



**PATIENT PRESENTING CLINICAL SIGNS**

Meadow Barmakian History: Weight loss; inappetence. Radiographs: dilated (gas) small bowel. BUN 42; neut 10,296; renal tech positive. On Cerenia and Mirtazipine.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** 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.

DSH

**SEX** 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia present in the right kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

FS

**AGE** The area of the aortic trifurcation was free of pathology.

18yr

**Adrenal Glands**

**WEIGHT** The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.41 width and the right adrenal gland measured 0.43 width.

10.10lb

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**Liver**

The liver was subjectively normal in size with multiple cystic appearing masses present in the parenchyma exhibiting multichambered cystic component, an example measuring 4-5 cm in diameter. 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 with minor debris likely owing to fasting and considered incidental. The cystic and common bile ducts were normal.

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**Gastrointestinal**

**REFERRING VET**

Dr. Whalen

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 measured 0.25 cm in width.

**INVOICE**

11200ag

The small intestine exhibited mid abdominal segments of thickened jejunum exhibiting mural hypertrophy and loss of discernable wall layering. One area of jejunum thickening measured approximately 5 cm length with wall width up to 1.3 cm. A second area of mild hypoechoic mural hypertrophy similar in appearance to the larger mass was also present measuring approximately 3.0 cm in diameter. Regional nonuniform hyperechoic mesentery and scant peri intestinal free fluid noted around both of the abnormal areas of jejunum.

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



**PATIENT**

*Pancreas*

Meadow Barmakian

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

- Jejunal mural masses (estimate 2) with regional associated peritonitis-potential for regional omental seeding possible
- Multiple cystic hepatic mass/lesions
- Bilateral chronic renal changes with mild right kidney pyelectasia
- Concurrent active to chronic active pancreatitis pattern

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

18yr

Although sampling is required for further assessment, the jejunal mural masses are most likely consistent with high grade neoplasia such as lymphoma or other. Assuming normal clotting status an ultrasound guided FNA of a jejunal mural mass for screening cytology and potential for oncology consult could be considered. Three view chest radiographs are warranted. A probable unfavorable diagnosis is indicated.

**WEIGHT**

10.10lb

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

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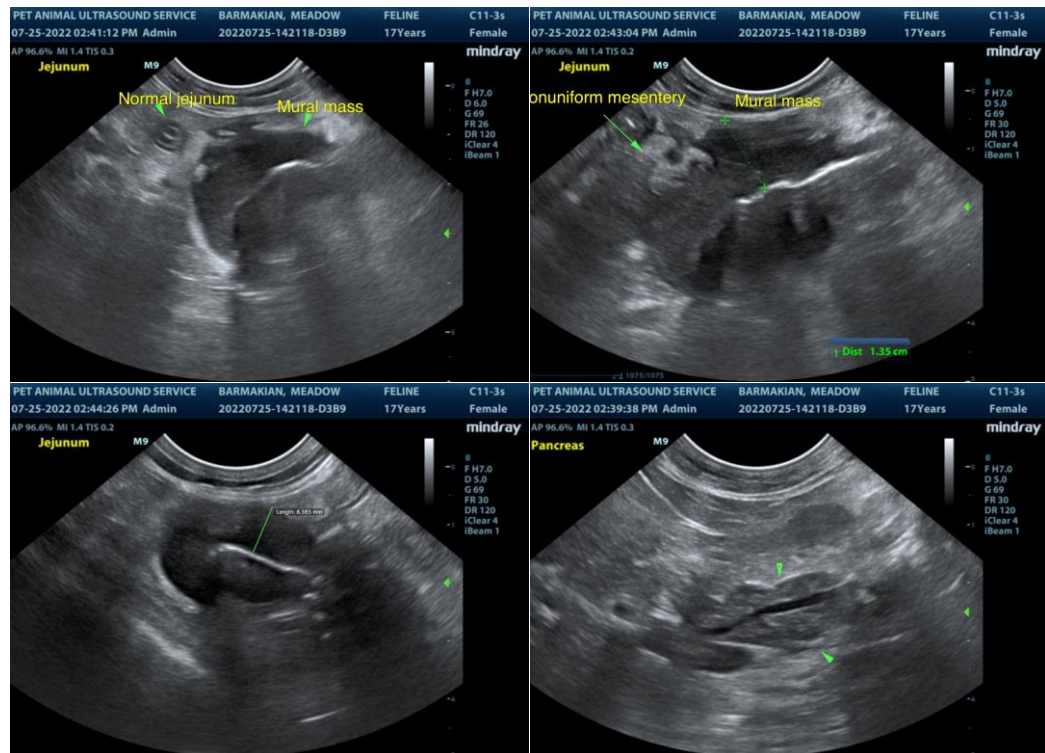
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**PATIENT**  
 Meadow Barmakian

**SPECIES**  
 Feline

**BREED**  
 DSH

**SEX**  
 FS

**AGE**  
 18yr

**WEIGHT**  
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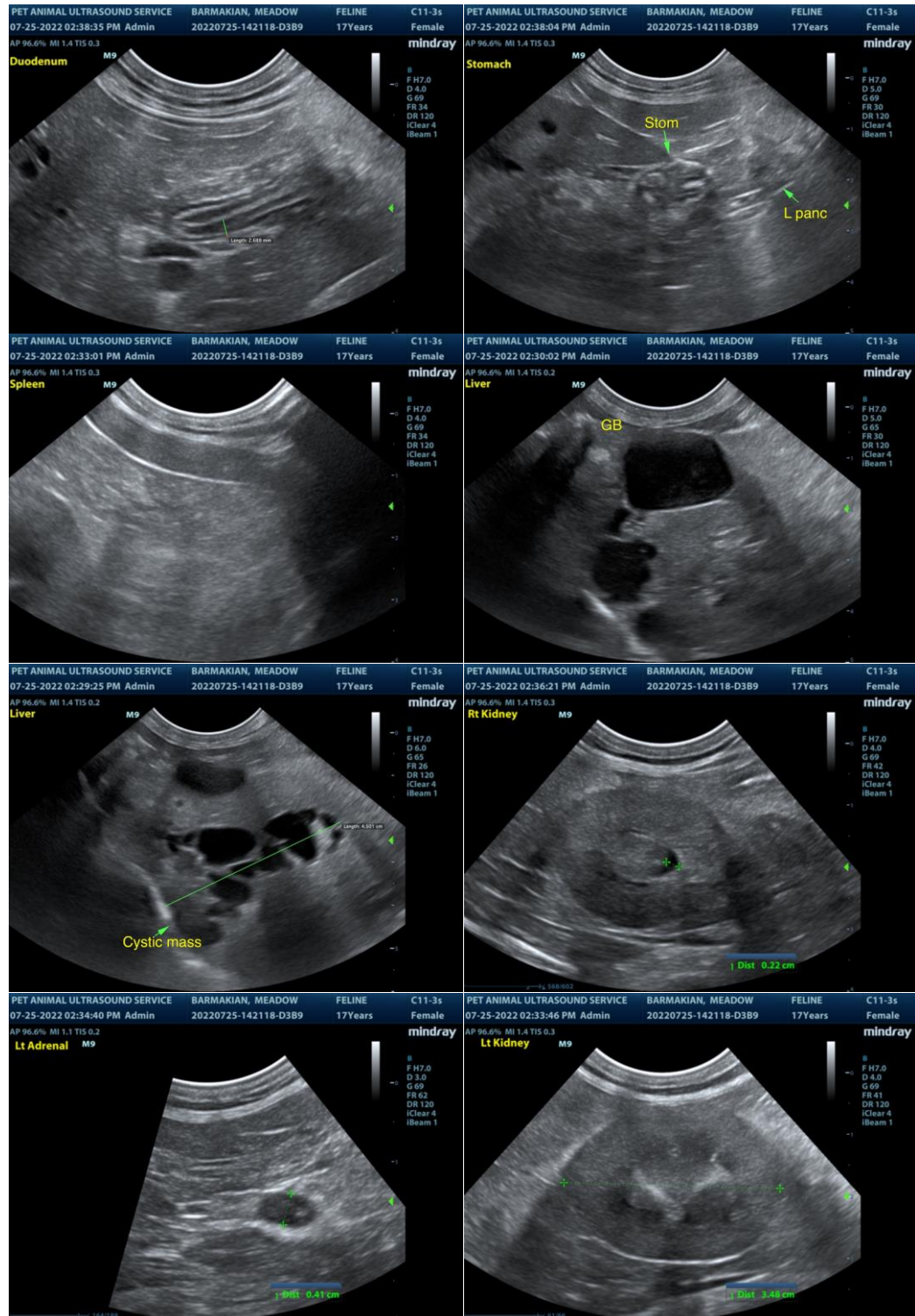
**IMAGING PERFORMED BY**  
 Pamela Harrigan, RDCS

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.



**PATIENT**

Meadow Barmakian

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

18yr

**WEIGHT**

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