

**PATIENT**

Lilly Loewen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

9.7lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Briarwood
Veterinary Hospital**INVOICE**

11421ag

DATE

08/19/2022

PRESENTING CLINICAL SIGNS

losing weight, lethargic, not acting normal, inappetance

Abnormal PE/Chem/CBC/UA Results: mm pale pink, lost 2lbs Please see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 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.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor bilateral medullary mineral was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width

Spleen

The spleen exhibited moderate enlargement with areas of medial capsule asymmetry and non-homogeneous to mixed echogenic parenchyma with decreased parenchyma echogenicity. Multiple hyperechoic nodules were present, an example measured 1.0 cm in diameter. The spleen measured 1.9 cm in width at the level of the hilus.

Liver

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. A solitary non-disruptive cystic nodule was present in the caudoventral liver measuring 1.1 cm in diameter was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

A mild to moderately sized asymmetrical mural mass at the level of the ileocolic junction likely involving the proximal colon was present measuring 3.0 cm x 2.5 cm. Loss of wall layering detail and decreased mural echogenicity were present. Associated hypoechoic to swollen mesenteric lymph nodes were present in the area, an example measuring 1.6 cm in diameter. Associated reactive mesentery was noted.



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

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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 was evident.

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Free Abdomen

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No peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenomegaly with multiple splenic nodules
- Ileocolic/proximal colon mural mass
- Hypoechoic to swollen mesenteric lymphadenopathy
- Solitary nondisruptive cystic hepatic nodule-consistent with probable incidental cystic biliary adenoma
- Mild chronic renal changes exhibiting minor medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the infiltrative splenomegaly, ileocolic mural mass and associated lymphadenopathy is consistent with multicentric round cell neoplasia such as lymphoma. Assuming normal clotting status and with Benadryl pretreatment and using a 25g needle a splenic FNA (+/- ileocolic mural mass/ lymph nodes) is recommended for screening cytology and potential oncology consult. An unfavorable prognosis is indicated.

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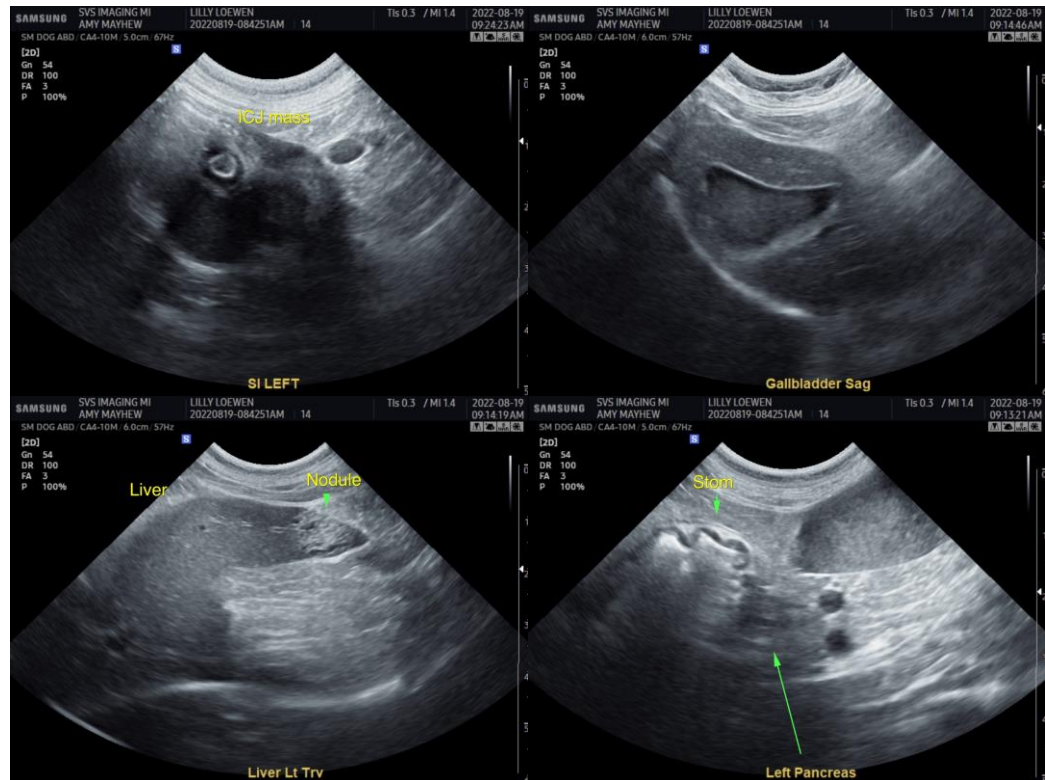
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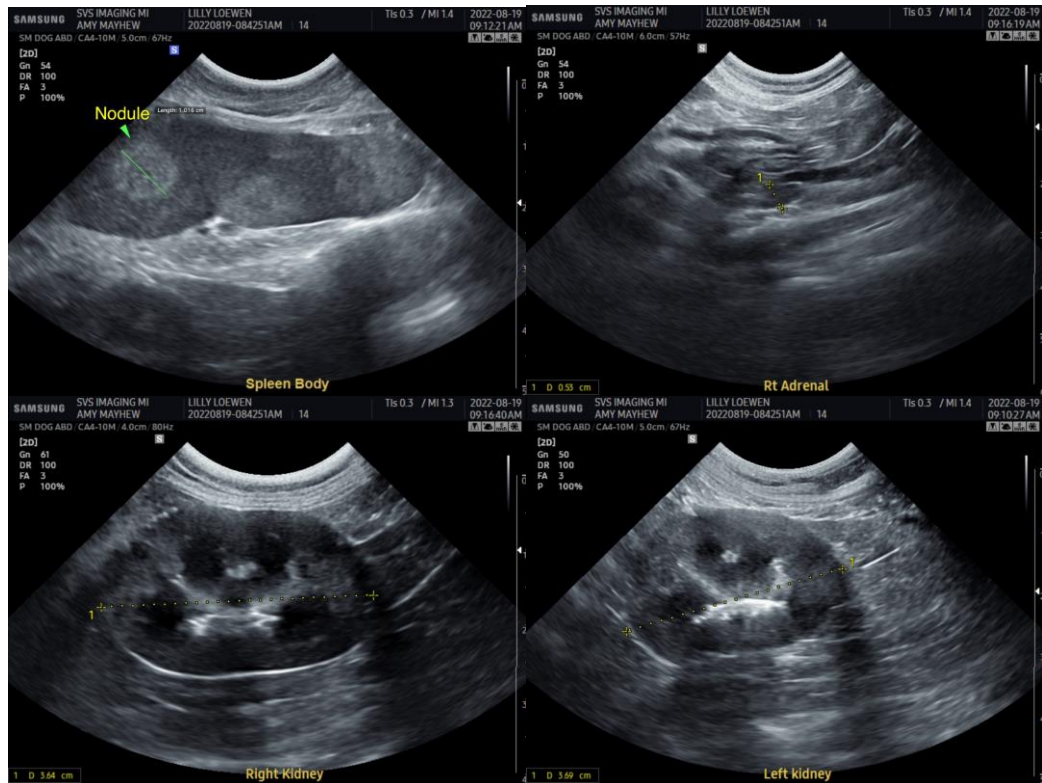
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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