guided FNA using a 25g needle of the mural mass, lymph node if accessible and liver for cytology and potential for oncology consult is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as three view chest radiographs to rule out occult thoracic pathology as a contributing factor to the weight loss. Empirically IBD/cholangiohepatitis protocol with assessment of clinical response and monitoring of body weight would be reasonable. A very guarded long term prognosis is indicated.

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ARDMS/RVT

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REFERRING VET

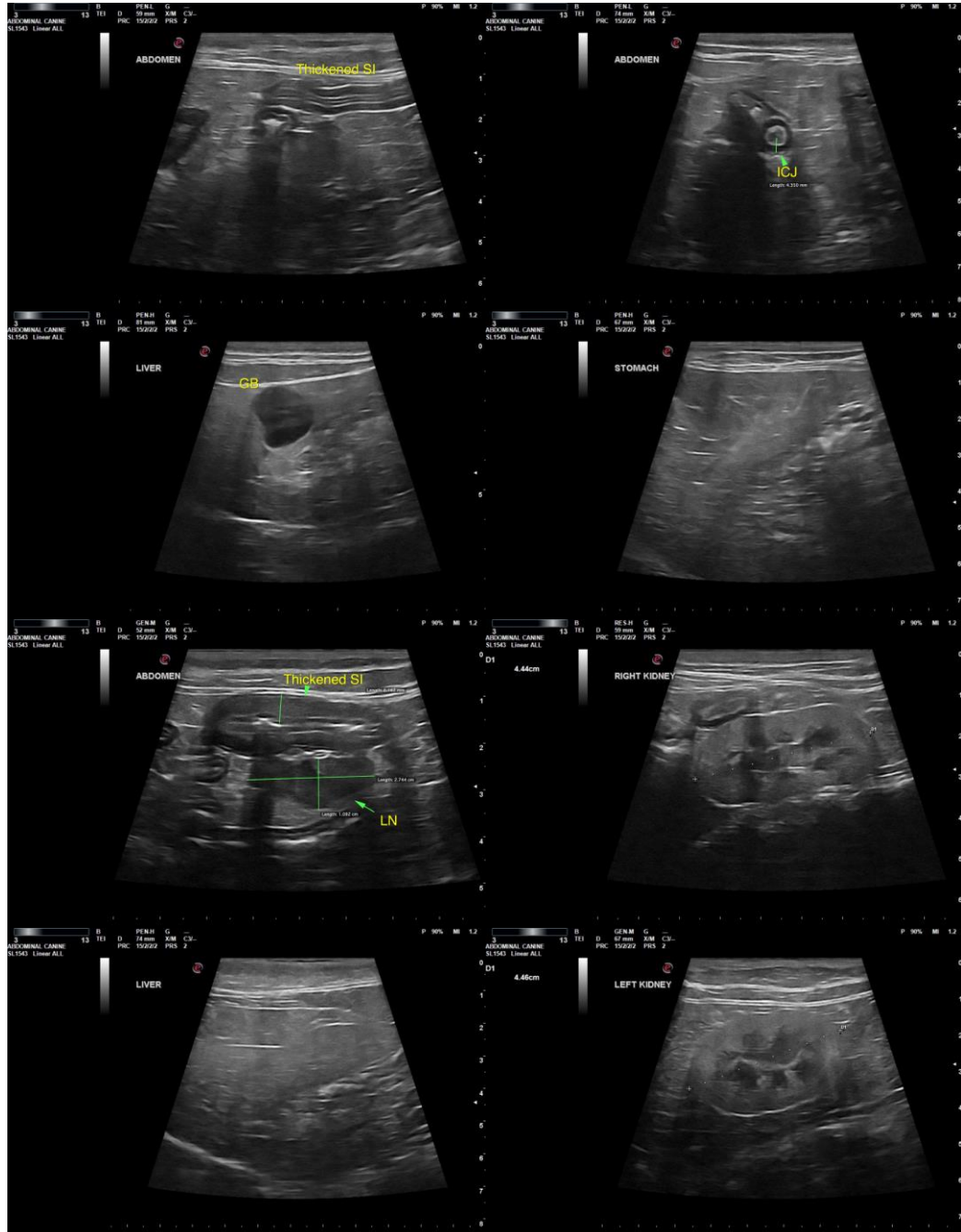
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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