

**PATIENT**

Avlon Nutter 47300B

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

4.75kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists Dr. Daggett**INVOICE**

11218ag

DATE

07/27/2022

PRESENTING CLINICAL SIGNS

History: Avlon presented to MVS for Liver issues. Last week she would vomit twice a day each day of the week. She had blood work done at pcDVM and was told she had high liver enzyme. Owner said that she has been acting normal up until today. She E/D/U normally but will stand when urinating and will eat but vomits up most of her food.

Abnormal PE/Chem/CBC/UA Results: Icteric on exam. ALT 309, ALP 393, GGT 34, TBili 4.50

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 very minor particulate sediment which may indicate minor cellular vs crystalline debris. 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 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 3.8 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 0.31 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.

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 0.76 cm in width at the level of the hilus.

Liver

The liver presented mildly enlarged in size with the ventrocaudal liver extending to the level of the gastric axis. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

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 measured 0.25 cm in width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. Mild segmental areas of hypoechoic jejunal thickening with indistinct wall layer detail were present in the mid to caudal abdomen potentially in the distal jejunum. Mildly thickened jejunal wall measured up to 0.27 cm in width. A moderately sized to expansive hypoechoic mass was present at the level of the ileocolic junction measuring approximately 3.0 cm in diameter. A concurrent ileum mural mass just proximal to the ileocolic mass measuring 2.1 cm in diameter was present. Regional peri ileocolic hyperechoic mesentery along with intermittent nonhomogeneous colic to mesenteric lymphadenopathy was present. Small pockets of scant peri ileocolic free fluid were noted.

Normal visible colon wall layers were present with apparent semi 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 was evident.

Free Abdomen

Regional peri ileocolic hyperechoic mesentery along with intermittent nonhomogeneous to mildly hypoechoic colic to mesenteric lymphadenopathy was present. Small pockets of scant peri ileocolic free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Ileocolic mass with concurrent proximal ileum mural mass
- Segmental mildly thickened to hypoechoic jejunal walls
- Associated regional peri ileocolic peritonitis with intermittent to multiple colic/mesenteric lymphadenopathy
- Hepatopathy
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the ileocolic and ileum mural mass may include neoplastic criteria, FIP, eosinophilic fibroplasia. Neoplastic criteria specifically high grade lymphoma is suspected based on sonographic presentation.

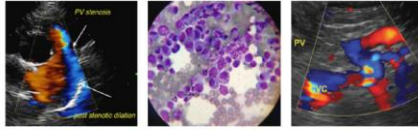
Assuming normal clotting status an ultrasound guided FNA of the ileocolic mass +/- assessable lymph node for cytology and potential oncology consult is recommended.

Concurrent hepatic FNA for screening cytology and additional staging would be warranted. A very guarded prognosis pending sampling.

Three view chest radiographs recommended if not already done.

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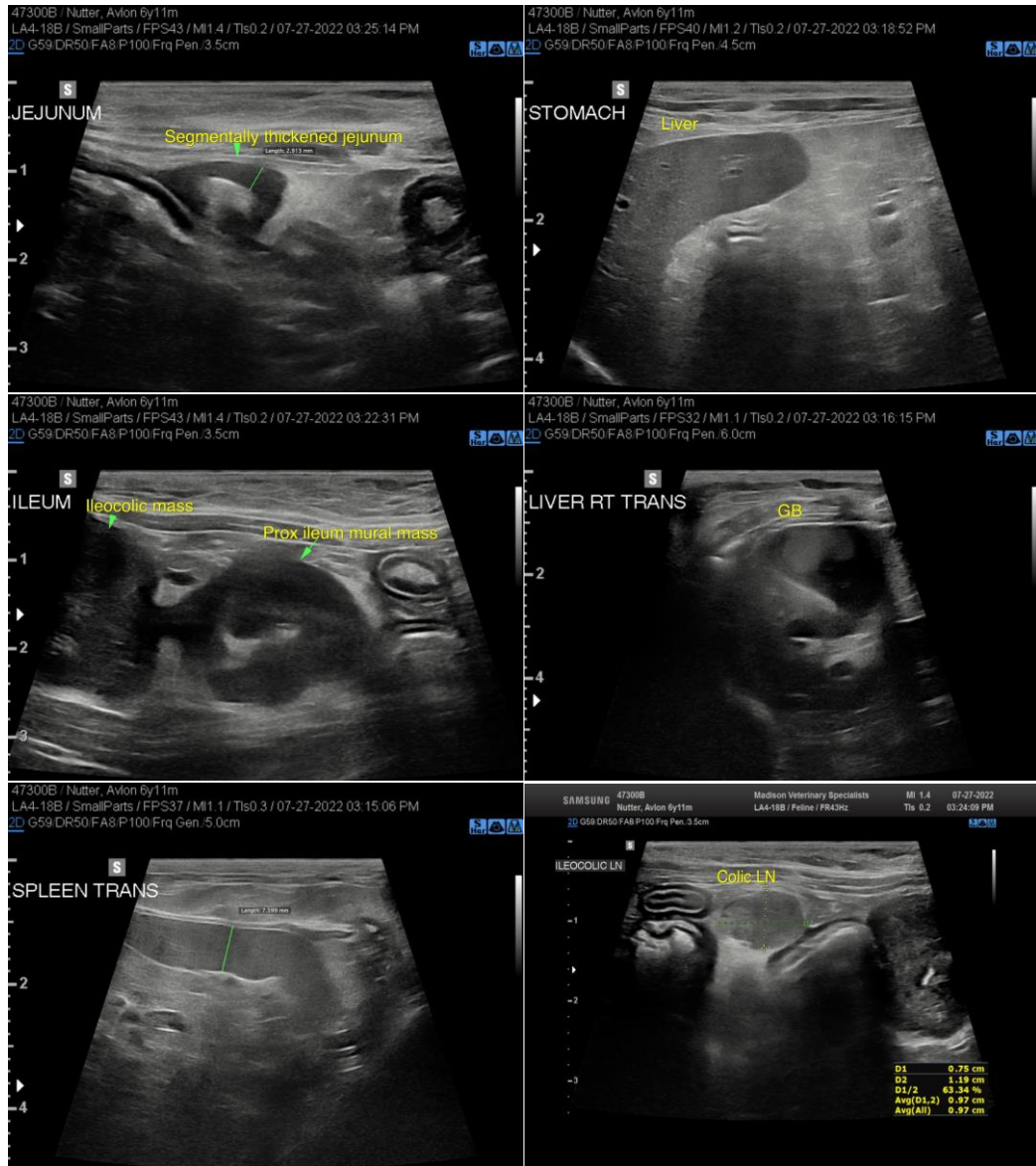
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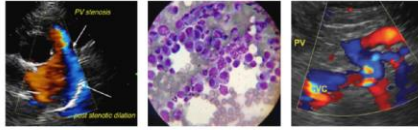
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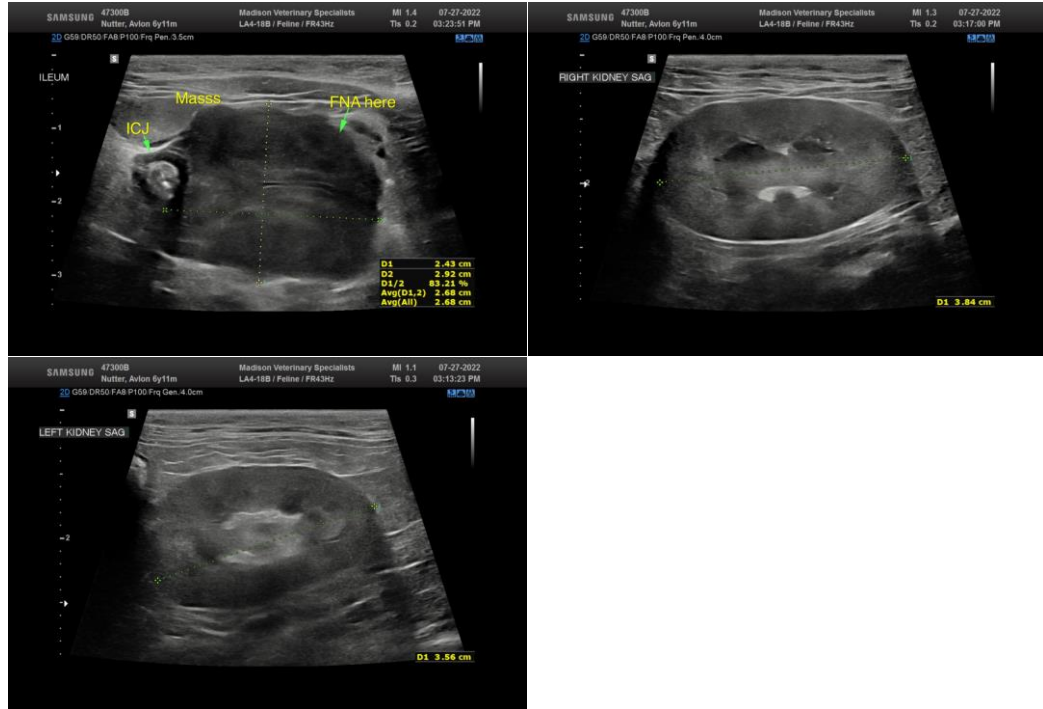
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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