



PATIENT

Bam Bam Pleickhardt

SPECIES

Feline

BREED

DSH

SEX

CM

AGE

11 YO

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Thomas

INVOICE

14563

DATE

8/10/22

PRESENTING CLINICAL SIGNS

Hx of weight loss, vomiting for the past 2 days, decreased appetite for the past few weeks, lethargic at home.

Abnormal PE/Chem/CBC/UA Results: QAR BCS 4/9 Muscle waste Mid abdomen mass palpated
Systolic HM 1/6 DDZ 2/4 BW: 8/9/22 CBC: LYMPHOCYTES: 825 (L) 1200-8000 VET SCREEN: CPK: 805
(H) 56-529 CALCIUM: 7.1 (L) 8.2-10.8 T4: WNL UA: NOT PERFORMED.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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 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 3.3 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

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 0.36 width and the right adrenal gland measured 0.47 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 0.66 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 non-distended in size with thin walls and 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 without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.26 cm.



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A solitary small intestinal mural mass exhibiting mild to moderate yet variable hypoechoic mural hypertrophy and loss of regional intestinal wall layering was present in the mid-abdomen, measuring approximately 4.0-5.0 cm in length / diameter with wall width up to 0.9 cm. Associated retained anechoic to mildly echogenic fluid / chyme was present within the lumen of the intestinal mural mass, consistent with associated metabolic to paralytic ileus. No overt evidence of obstructive pattern in the remainder of the small intestine with intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio were noted within the non-involved small intestine.

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

Subtle evidence of peri intestinal hyperechoic mesentery around the intestinal mural mass was noted. No obvious evidence of significant lymphadenopathy or peritoneal free fluid.

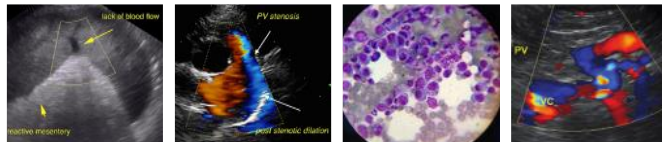
ULTRASONOGRAPHIC FINDINGS

- Intestinal mural mass with associated metabolic to paralytic segmental ileus
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The Intestinal mural mass may indicate inflammatory neoplastic or granulomatous (Dry FIP) etiologies. Neoplastic criteria is suspected yet not definitive. No obvious evidence of intraabdominal metastasis was noted.

Definitive location of the Intestinal mural mass was difficult to ascertain, yet did not appear to be involved with the stomach, and without overt evidence of pathology in the area of the ileocolic junction, jejunal or possible ileal location of the Intestinal mural mass is suspected. Subjectively, the intestinal mural mass appears to be amenable to surgical resection. Histopathology of the intestinal mural mass is required for a definitive diagnosis. Three-view chest radiographs are suggested to rule out thoracic pathology prior to surgical considerations.



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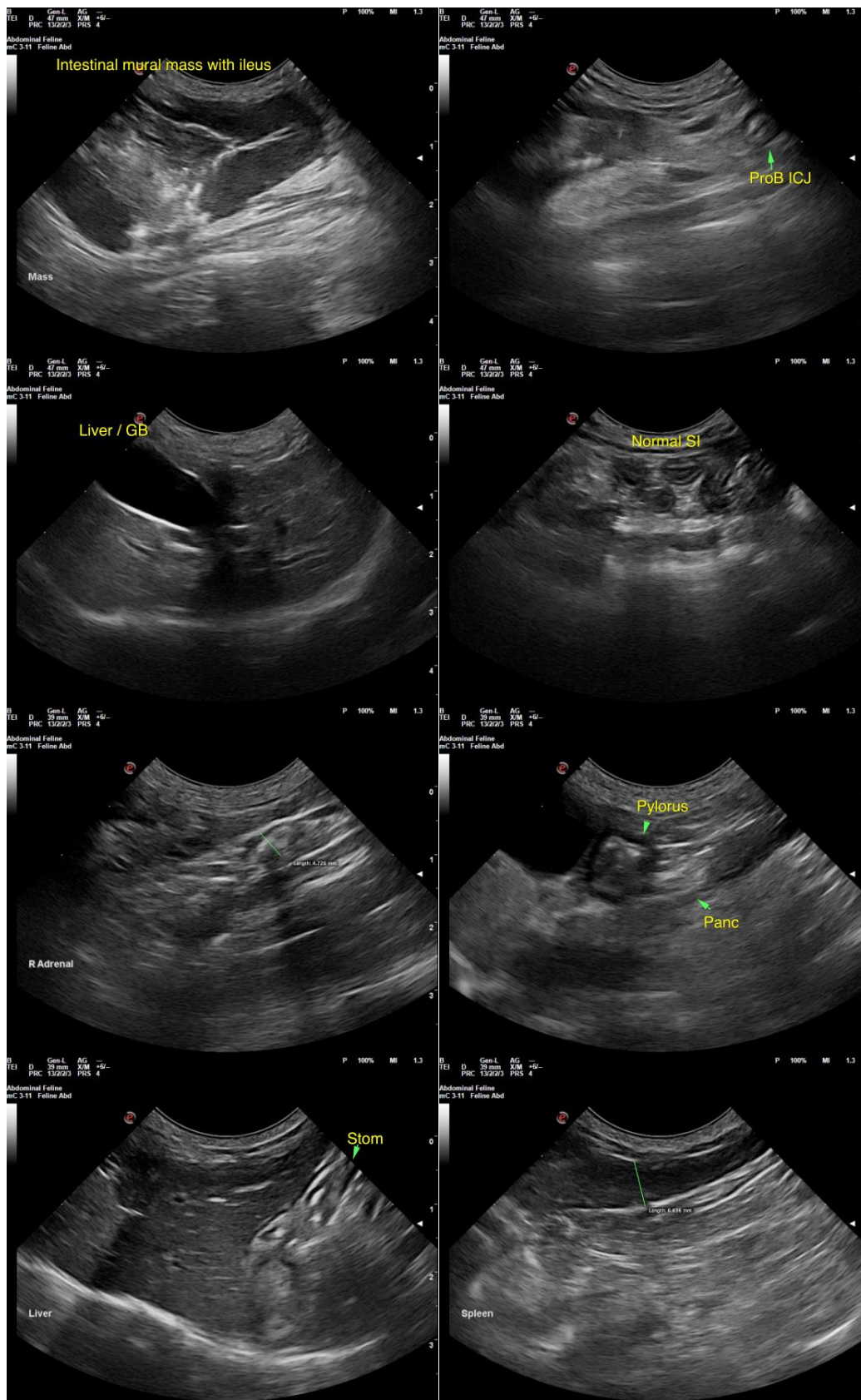
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.