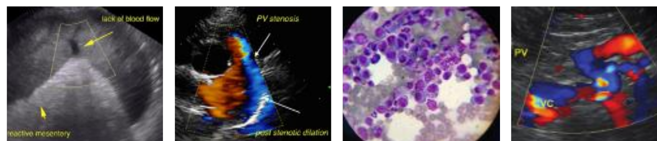
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Peter Graham

SPECIES
Feline

BREED
DSH

SEX
Male Neuter

AGE
15

WEIGHT
5.3 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Alpine 24/7

REFERRING VET
Dr. Kyono

INVOICE
14580

DATE
8/11/22

PRESENTING CLINICAL SIGNS

Inappetent and vomiting lethargic
Abnormal PE/Chem/CBC/UA Results: Moderate elevation of renal enzymes

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 3.8 cm in length. The right kidney measured 3.6 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

Spleen

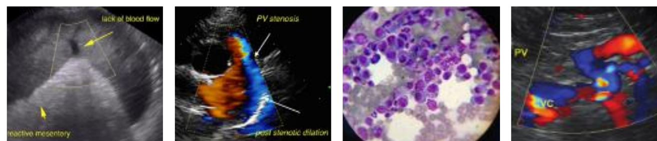
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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 primarily anechoic content with mild hyperechoic to mineralized debris in primarily the caudal lumen and gallbladder neck extending mildly into the cystic biliary duct. The common bile duct was normal. No evidence of post hepatic obstructive criteria was noted.

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.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Peter Graham

SPECIES

Feline

BREED

DSH

SEX

Male Neuter

AGE

15

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Kyono

INVOICE

14580

DATE

8/11/22

Segmental moderate wall thickening with loss of wall layering was present in the subjective jejunum. Minor segmental paralytic ileus was present within the lumen of the abnormal Intestine without obstructive pattern in the proximal and distal intestine. The abnormal intestine measured potentially 6.0-8.0 cm in length with wall width measuring up to 1.0 cm. Directly adjacent intestine to the moderately thickened intestine exhibited intact yet prominent wall layering owing to propensity for mildly prominent yet variable muscularis layer. Additional segments of visualized small intestine Including the jejunum, duodenum, and ileocolic junction exhibited overtly normal wall layering with maintained 1:3 muscularis/mucosa ratio.

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

Multiple regional peri intestinal mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example lymph node measured 3.9 cm x 1.4 cm. Perilymphatic to peri intestinal mild hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Jejunal mural mass with associated hypoechoic to swollen regional peri intestinal lymphadenopathy

Secondary Findings

- Mild chronic renal changes
- Mild hyperechoic to mineralized gallbladder debris

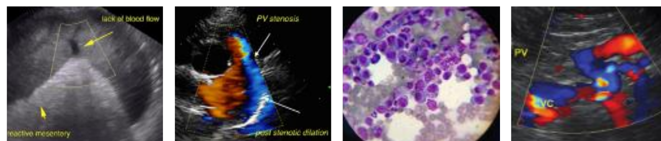
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further prognosis, the jejunal mural mass and associated hypoechoic to swollen mesenteric lymphadenopathy are most consistent with neoplastic process such as lymphoma, mast cell neoplasia, or other. Severe segmental inflammatory intestinal disease, granulomatous disease (Dry FIP), with associated mesenteric lymphadenitis considered a less likely differential diagnosis.

Assuming normal clotting status, ultrasound-guided FNA of an enlarged mesenteric lymph node for cytology and potential for oncology consult could be considered.

Subjectively, the jejunal mural mass and regional lymphadenopathy may be amendable to surgical resection. Surgical consult could be considered, assuming no evidence of pathology on three view chest radiographs and pending oncology consult.

SonoPath
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Peter Graham

SPECIES

Feline

BREED

DSH

SEX

Male Neuter

AGE

15

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Kyono

INVOICE

14580

DATE

8/11/22

Sag Jejunum
Emerging mural mass
Intact jejunum
LN

Sag Jejunum
Jejunal mural mass

Sag ICLN
Mesenteric LN
FNA here

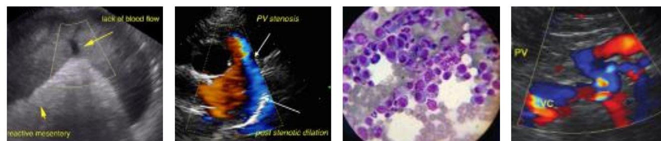
Normal jejunum
Scant FF
Sag Jejunum

Trans Stomach
Left Pancreas

Sag Gallbladder

Sag L Adrenal

Liv Caudate
Sag R Kidney



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Peter Graham

SPECIES

Feline

BREED

DSH

SEX

Male Neuter

AGE

15

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

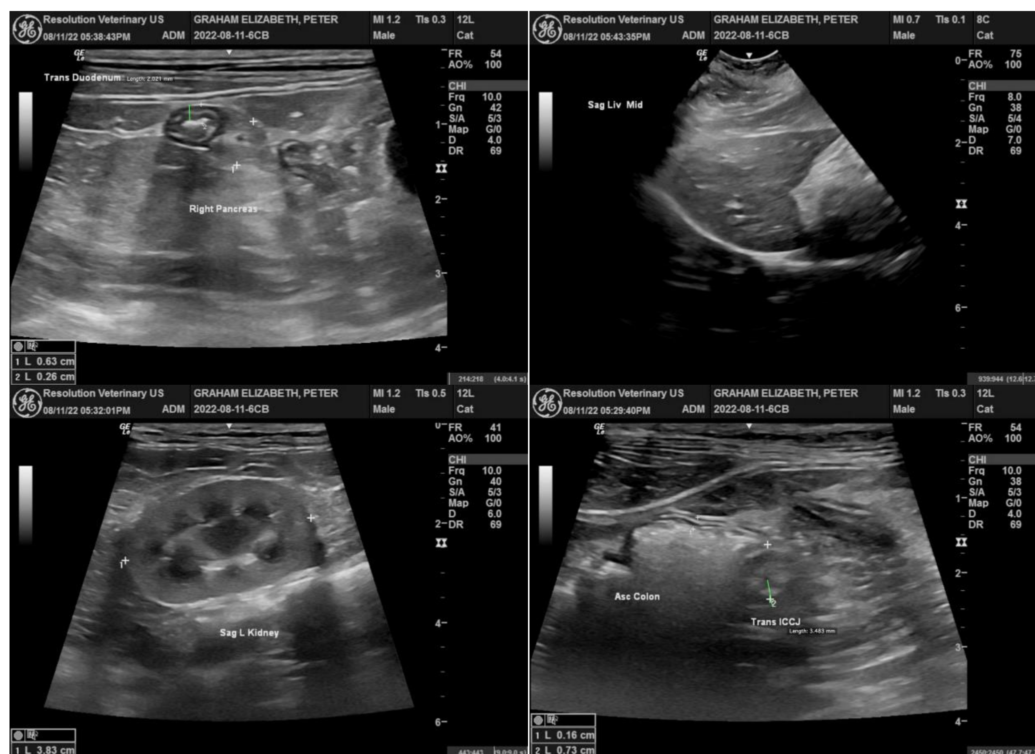
Dr. Kyono

INVOICE

14580

DATE

8/11/22



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