



PATIENT

Coco Merritt

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

10 years

WEIGHT

6.70 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Buss

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

Dr. Will Sorter

INVOICE

14782

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Coco presented today for an abdominal ultrasound to evaluate urinary tract and try to determine source of weight loss and blood in urine. Blood work showed hypoalbuminemia 2.4, rest unremarkable. Eating ok at home no vomiting/diarrhea etc.

Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound- several enlarged lymph nodes in abdomen and mild/moderate ascites, urinary bladder large, moderate debris gallbladder, kidneys, spleen, liver lobes appear normal. Concern for neoplasia Albumin 2.4, all other results WNL. Urinalysis via cysto- SG 1.014, no signs of infection, no rbc, no protein Urine culture- pending

The submitted study contained 15 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size exhibiting normal tone, containing anechoic urine with no sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 dilatation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left or right adrenal glands were not definitively visualized.

Spleen

The spleen was indistinctly visualized exhibiting borderline enlargement measuring 1.0 cm width at the mid-spleen. Mild asymmetrical splenic contour was noted with generalized mild splenic parenchyma heterogeneity.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with symmetrical capsule contour and normal to possibly mild reduced hepatic parenchyma echogenicity compared to the spleen and a moderate coarse echotexture. Overtly normal hepatic vascular volume was noted with no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. 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, retained ingesta, fluid, or foreign material.



PATIENT	The small intestine presented generalized intact, thickened to irregular wall layering with potential indistinct segmental loss of intestinal wall layering. There was no obstructive pattern noted. The intestinal wall width measured up to 0.30 cm.
Coco Merritt	
SPECIES	Normal visible colon wall layers were present with apparent formed fecal matter in lumen.
Feline	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
DMH	
SEX	Free Abdomen
FS	Intermittent, midabdominal mesenteric lymph nodes were present. 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. An example of lymph node size was 1.9 cm x 0.8 cm. Mild to moderate volume, echogenic peritoneal effusion was present. Generalized nonuniform omentum was noted.
AGE	
10 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6.70 lbs.	<ul style="list-style-type: none"> • Diffusely thickened, irregular small bowel • Intermittent nonhomogeneous irregular mesenteric lymphadenopathy • Subjective borderline hepatosplenomegaly • Mild gallbladder sediment • Echogenic peritoneal effusion and generalized nonuniform omentum
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The small intestine is consistent with infiltrative enteropathy criteria with general considerations including inflammatory vs. neoplastic infiltrative enteropathy. High suspicion for intestinal infiltrative neoplastic disease, given concurrent lymphadenopathy and peritoneal effusion, with potential for carcinomatosis, lymphomatosis, or similar. FIP is technically a potential in this case, yet considered less likely given the patient's age.
IMAGING PERFORMED BY	Further assessment may include effusion analysis, cytology, +/- C/S, if evidence of an inflammatory component. A GI panel and three-view chest radiographs are warranted. Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology could also be considered for further assessment.
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INVOICE	Empirical IBD protocol with as-needed gastrointestinal support would be reasonable. An extremely guarded prognosis is indicated.
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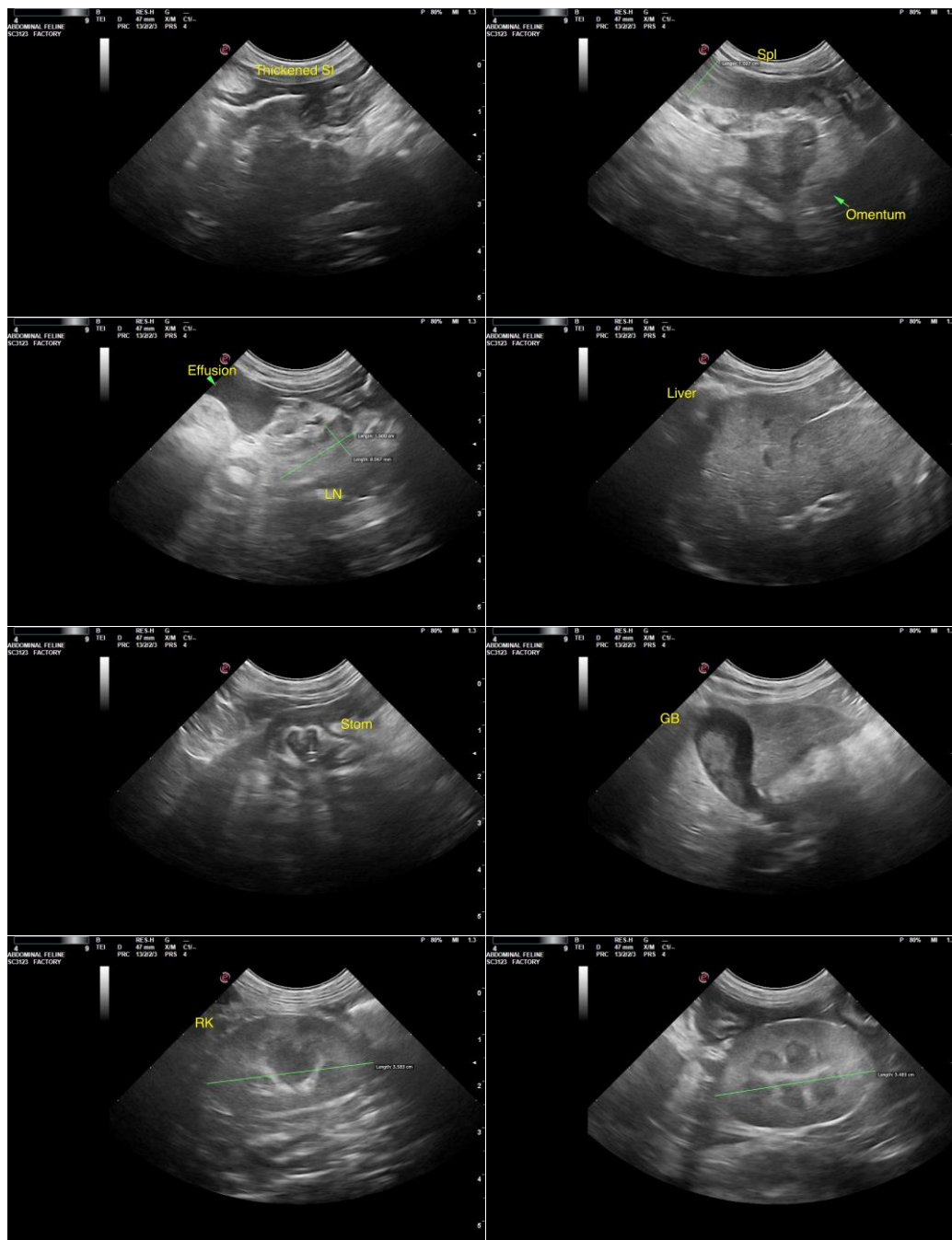
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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