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Clinical Sonography & Telecytology
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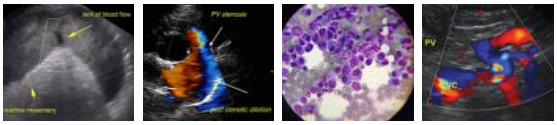


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Nyoka Daly

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13 yr

WEIGHT
9.28 lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Whole Pet Vet Care

REFERRING VET
Dr. DeMarco

INVOICE
10759ag

DATE
06/07/2022

PRESENTING CLINICAL SIGNS

History: suspect mass/spleen- fluid in abdomen

Abnormal PE/Chem/CBC/UA Results: Current Medications only on dasuquin joint supplement

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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.

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 4.3 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm. No overt pathology in the area of the right adrenal gland.

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 0.68 cm in width at the level of the hilus.

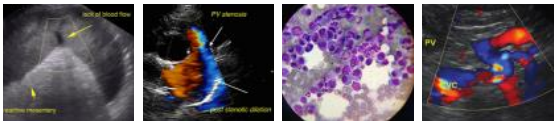
Liver

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, nonshadowing ingesta exhibiting progressive distal acoustic shadowing without signs of obstruction or foreign material. The ventral gastric body wall measured 0.23 cm in width.

A segmental intestinal mural mass was present exhibiting moderate mural hypertrophy, decreased echogenicity and loss of discernable wall layering in the mid to cranial abdomen measuring approximately 6.0 cm in diameter with wall width up to 1.1 cm in width. Surrounding the mural mass the



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regional omentum exhibited nonhomogeneous mixed to nodular presentation. Mild volume peritoneal free fluid was present.

The visualized colon wall layers were overtly normal with apparent semi formed to soft feces in lumen.

Pancreas

The pancreas was not definitively visualized owing to regional peri pancreatic omental artifact.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mural mass with concurrent regional mesenteric infiltrative mass effect-consistent with intestinal neoplasia with carcinomatosis lymphomatosis omental pattern
- Mild retained progressively shadowing gastric ingesta
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately the findings in this case are consistent with probable primary intestinal neoplasia with regional to generalized omental infiltration and carcinomatosis lymphomatosis pattern or similar. This presentation precluded surgical options. Assuming normal clotting status an ultrasound guided FNA of the intestinal mural mass and adjacent omentum if possible for screening cytology and potential for oncology consult could be considered. An unfavorable prognosis is likely indicated.

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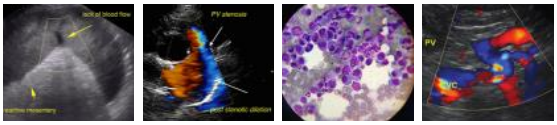

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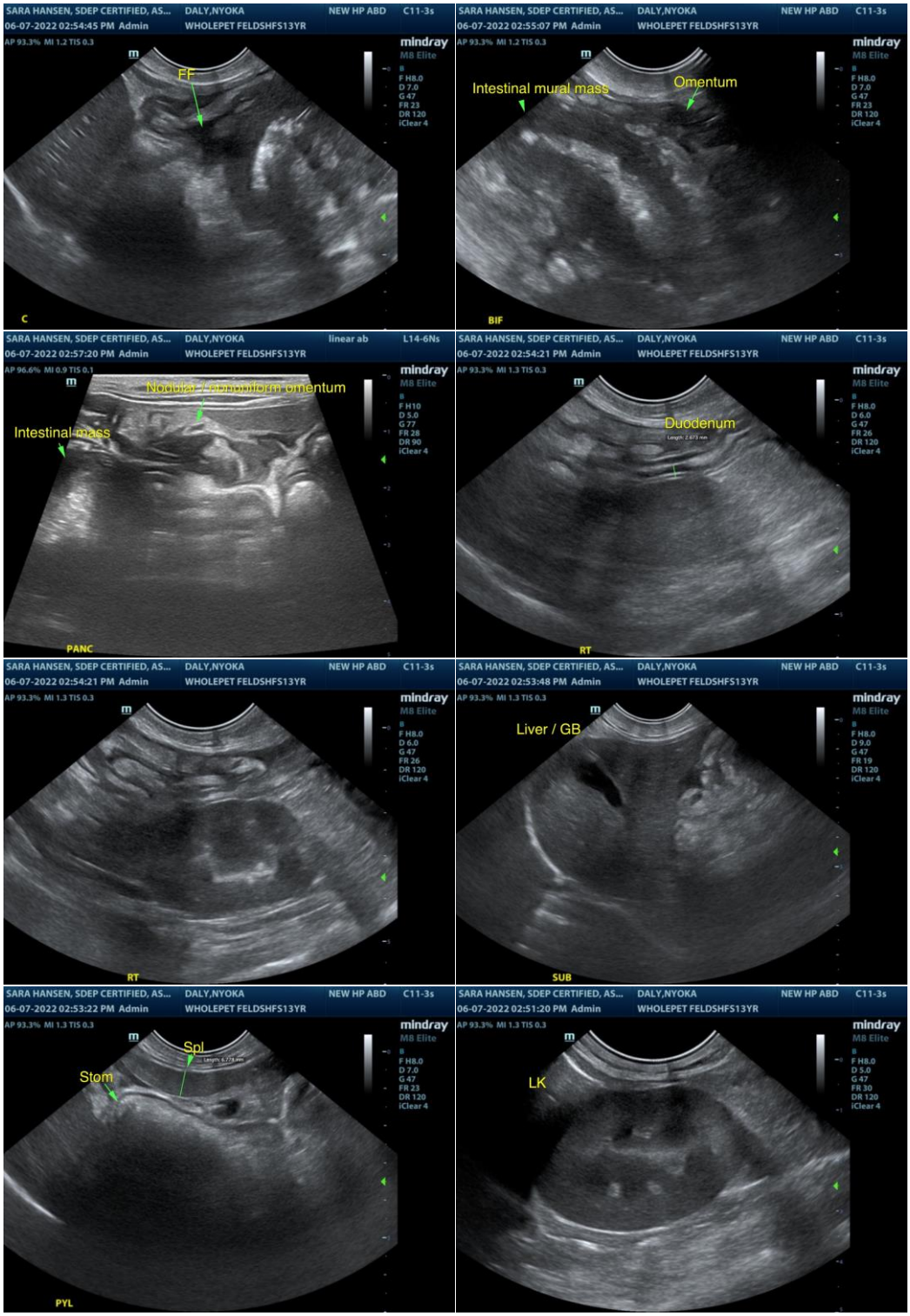

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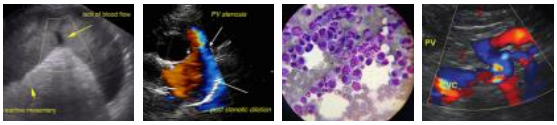

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com