



PATIENT

Salem Priff

PRESENTING CLINICAL SIGNS

Chronic weight loss, allergic dermatitis, on Atopica r/o medicine vs neoplasia vs metabolic Current meds: Atopica

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Lymphopenia 0.5, mono 1.2, Anemia RBC 6, SDMA 18, ALB 2.1, Thyroid WNL, UPC 0.3, SG 1.041

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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 mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

AGE

11yr

Enlarged size and asymmetrical contour were present in the kidneys. A normal 1:3 cortex / medulla ratio and loss of corticomedullary border definition were present. Bilateral variably hyperechoic non-uniform cortex and medulla with minor bilateral pyelectasia. The left kidney measured 5.5 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

14.4lb

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

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

Spleen

The spleen exhibited borderline subnormal size with 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. The spleen measured 0.45 cm in width at the level of the hilus. Possible splenic volume contraction with no evidence of neoplastic criteria.

IMAGING PERFORMED BY

Val Shumskaya

Liver/Gallbladder

HOSPITAL NAME

Legacy Animal
Hospital

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. Normal vascular volume. 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.

REFERRING VET

Dr. Potenzzone

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 measured 0.28 cm in width.

INVOICE

14220ag

The small intestine presented generalized variably thickened with variably altered 1:3 muscularis/mucosa ratio with thickened muscularis layer. Within the subjective mid abdomen a segmental intestinal mural mass exhibiting mild to moderate mural hypertrophy and loss of wall

DATE

06/26/2023



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layering measuring 3-4 cm in length with wall width up to 0.76 cm. Intact thickened intestinal wall measured up 0.33 cm in width.

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

SPECIES

Pancreas

Feline

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.

BREED

Free Abdomen

DSH

A moderately enlarged irregular uniform hypoechoic mid abdominal mesenteric lymph node was present measuring 3.5 cm x 2.6 cm. Intermittent smaller hypoechoic to swollen mesenteric lymphadenopathy was visualized.

SEX

MN

Scant to minor volume peritoneal free fluid was present.

AGE

11yr

- Bilateral renomegaly with variably echogenic non-uniform cortex/medulla.
- Thickened intestine with segmental mural mass.
- Mild abdominal hypoechoic to swollen mesenteric lymphadenopathy with concurrent smaller mesenteric lymphadenopathy.
- Scant to minor peritoneal/retroperitoneal free fluid.

WEIGHT

14.4lb

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although sampling is required for further clarification, primary concern for multicentric round cell neoplasia (lymphoma) or other involving segmental/generalized intestinal tract, mesenteric lymph nodes and potential early involvement of the bilateral kidneys is warranted. Non-neoplastic etiologies possible yet thought less likely.

Assuming normal clotting status and with Benadryl premed an intestinal mass wall and mesenteric lymph node FNA for screening cytology is warranted for further assessment and potential oncology consult.

IMAGING PERFORMED BY

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A full thickness/surgical biopsy may be required for a definitive diagnosis.

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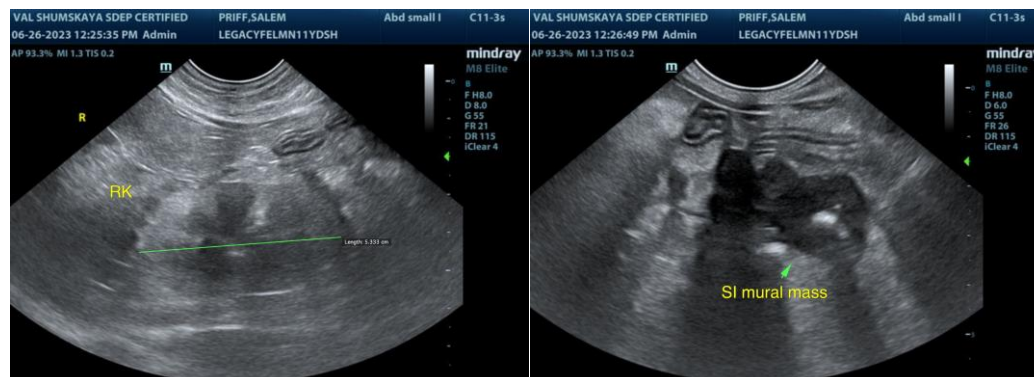
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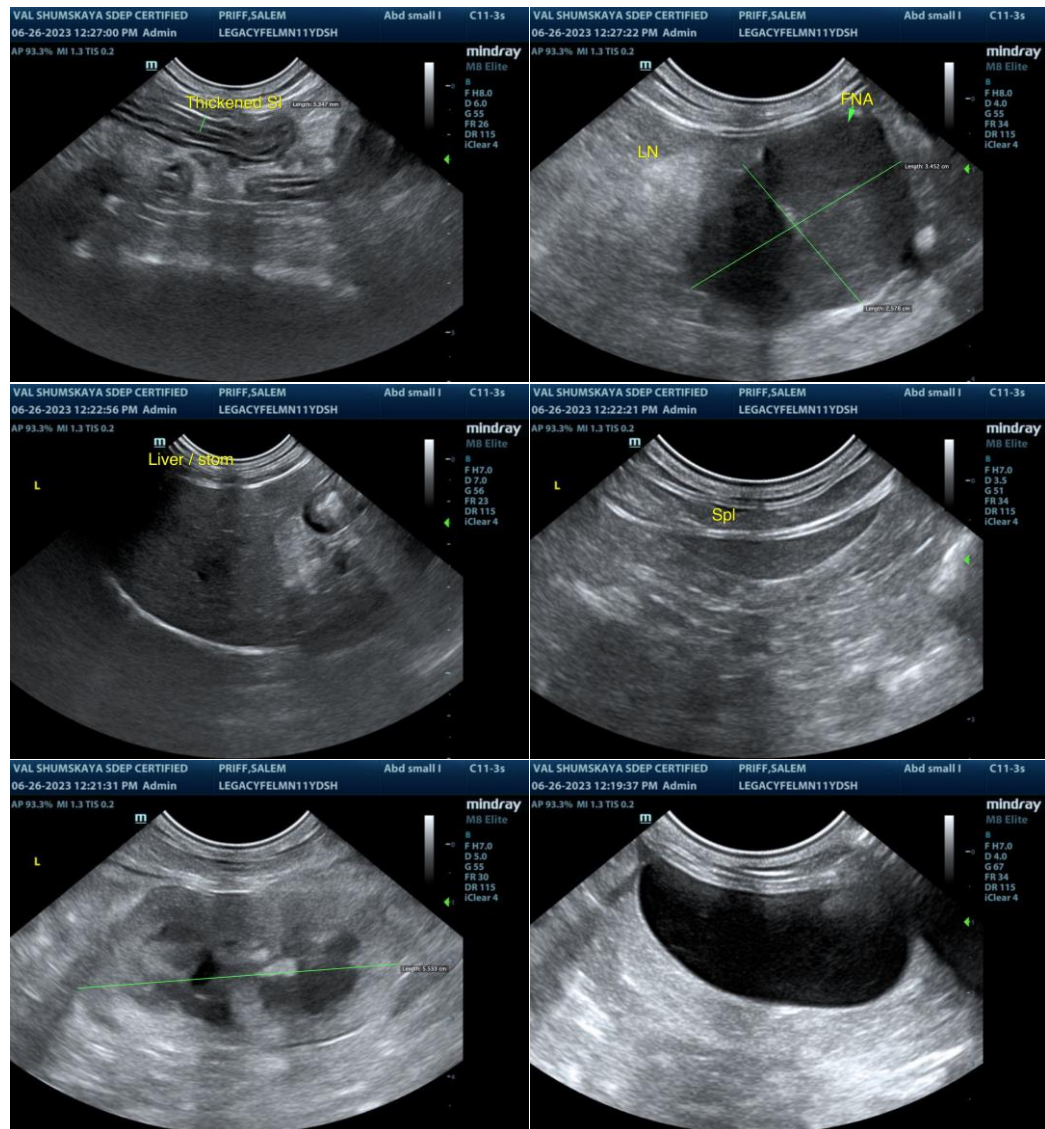
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com