

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Minette Vasques	Lost 3lbs over 1 year. She was in for a dental and palpated an abdominal mass in mid to right side of abdomen. No xrays were taken at this time. Abnormal PE/Chem/CBC/UA Results: BW normal.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
DMH	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
Spayed Female	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary dystrophic mineralization was present. The right kidney measured 3.9 cm. The left kidney measured 2.9 cm.
<b>AGE</b>	
14 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
7.2 Pounds	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.52 cm in width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. The spleen measured 0.76 cm in width.
<b>IMAGING PERFORMED BY</b>	
Kim Liedberg	
<b>HOSPITAL NAME</b>	<b>Liver</b>
SVS Imaging	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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Germantown AH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta with concurrent retained anechoic fluid, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
<b>INVOICE</b>	
24633	
<b>DATE</b>	The small intestine exhibited generalized intact wall layering with subjective propensity for prominent muscularis layer. A moderate sized intestinal mural mass exhibiting moderate mural hypertrophy, decreased mural echogenicity and loss of distinct wall layering was present in the mid abdomen, measuring approximately 6.0 cm in length with wall width measuring up to 1.5 cm. Segmental paralytic
8/13/21	



## PATIENT

Minette Vasques

ileus associated with the intestinal mass and likely proximal intestine was present. By comparison, prominent yet intact jejunal wall layering measured 0.29 cm in width. Regional peri intestinal reactive mesentery and minor peri intestinal free fluid present.

## SPECIES

Feline

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

### **Pancreas**

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 inflammation. No overt evidence of neoplasia.

## BREED

DMH

Intermittent, regional enlarged mesenteric lymph nodes were present. Example measured 0.82 cm diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

## SEX

Spayed Female

### **PRIMARY FINDINGS**

- Generalized enteropathy with intestinal mural mass
- Associated regional peri intestinal peritonitis and lymphadenopathy
- Pancreatitis

## AGE

14 Years

### **SECONDARY FINDINGS**

- Retained gastric ingesta
- Mild gallbladder debris
- Bilateral chronic renal changes with minor dystrophic mineral

## WEIGHT

7.2 Pounds

## INTERPRETED BY

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

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, the intestinal mural mass as well as the potential generalized intestine and associated lymphadenopathy is suggestive of potential high-grade neoplasia such as high-grade lymphoma, regional lymphatic involvement and potential for omental seeding. Significant inflammatory disease, other neoplasia or granulomatous disease (dry form FIP) also possible. Assuming normal clotting status, ultrasound guided FNA of the intestinal mural mass may be considered for cytology. 3-view chest radiographs recommended.

## IMAGING PERFORMED BY

Kim Liedberg

## HOSPITAL NAME

SVS Imaging



## REFERRING VET

Germantown AH

## INVOICE

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## DATE

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**PATIENT**

Minette Vasques

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

7.2 Pounds

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

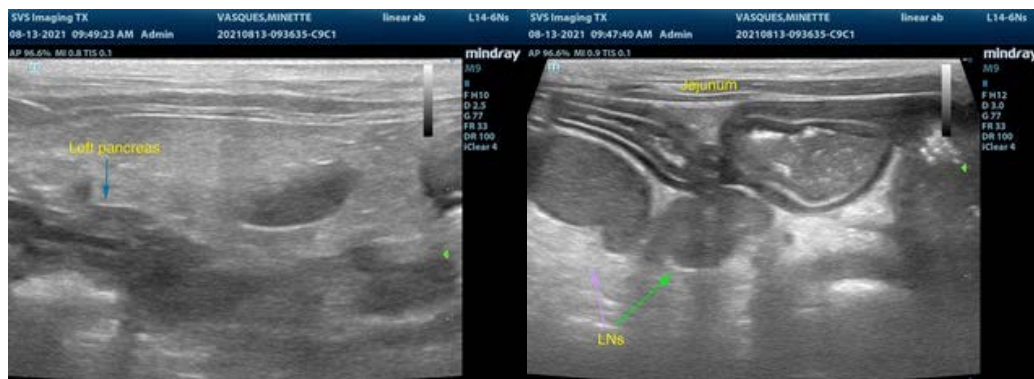
Germantown AH

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**DATE**

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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)**  
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