



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Funky Cat Holz	Patient presents for inappetance, moribund, obstructive pattern on abdominal radiographs. FB vs. lymphoma? Current meds: IVFs.
<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 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate dependent to non-dependent particulate to mildly hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
DSH	
<b>SEX</b>	The bilateral kidneys were prominent in size with symmetrical margination. Mild non-uniform increased cortex echogenicity with mild loss of corticomedullary border demarcation was present. No evidence of pelvic dilation. No overt neoplastic criteria was observed. The left kidney measured 5.0 cm in length. The right kidney measured 4.6 cm in length.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
NA	<b>Adrenal Glands</b>
<b>WEIGHT</b>	No overt pathology in the area of the left adrenal gland.
NA	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited mild parenchyma heterogeneity and mild areas of capsule asymmetry. 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 0.75 cm in width at the level of the hilus.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Kelly Vazquez	The liver was subjectively normal in size, structure, and contour. A solitary intraparenchymal cyst measuring 1.1 cm in diameter was present. 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.
<b>HOSPITAL NAME</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild debris. The cystic and common bile ducts were normal.
Ramapo Valley Animal Hospital	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Katara	The stomach exhibited moderate to marked distention with retained anechoic fluid.
<b>INVOICE</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with generalized intestinal distention and moderate anechoic fluid and mild chyme. Oral/aboral movement of the intestinal fluid was present to the level of the ileum. Thickened ileum exhibiting decreased mural echogenicity and loss of discernable wall layering extending into the ileocolic junction consistent with ileal to ileocolic mural mass was present. The ileal mass measured ~ 1.8 cm in diameter. The ileocolic wall measured up to 1.0 cm in width.
11364ag	
<b>DATE</b>	
08/16/2022	



**PATIENT**

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

Funky Cat Holz

**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**

No overt lymphadenopathy was present.

DSH

Regional hyperechoic peri-intestinal mesentery and scant free fluid was noted around the ileum and ileocolic junction.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Ileal to ileocolic mural mass
- Generalized intestinal obstructive pattern proximal to the ileocolic mural mass
- Associated regional peri-intestinal hyperechoic mesentery and scant free fluid-possible associated peritonitis
- Secondary-mild to moderate urinary bladder sediment-may indicate cellular debris/protein, crystalline debris, lipid or mucus
- Secondary-hepatic parenchyma remodeling with solitary benign intraparenchymal cyst
- Secondary-mild gallbladder debris, likely secondary to fasting
- Secondary-mild nonspecific chronic renal changes

**AGE**

NA

**WEIGHT**

NA

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Although sampling is required for further assessment the ileocolic mural mass is suggestive of neoplastic criteria such as lymphoma, mast cell neoplasia, adenocarcinoma or other. Assuming normal clotting status and using a 25g needle an ileocolic mass FNA is recommended for screening cytology. Potential for non-visualized distal intestinal foreign body or regional omental seeding cannot be definitively excluded.

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

Three view chest radiographs suggested if not done to assess for thoracic pathology. Surgical consultation could be considered however a very guarded prognosis is indicated.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley  
Animal Hospital

**REFERRING VET**

Dr. Katara

**INVOICE**

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**PATIENT**

Funky Cat Holz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

NA

**WEIGHT**

NA

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

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**REFERRING VET**

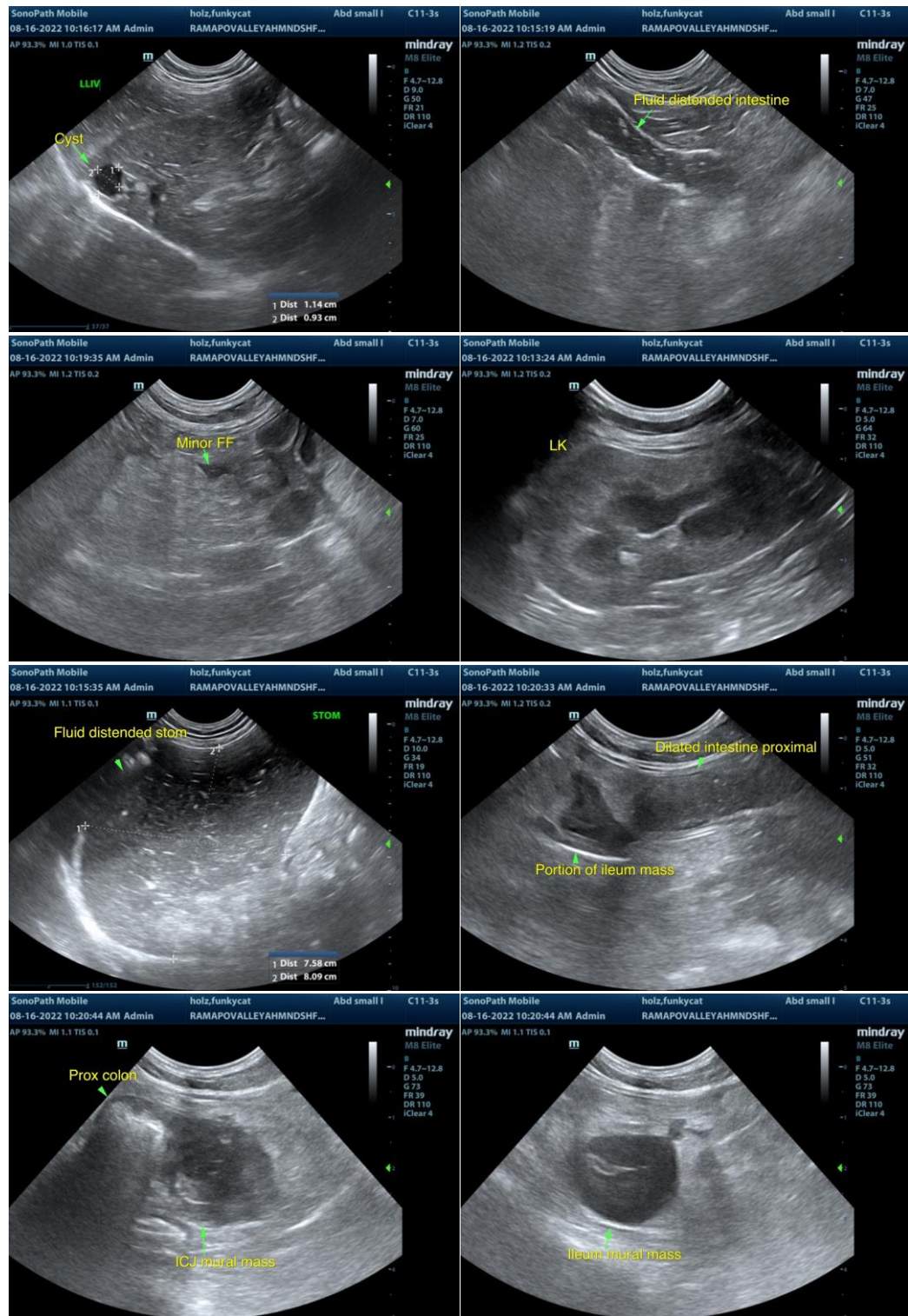
Dr. Katara

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**PATIENT**

Funky Cat Holz

**SPECIES**

Feline

**BREED**

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**SEX**

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**AGE**

NA

**WEIGHT**

NA

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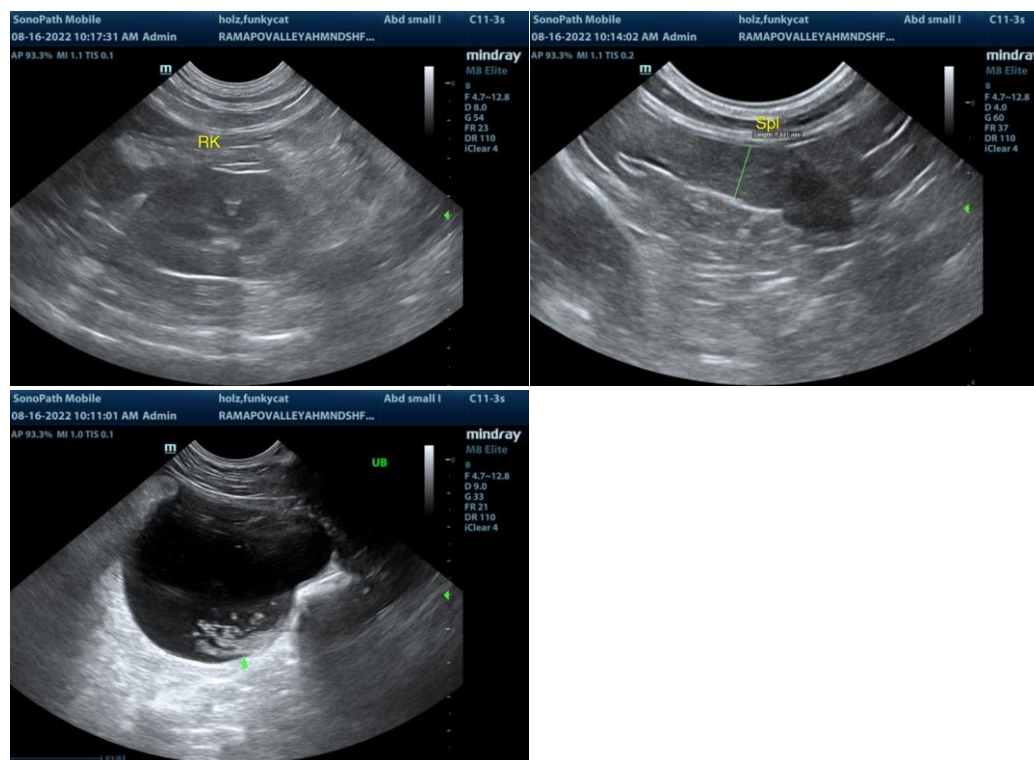
Dr. Katara

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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)

info@SonoPath.com