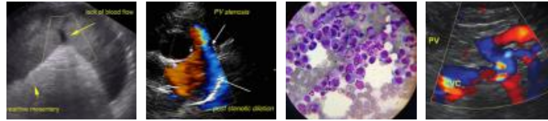


PATIENT

Amos Odell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10.85 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

14332

DATE

7/20/22

PRESENTING CLINICAL SIGNS

weight loss - r/o: renal disease, diabetes, liver disease, neoplasia, hyperthyroidism, open previously treated treated for hyperthyroidism with I131 mild dental disease Some vocalizing in the litter box and taking longer to urinate
Abnormal PE/Chem/CBC/UA Results: CBC is wnl. SDMA = 21 K 5.4, TP low at 5.5, Globulins low at 2.4, Chol low at 86 spec fpL wnl at 2.7 T4 is wnl at 1.9 Urinalysis: spgr 1.056, ph = 6.5, 2+ protein, 1+ epi cells, 20-30 rbc

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence was noted of lymphadenopathy or masses in the area of the iliac trifurcation or sublumbar space.

Normal size and margination were 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 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

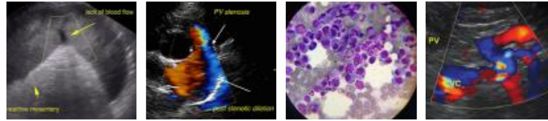
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

The spleen was subnormal in size exhibiting maintained symmetrical capsule contour and finely textured homogeneous parenchyma. The spleen measured 0.49 cm in width at the level of the hilus. This may indicate splenic volume contraction. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Amos Odell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10.85 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

14332

DATE

7/20/22

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 width measured 0.25 cm.

A moderately sized intestinal mural mass was present in the mid-abdominal small intestine, likely jejunum in location, measuring approximately 3.3 cm x 2.5 cm. The intestinal mural mass exhibited moderate hypoechoic mural hypertrophy with loss of discernable wall layering. Additional adjacent segments of small intestine exhibited intact yet mildly prominent wall layering, while the majority of the small Intestine exhibited intact wall layering with a maintained 1:3 muscularis/mucosa ratio. By comparison, an example of normal-appearing small Intestine measured 0.22 cm wall width.

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

Pancreas

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 were evident.

Free Abdomen

Midabdominal mesenteric 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 perilymphatic to peri intestinal generalized mildly nonuniform hyperechoic mesentery exhibiting areas of hypoechoic striations. An example lymph node measured 2.4 cm x 1.4 cm. Mild volume echogenic peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

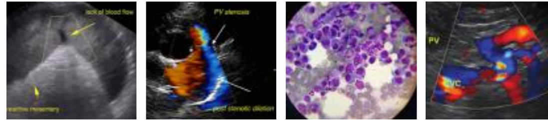
- Small intestinal mural mass
- Concurrent hypoechoic to swollen midabdominal mesenteric lymphadenopathy
- Generalized primarily perilymphatic to peri intestinal, mild nonuniform hyperechoic mesentery exhibiting areas of hypoechoic omental striations
- Mild echogenic peritoneal free fluid

Secondary Findings

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the intestinal mural mass combined with the hypoechoic to swollen midabdominal mesenteric lymphadenopathy is likely consistent with high-grade neoplastic process such as high-grade lymphoma. The nonuniform hyperechoic to hypoechoic



PATIENT

Amos Odell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10.85 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

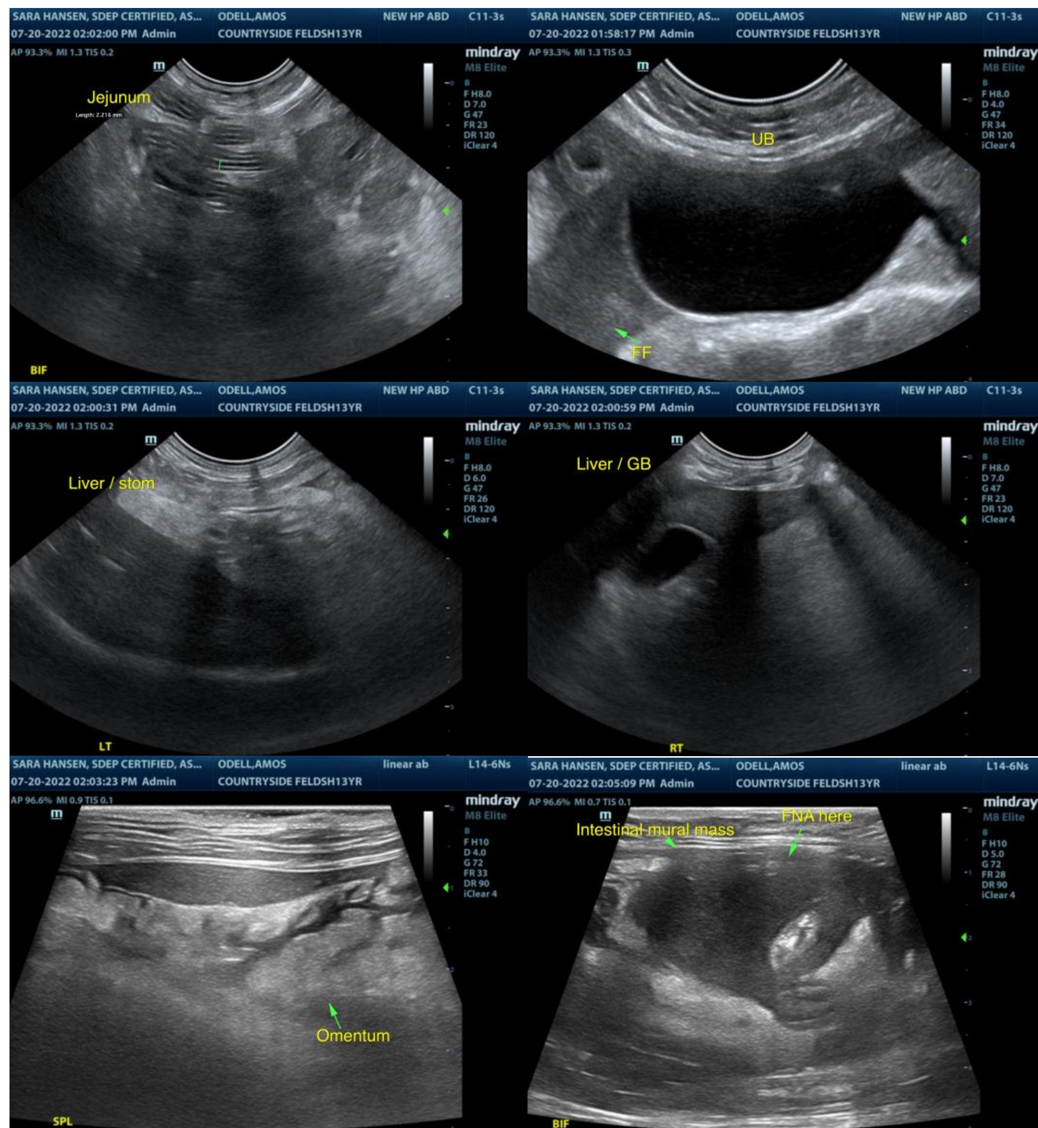
14332

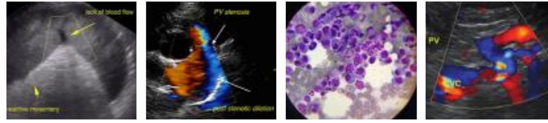
DATE

7/20/22

mesentery may indicate inflammation or edema, while high concern for omental seeding as with lymphomatosis is warranted.

Further assessment may Include, assuming normal clotting status, ultrasound-guided FNA of the intestinal mural mass, enlarged mesenteric lymph node, as well as effusion analysis, and cytospin cytology could be considered. However, this case appears to likely be nonsurgical. An oncology consult could be considered pending cytology. A probable unfavorable long-term prognosis is likely indicated.





PATIENT

Amos Odell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10.85 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

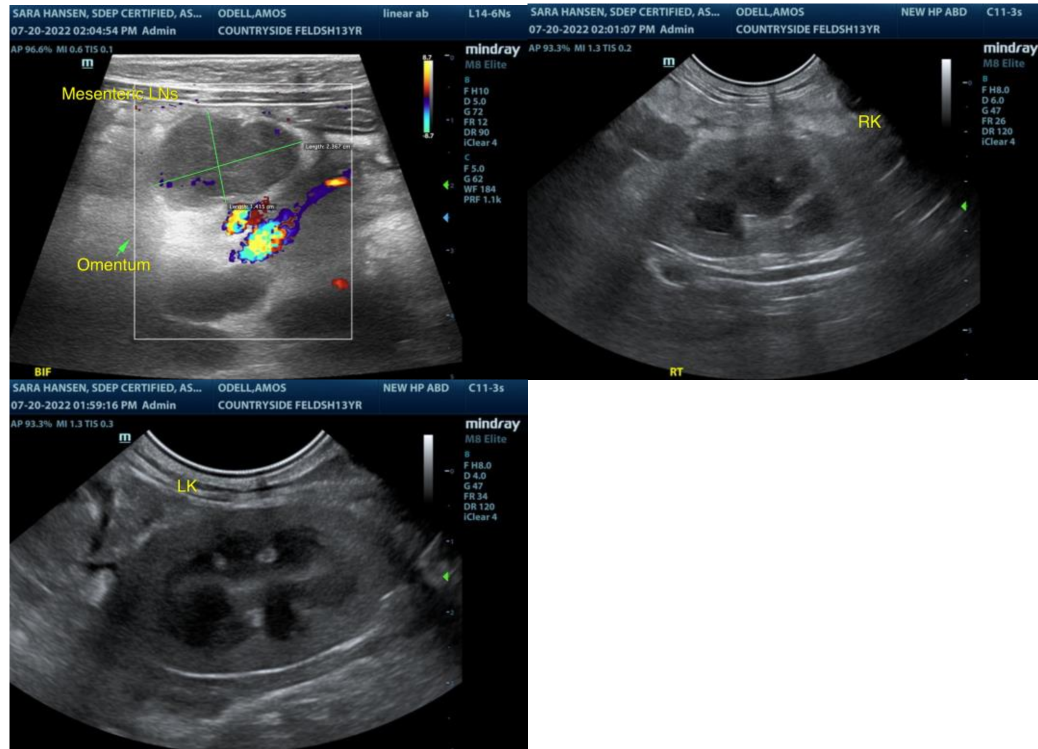
Dr. Cox

INVOICE

14332

DATE

7/20/22



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