

**PATIENT**

Jabby Thelma Le

**PRESENTING CLINICAL SIGNS**

History: vomiting, undetermined. Fecal neg. No current meds.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: unremarkable BW UA: cocci bacteria, 3-4 RBC per HPF SG: 1.042 (Sept 2021)

**BREED**

DSH

**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.

**SEX**

FS

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 3.6 cm in length. The right kidney measured 3.5 cm in length.

**AGE**

7yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

MA

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

**INTERPRETED BY**

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

**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 0.82 cm in width the level of the hilus.

**IMAGING PERFORMED BY**

Jessica Miller

**Liver**

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.

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**REFERRING VET**

Dr. Baker

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mildly prominent pyloric wall layering with minor retracted anechoic fluid was present. The pylorus wall measured 0.48 cm in width. The gastric body wall measured 0.26 cm in width.

**INVOICE**

11095ag

Segmental thickened intestinal wall exhibiting decreased mural echogenicity and loss of discernable wall layering was present in the mid abdomen measuring approximately 3 cm in length with wall width approaching 1 cm width. Intact yet mildly thickened intestinal walls adjacent to the intestinal mural mass proximally and distally were present measuring 0.25 cm in width. Adjacent intestine exhibiting intact yet thickened wall layering measured up to 0.38 cm in width.

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07/11/2022



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

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**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 overt peritoneal effusion was present.

DSH

Enlarged, hypoechoic mid abdominal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 2.4 cm length and 1.6 cm width.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7yr

- Intestinal mural mass with adjacent thickened yet intact wall layering proximal and distal
- Hypoechoic to variably enlarged mid abdominal mesenteric lymphadenopathy
- Intact yet subjective mildly prominent pyloric walls-possible mild pyloric gastritis

**WEIGHT**

MA

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

Considerations for the intestinal mass include inflammatory neoplastic or granulomatous (dry form FIP) etiologies. Correlation with pending intestinal mass cytology is suggested. Concurrent lymphatic FNA could be considered for further assessment/staging pending intestinal wall FNA. Subjectively the intestinal mural mass appears to be amendable to surgical resection although the potential adjacent small intestinal involvement is unclear. Intra op ultrasound could be considered in this case to assess the area of intestinal resection. Oncology consult could also be considered pending cytology. Three view chest radiographs suggested.

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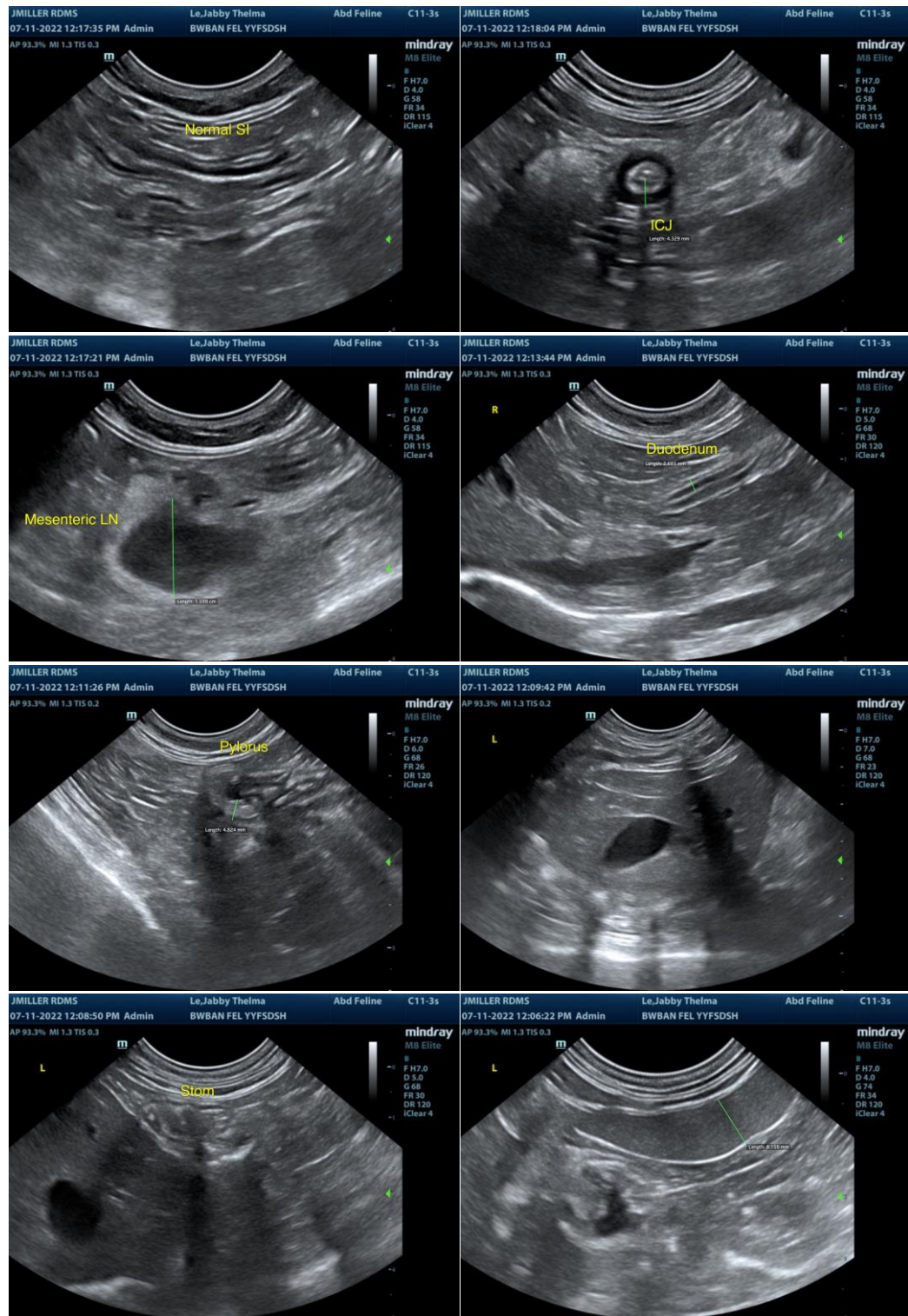
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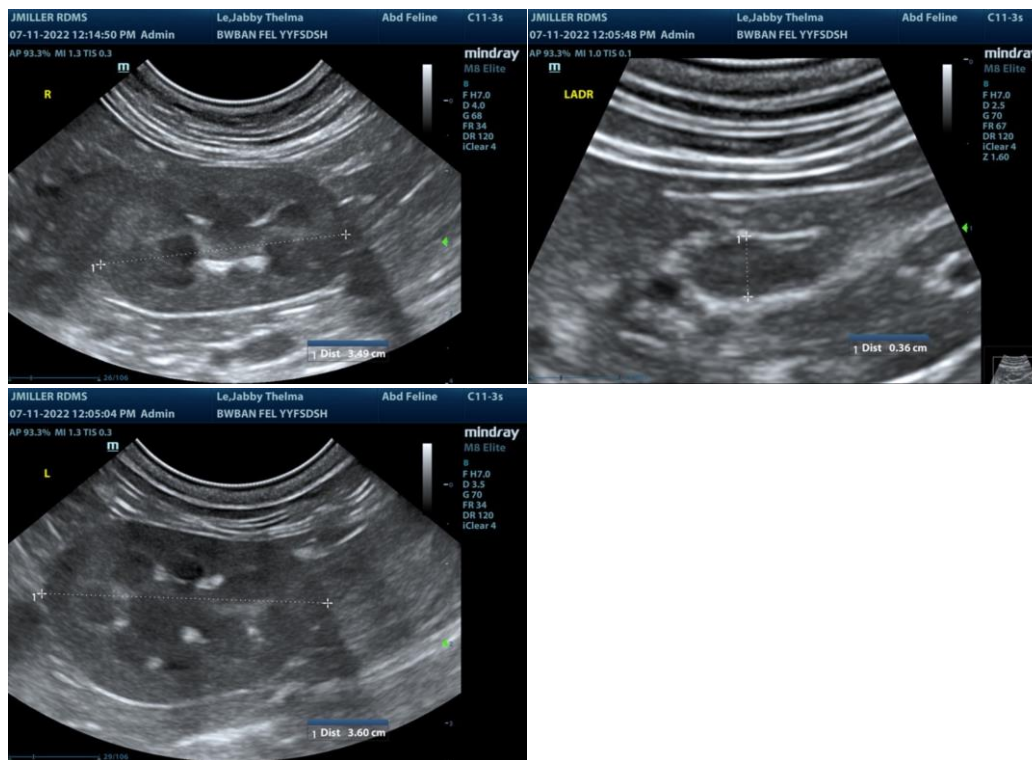
FS

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DVM, DABVP  
(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.

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

info@SonoPath.com

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