



PATIENT PRESENTING CLINICAL SIGNS

Fuzzy Unger
chronic vomiting; on methimazole 2.5mg bid
Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

DMH

SEX 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. Potential areas of emerging non-obstructive medullary mineral or possible fibrosis present. Small cortical infarcts likely. The left kidney measured 3.3 cm. The right kidney measured 3.3 cm.

Spayed Female

AGE 12 Years
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT 7.6 Pounds
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm in width. No overt pathology in the area of the left adrenal gland.

Spleen

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.45 cm in width.

IMAGING PERFORMED BY

Diane McFadden, RVT

Liver

HOSPITAL NAME

Advanced Pet Care

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. 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 proximal common bile duct was dilated (0.23 cm) and tortuous without overt post hepatic obstruction.

REFERRING VET

Dr. Weingartner

Gastrointestinal

INVOICE

24838

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. Pylorus wall measured 0.28 cm.

DATE

8/20/21

The small intestine presented segmental moderate hypoechoic mural hypertrophy with loss of distinct wall layering in the mid abdomen, measuring approximately 4-5 cm in length and 1.2 cm in width. Associated regional peri intestinal reactive mesentery and mildly prominent to hypoechoic peri intestinal mesenteric lymphadenopathy was present. Example of lymph node measured 0.78 cm diameter.

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



PATIENT

Pancreas

Fuzzy Unger

The pancreas was normal in size and contour with heterogeneous to hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

Free Abdomen

Feline

No evidence of effusion.

BREED

ULTRASONOGRAPHIC FINDINGS

DMH

- Intestinal mural mass
- Associated regional peri intestinal reactive mesentery and mildly prominent to hypoechoic lymphadenopathy
- Mild chronic renal changes
- Hypoechoic to heterogeneous pancreas
- Mild gallbladder debris and non-obstructive proximal common bile duct dilation

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

7.6 Pounds

The primary finding in this case is the intestinal mural mass, which may indicate inflammatory, granulomatous (dry form FIP), or neoplastic etiologies (lymphoma, mast cell neoplasia or other). The associated lymphadenopathy may indicate reactive lymphadenitis or early neoplastic lymphadenopathy. Potential concurrent chronic to chronic active pancreatitis suspected. Jejunal with possible ileal / Ileocolic location of the mural mass likely. Ultrasound guided FNA of the intestinal mural mass and associated lymph node (if accessible) may be considered for screening cytology. Subjectively the mass appears to be likely amenable to surgical resection. 3-view chest radiographs recommended prior to potential surgical considerations. Surgical and/or oncological consult could be considered.

INTERPRETED BY

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

The proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

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PATIENT

Fuzzy Unger

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.6 Pounds

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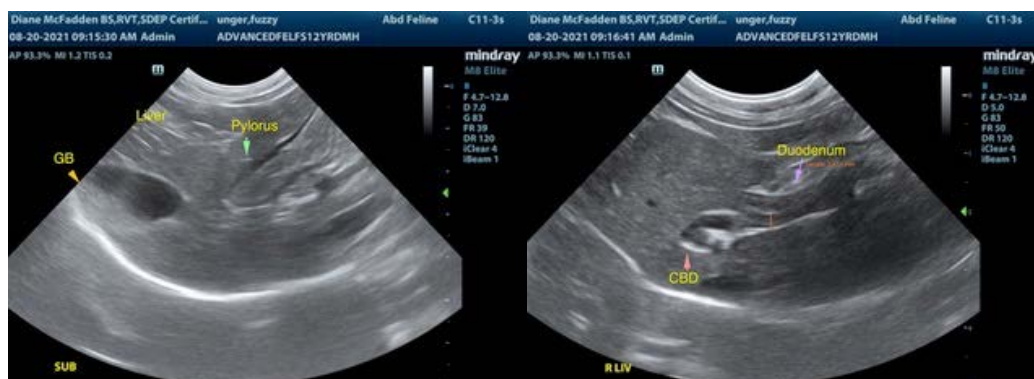
Dr. Weingartner

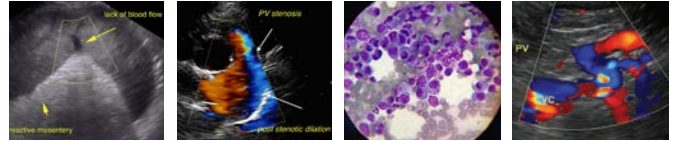
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PATIENT

Fuzzy Unger

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.

SPECIES

Feline

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.

BREED

DMH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.6 Pounds

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