

PATIENT PRESENTING CLINICAL SIGNS

Houdini Gerken

P had popliteal lymphadenopathy bilateral in clinic in June 2023. P had focal colonic mass removed around 2019 that had some signs of neoplasia but was inconclusive. Current Medications Revolution monthly, other than that, none Primary Question/Differential to Be Answered in This Exam Rule out neoplasia or abdominal lymphadenopathy

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: JUNE 2023: ALT 306, URINALYSIS 1+ PROTEIN

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder was normal in size and overall tone. An extensive urinary bladder tumor exhibiting regional wall thickening with loss of wall layer detail was present measuring 3-4 cm in length with 1.5 cm wall width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild 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. Mild regional pericyclic inflammation was present with scant free fluid.

MN

AGE

16yr

WEIGHT

9.6lb

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 4.0 cm in length.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

IMAGING PERFORMED BY

Jenna Walsh CVT

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

HOSPITAL NAME

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Hospital

The spleen exhibited mild enlargement and mildly rounded asymmetrical medial capsule contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No tumors or nodules. The spleen measured 1.1 cm in width at the level of the hilus.

REFERRING VET

Dr Primavera

Liver/Gallbladder

INVOICE

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The liver presented enlarged in size. 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 and mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

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08/14/2023

Gastrointestinal



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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 small intestine presented intact wall layering exhibiting segmental to generalized mild thickened wall with. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured up to 0.30 cm width.

The visualized colon exhibited overtly normal intact wall layering with formed to semi formed feces.

Pancreas

The pancreas was normal in size with minor capsule symmetry and heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum. Minor left limb pancreatic duct dilation was present.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild regional pericyclic inflammation was present with scant free fluid.

ULTRASONOGRAPHIC FINDINGS

- Extensive urinary bladder tumor-consistent with neoplastic criteria, primary vs metastatic urinary bladder neoplasia possible.
- Mild chronic renal changes.
- Mild non-specific splenomegaly-incidental hyperplasia, hematopoiesis, focal splenitis, small hematoma, potential for emerging neoplastic criteria possible.
- Chronic pancreatitis.
- Intact mildly prominent to thickened small bowel walls, sonographically unremarkable visualized colon.
- Probable mild cholangitis/cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic/urinary bladder mass FNA for screening cytology could be considered for further assessment yet may be considered controversial. The small intestine exhibiting subtle to mild mural changes which may suggest emerging enteropathy. Correlation of the pancreatic/intestinal presentation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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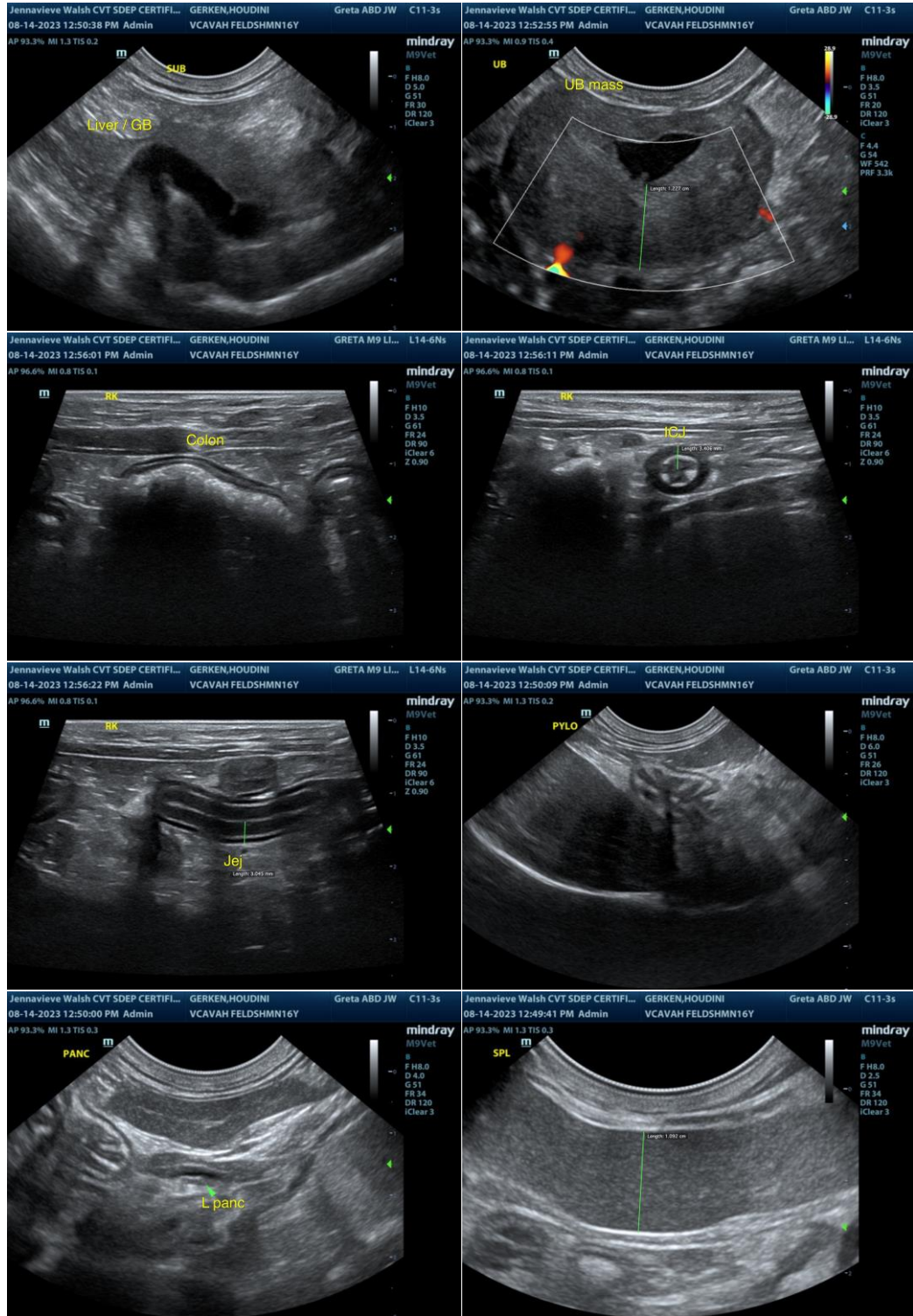
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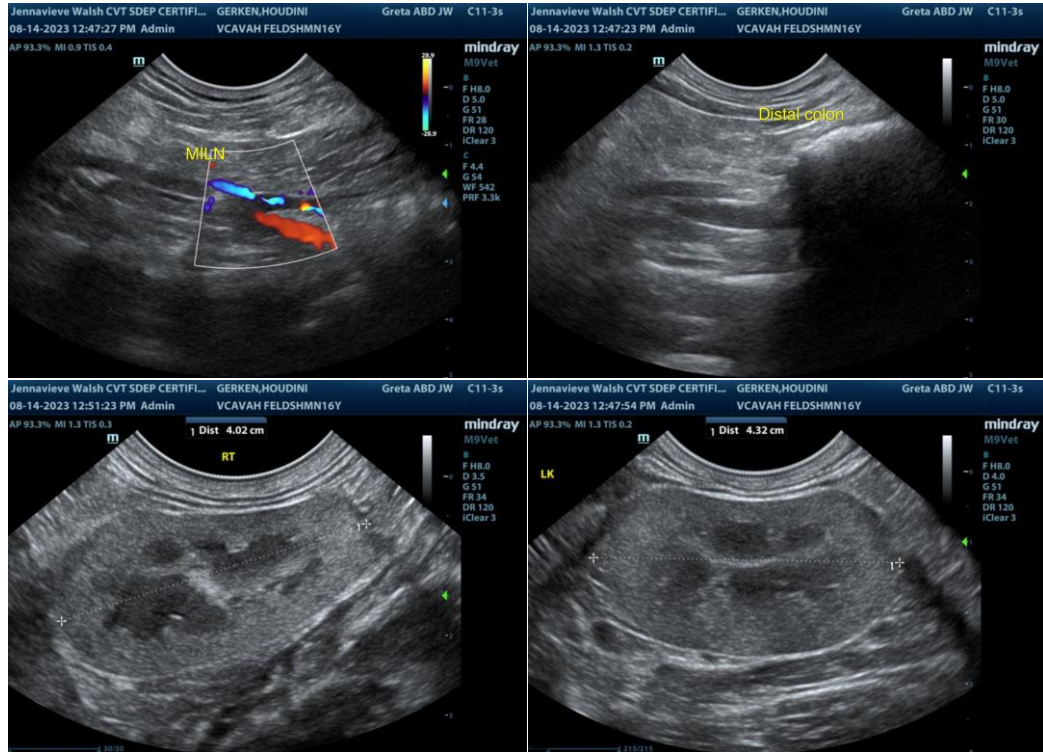
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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