



**PATIENT PRESENTING CLINICAL SIGNS**

Calliope Witherspoon

Large abdominal mass for the right and midline abdomen, marked surface irregularity, suspect GI origin. Current Medications Cerenia 4 mg SID, Mirtazapine 3.75mg EOD Origination and potential surgical management?

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: See email. Biggest concerns: HCT21, ALB 1.8

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DMH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

Spayed Female

**AGE**

14 Years

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. The left kidney measured 3.7 cm. The right kidney measured 4.3 cm.

**WEIGHT**

6.75 Pounds

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**INTERPRETED BY**

No overt pathology in the area of the left and right adrenal glands.

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

**Spleen**

**IMAGING PERFORMED BY**

Jenna Walsh

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.58 cm in width.

**HOSPITAL NAME**

**Liver**

Eugene Animal  
Hospital

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Jeremy Polk

**INVOICE**

24864

**Gastrointestinal**

**DATE**

8/23/21

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. Gastric body wall measured 0.26 cm.

A large to expansive intestinal mural mass exhibiting marked mural hypertrophy, decreased mural echogenicity and loss of wall layering noted in the mid to caudal abdomen. The mass measured



**PATIENT** Calliope Witherspoon approximately 5.0 cm in length with wall width up to 1.4 cm in width. Regional small intestine not involved with the mass exhibited intact yet altered 1:3 muscularis/mucosa ratio owing to segmental to generalized mild muscularis hypertrophy. Intact jejunum wall width measured up to 0.29 cm.

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

**BREED** DMH **Pancreas**

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

**SEX** Spayed Female **Free Abdomen**

Regional peri intestinal reactive mesentery and mild peritoneal free fluid was present. Associated mildly prominent isoechoic to hypoechoic mesenteric lymph nodes were noted adjacent to the intestinal mass. Example of lymph node measured 0.48 cm in width.

**AGE** 14 Years

#### PRIMARY FINDINGS

- Large intestinal mural mass with associated regional to generalized peritonitis
- Concurrent segmental to generalized enteropathy exhibited by intact yet altered wall layering
- Mild chronic active pancreatitis pattern

**WEIGHT** 6.75 Pounds

#### SECONDARY FINDINGS

- Bilateral mild chronic renal changes and mild urinary bladder sediment

#### INTERPRETED BY

R. McKenzie Daniel,  
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(Canine and Feline)

#### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mural mass is suspected to be primarily jejunal in origin. Although sampling (FNA or biopsy) of the mass for histopathology is required for definitive diagnosis, high-grade neoplasia such as lymphoma, mast cell neoplasia or other is suspected. Potential for severe inflammation or granulomatous disease (dry form FIP) possible, yet considered less likely. Additionally, early regional intestinal involvement adjacent to the mass (given the altered wall layering) or omental seeding may be possible.

**IMAGING PERFORMED BY**

Jenna Walsh

#### HOSPITAL NAME

Eugene Animal  
Hospital

Assuming normal clotting status, ultrasound guided FNA of the intestinal mass for screening cytology and oncology consult may be considered. 3-view chest radiographs recommended. Curative surgical options in this case are considered highly questionable given the potential for additional regional intestinal involvement as well as possible omental seeding and early lymphatic metastasis.

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**PATIENT**

Calliope Witherspoon

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

6.75 Pounds

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**REFERRING VET**

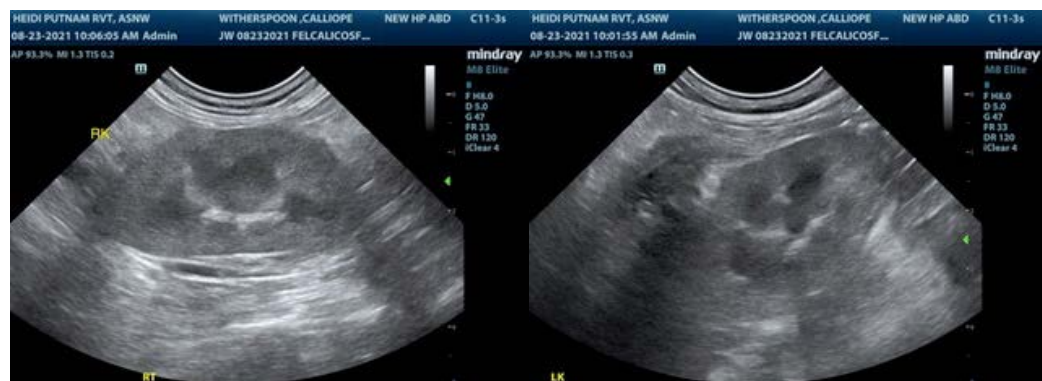
Dr. Jeremy Polk

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**PATIENT**

Calliope Witherspoon

**SPECIES**

Feline

**BREED**

DMH

**SEX**

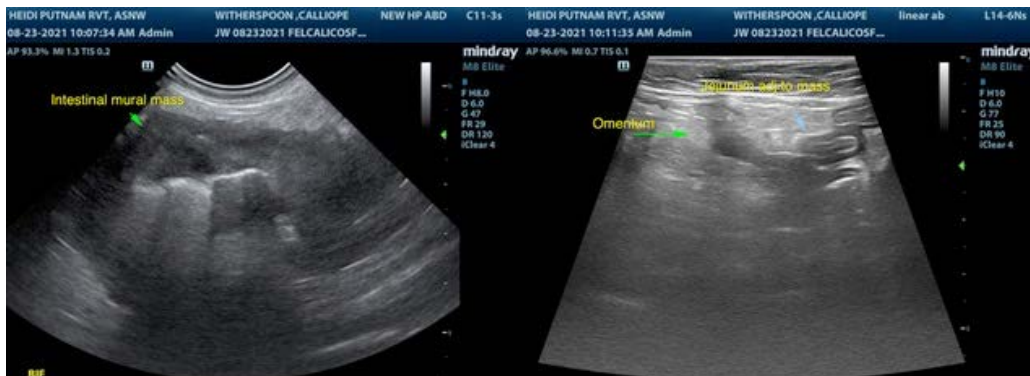
Spayed Female

**AGE**

14 Years

**WEIGHT**

6.75 Pounds



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.

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.

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