

PATIENT PRESENTING CLINICAL SIGNS

Meep Hamscher History: Weight loss. Medication: Lasix, pred, mirtazapine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

Feline

BREED

DSH

SEX

Spayed Female

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 were noted. Aortic trifurcation was normal.

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. A solitary lateral infarct was noted in the left kidney. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

AGE

2014

Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.40 cm.

WEIGHT

7.3

Spleen

The spleen exhibited subjective subnormal size, suggestive of volume contraction, potentially secondary to diuretic therapy. Finely textured and homogenous parenchyma was noted, 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.

INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

Liver

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. Previously noted, solitary, nondisruptive well demarcated hyperechoic intraparenchymal nodule was noted in the mid ventral liver, measuring 0.63 cm in diameter.

IMAGING PERFORMED BY

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The gallbladder was non distended in size with mild gallbladder sediment. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

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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. Mild gas distention was noted in the stomach.

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Previously noted irregular nonhomogenous segmental intestinal mass was noted in the mid abdomen, measuring approximately 2.0 cm in diameter. The remainder of the visualized small intestine exhibited overtly intact wall layering with subjective maintained 1:3 muscularis to mucosa ratio.

DATE

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

Meep Hamscher

Pancreas

SPECIES

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.

Feline

Free Abdomen

BREED

Persistent, yet reduced sized mildly nonhomogenous mesenteric lymphadenopathy with overtly normal perilymphatic omental echogenicity. An example of lymph node measured 3.6 cm x 1.5 cm. No evidence of peritoneal effusion.

DSH

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Persistent yet reduced sized segmental small intestinal mass.
- Persistent yet reduced sized mildly nonhomogenous mesenteric lymphadenopathy.
- Static, previously noted hepatic intraparenchymal nodule- consistent with benign criteria, i.e., nodular hyperplasia or lipogranuloma.
- Mild chronic renal changes with lateral left kidney infarct.
- Mild gallbladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although pending lymph node cytology may be beneficial for further clarification, intestinal and lymphatic neoplasia is still considered the most probable differential diagnosis with benign intestinal and lymphadenopathy etiology, i.e., inflammatory or potential granulomatous disease possible yet thought less likely given the reduced intestinal mass and lymphatic size secondary to prednisolone. Correlation with pending lymph node cytology is recommended. Suppression of cytology owing to prednisolone may be of concern. Intestinal and lymphatic biopsies would likely be required for a definitive diagnosis pending cytology.

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Continued sonographic monitoring of the intestinal mass and lymph nodes, as well as patient clinical status would be reasonable if biopsies are not possible.

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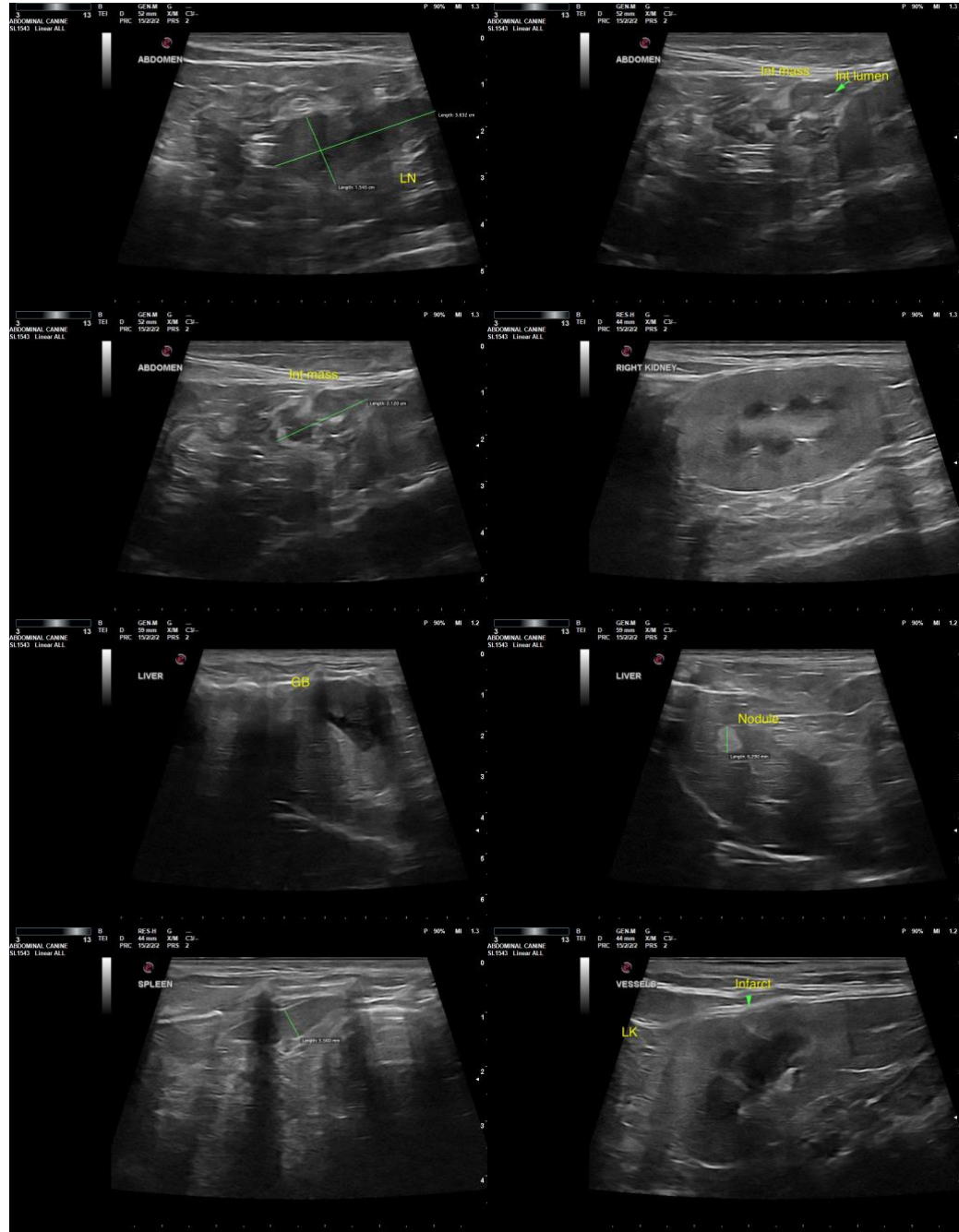
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)



PATIENT info@SonoPath.com

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