



**PATIENT**

Mash Holub

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4 years

**WEIGHT**

11.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Mansion

**REFERRING VET**

Dr. Parker

**INVOICE**

14005

**DATE**

6/3/22

**PRESENTING CLINICAL SIGNS**

Not eating x 4 days, lethargic. In-house u/s revealed free abdominal fluid. R/O Mass vs cardiac vs other. No murmur auscultated.

Abnormal PE/Chem/CBC/UA Results: wbc 21%, PLT 72

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.

**Adrenal Glands**

The left adrenal gland was not definitively visualized owing to regional periadrenal omental artifact. The right adrenal gland was overtly normal measuring 0.49 cm width.

**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 0.9 cm width at the level of the hilus.

**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.

**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 small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent muscularis layer. The jejunum wall width measured 0.27 cm.



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

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**Pancreas**

**SPECIES**

The pancreas was indistinctly visualized owing to regional peripancreatic omental artifact. Overt pathology in the area of the pancreas was not evident.

Feline

**Free Abdomen**

**BREED**

An ill-defined, mid-right abdominal mass likely involving the intestinal tract and suspected to be in the area of the ileocolic junction was present measuring approximately 5.0 cm x 2.7 cm. Generalized nonuniform to mixed echogenic nodular mesentery was present. No overt evidence of significant lymphadenopathy was noted. Moderate volume peritoneal free fluid exhibiting echogenic changes, consistent with cellular component, was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Ill-defined mass mid right abdomen - suspect intestinal origin at level of ileocolic junction, possible unspecified omental mass possible
- Generalized nonuniform mixed echogenic to nodular mesentery
- Moderate volume peritoneal free fluid exhibiting echogenic changes and likely cellular component

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, the sonographic abnormalities in this patient are consistent with carcinomatosis / lymphomatosis-type presentation likely deriving from the mid to right abdominal mass suspected to be in the area of the ileocolic junction. Further assessment may include effusion analysis, cytology, +/- C/S if evidence of inflammatory cells. Nonspecific / non-neoplastic peritonitis is possible yet is thought less likely. No overt evidence of a cardiogenic component to the effusion or evidence of significant hepatic pathology as a contributing factor to the effusion. A likely unfavorable prognosis is unfortunately indicated.

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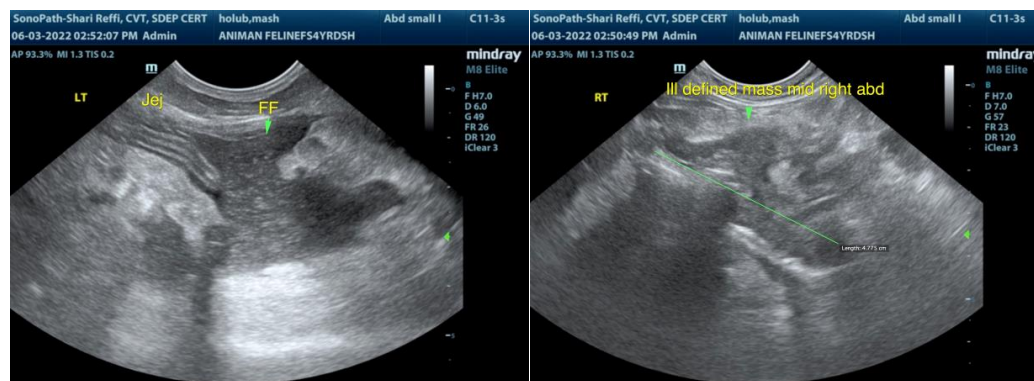
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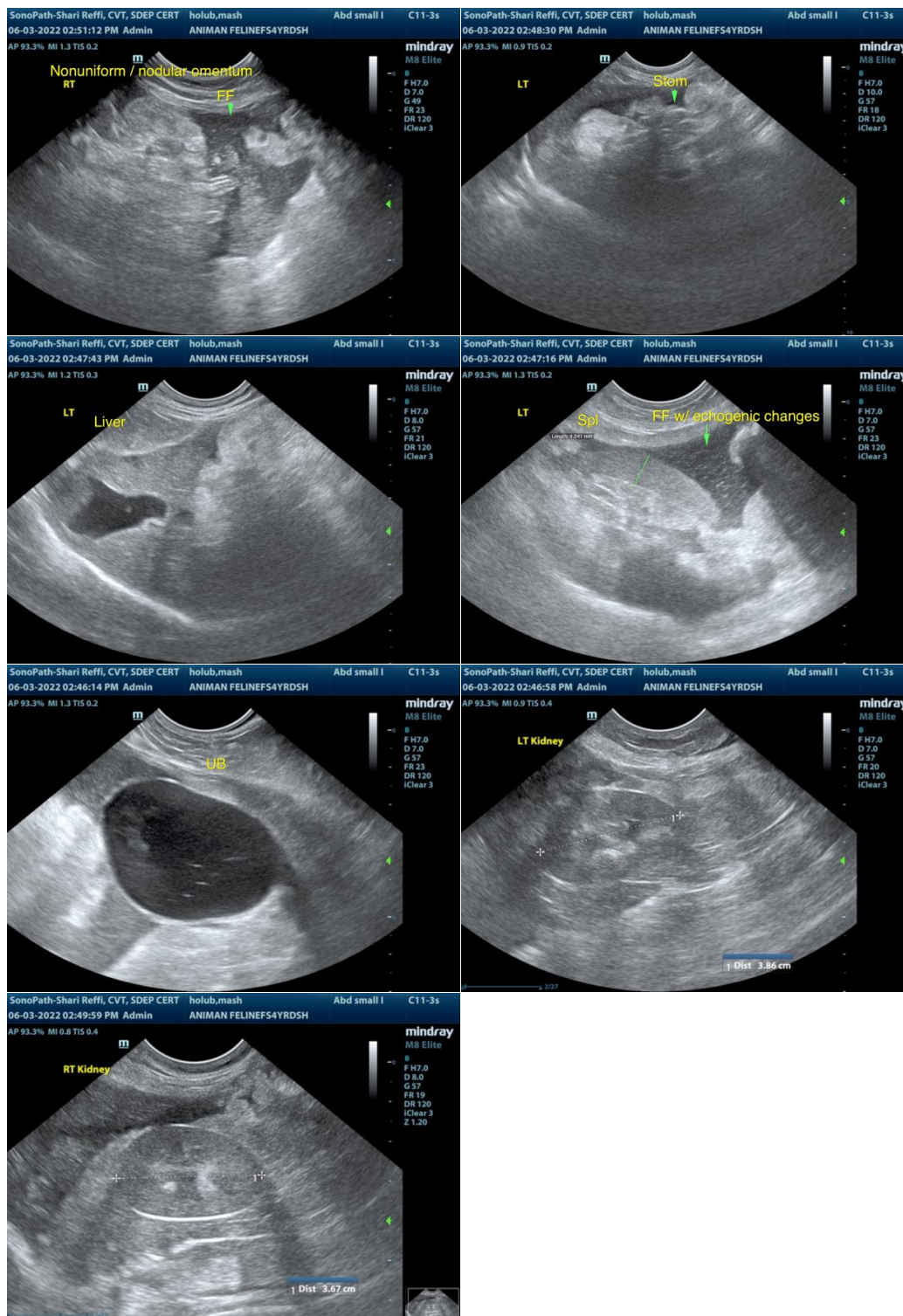
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**info@SonoPath.com**

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