



PATIENT

Callie Steward

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

9Y

WEIGHT

8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Elsbree

INVOICE

17256

DATE

7/14/23

PRESENTING CLINICAL SIGNS

weight loss, palpated an abdominal mass (did quick look with US and see an abdominal mass)
Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4/ua- Lymphopenia (0.773), SDMA 16, concentrated urine
Primary Question/Differential to Be Answered in This Exam confirm and describe abdominal mass, any other organs affected

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. Primarily anechoic urine was present in the lumen. Minor urinary bladder sediment, which may indicate minor cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 3.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. No overt pathology was noted 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 0.83 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 mildly distended in size containing anechoic content with mild echogenic gallbladder sediment. The gallbladder appeared to be divided into two compartments, consistent with bilobed gallbladder which is a normal variant in a cat. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Callie Steward

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 width measured 0.24 cm.

SPECIES

Feline

The small intestine presented generalized intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Within the midabdominal intestinal segments, suggestive of jejunal location, segmental small intestinal mural mass exhibiting hypoechoic mural hypertrophy, loss of discernable wall layering, and minor retained nonshadowing segmental intestinal ingesta, was present. The small intestinal mass measured ~4.0 cm in length with wall width up to 0.85 cm.

BREED

DLH

SEX

FS

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

AGE

9Y

Pancreas

The pancreas base and left pancreatic limb exhibited mild prominent size with primarily maintained symmetrical capsule contour and subtle nonhomogeneous hypoechoic pancreatic parenchyma compared to adjacent nonreactive peripancreatic omentum.

WEIGHT

8 lbs

Free Abdomen

Moderately enlarged, irregular, mildly nonhomogeneous mesenteric lymph node was present in the mid-abdomen adjacent to the intestinal mural mass measuring 4.0 cm x 2.5 cm exhibiting abnormal width: length ratio (>0.5). Potential for concurrent mild regional separate mesenteric lymphadenopathy is possible. No evidence of peritoneal effusion was noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mural mass mid-abdomen - consistent with probable jejunal location
- Large, nonhomogeneous, irregular mesenteric lymphadenopathy
- Mildly distended likely bilobed gallbladder with mild gallbladder sediment - bilobed gallbladder, normal variant in a cat
- Mildly prominent nonhomogeneous pancreas base / left pancreatic limb

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Elsbree

The palpated abdominal mass may correlate with the segmental intestinal mural mass, mesenteric lymphadenopathy, or combination of both. Considerations for both the intestinal mural mass and lymphadenopathy may include inflammatory neoplastic or granulomatous, i.e., dry FIP (etiologies).

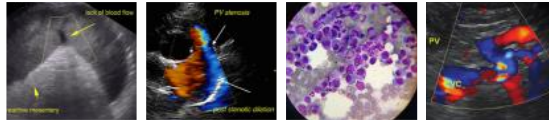
INVOICE

17256

FNA cytology of the enlarged lymph node, assuming normal clotting status, is warranted for further cytological assessment and potential for oncology consult. Three-view chest radiographs are suggested if not already done. Ideally, abdominal CT for further assessment of the intestinal mass, lymphadenopathy, as well as potential non-sonographically evident metastatic disease and potential surgical planning is recommended if possible. A GI panel to include PLI/TLI/Cobalamin/Folate to

DATE

7/14/23



PATIENT

assess for more generalized intestinal disease, as well as pancreatitis as contributing factors to the patient's weight loss, is suggested.

Callie Steward

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

9Y

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

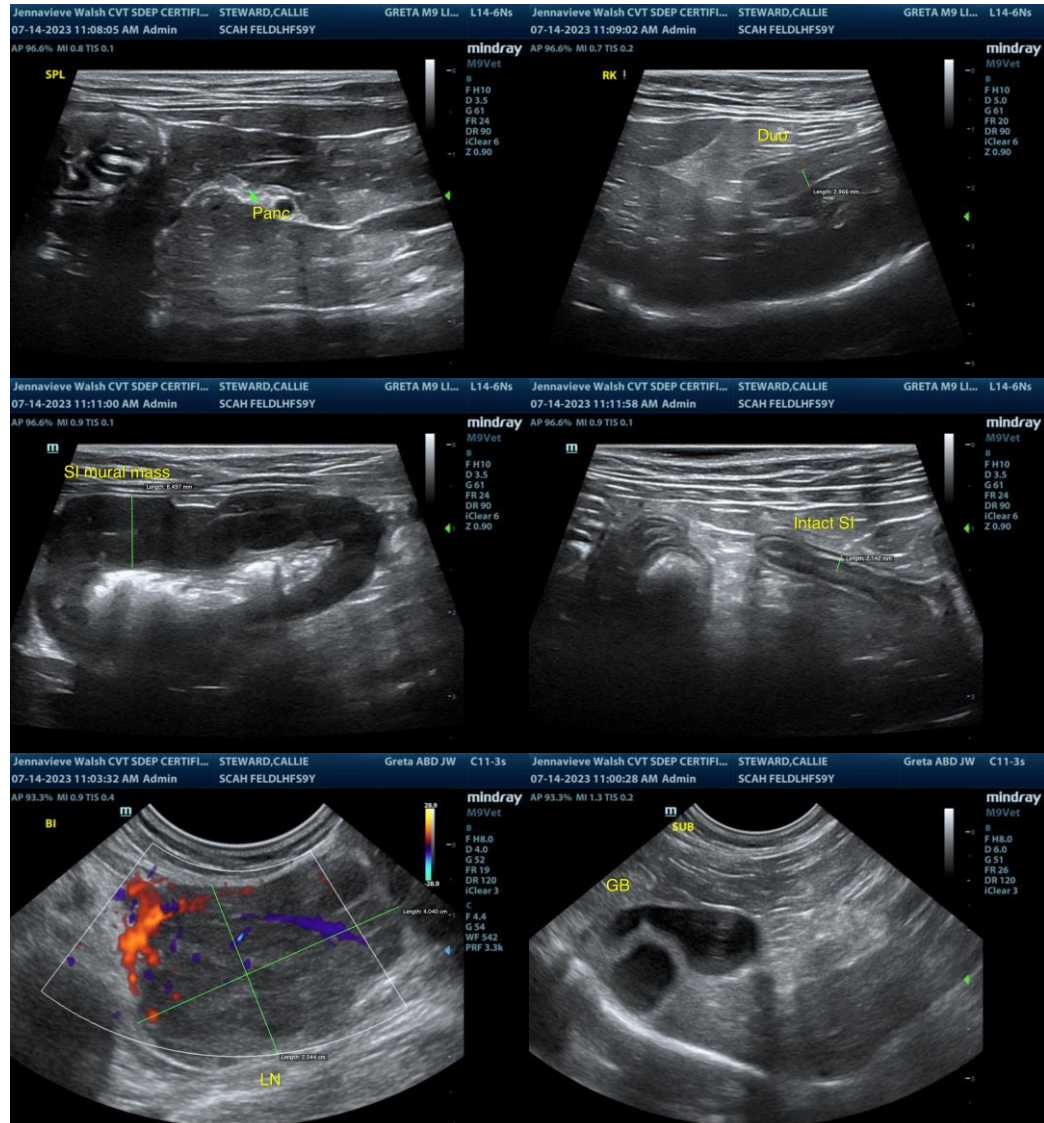
Dr. Elsbree

INVOICE

17256

DATE

7/14/23





PATIENT

Callie Steward

SPECIES

Feline

BREED

DLH

SEX

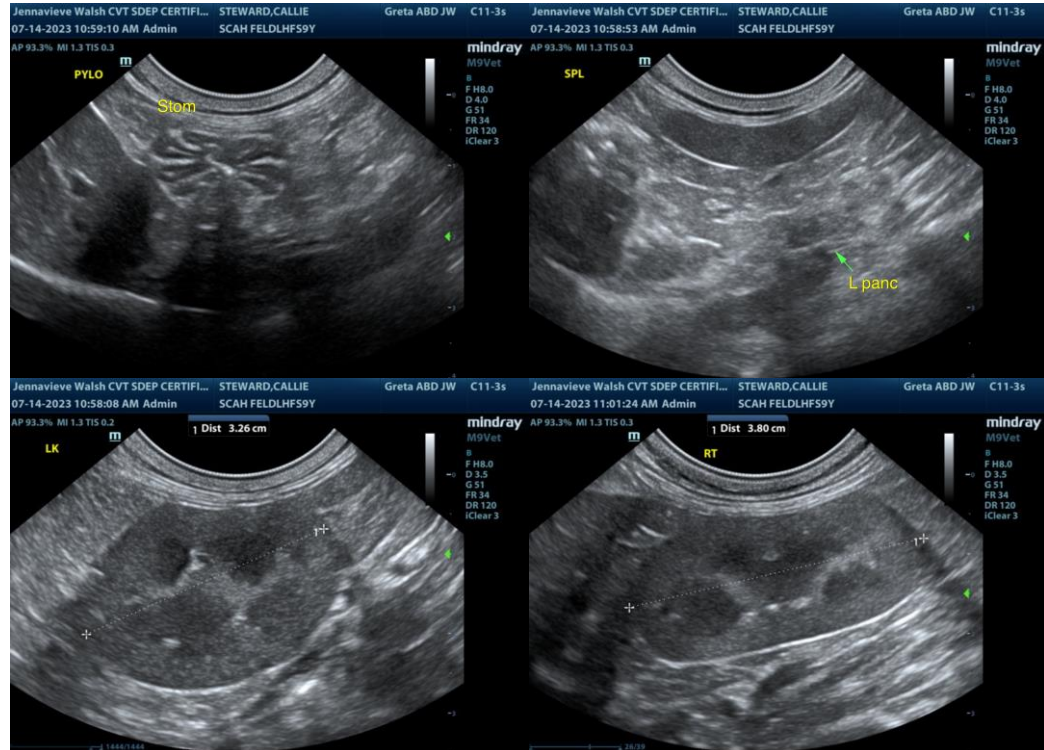
FS

AGE

9Y

WEIGHT

8 lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Elsbree

INVOICE

17256

DATE

7/14/23

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