



PATIENT

Manny Payne

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

13.90

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis
McCormick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis
McCormick-Rantze

INVOICE

14902

DATE

8/24/23

PRESENTING CLINICAL SIGNS

P very tense on abdominal palpation, but difficult to tell if due to pain or anxiety as he has kitty minutes. not been acting himself. Mom says he has been loafing the last couple days. He is not eating and drinking as much. He is using the litter box normally.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A 1:3 cortex / medulla ratio was maintained. Uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation was present. No pyelectasia or evidence of neoplastic criteria were noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width. No overt pathology was noted in the area of the left adrenal gland.

Spleen

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 0.8 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

Segmentally thickened yet intact midabdominal jejunum wall was present with an emerging mural mass. The area of the emerging jejunal mural mass exhibited mild to moderate mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering. The emerging jejunal mural mass wall measured up to 0.46 cm wall width. Intact adjacent thickened jejunum measured 0.36 cm. By



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comparison, normal-appearing jejunum wall measured 0.23 cm width. The duodenum wall measured 0.25 cm width. No overt pathology was noted at the level of the ileocolic junction with the ileocolic junction wall measuring 0.36 cm width.

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Pancreas

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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 were evident.

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Free Abdomen

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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 to peri intestinal midabdominal hyperechoic omentum was present. A solitary visualized lymph node exhibited concurrent cystic parenchymal changes. An example lymph node measured 2.3 cm in diameter. There was no overt evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Segmentally thickened jejunum with small jejunal mural mass
- Associated variably prominent, nonhomogeneous to cystic mesenteric lymphadenopathy
- Peri intestinal to peri lymphatic hyperechoic omentum

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the segmentally thickened jejunum and jejunal mural mass with concurrent lymphadenopathy may include inflammatory infectious neoplastic or granulomatous (dry FIP) etiologies. Definitive diagnosis would require sampling for histopathology.

Full-thickness intestinal biopsies with potential for resection anastomosis and concurrent lymphatic biopsies for histopathology are recommended assuming no evidence of pathology on three view chest radiographs. Initial FNA cytology of an accessible mesenteric lymph node could be considered.

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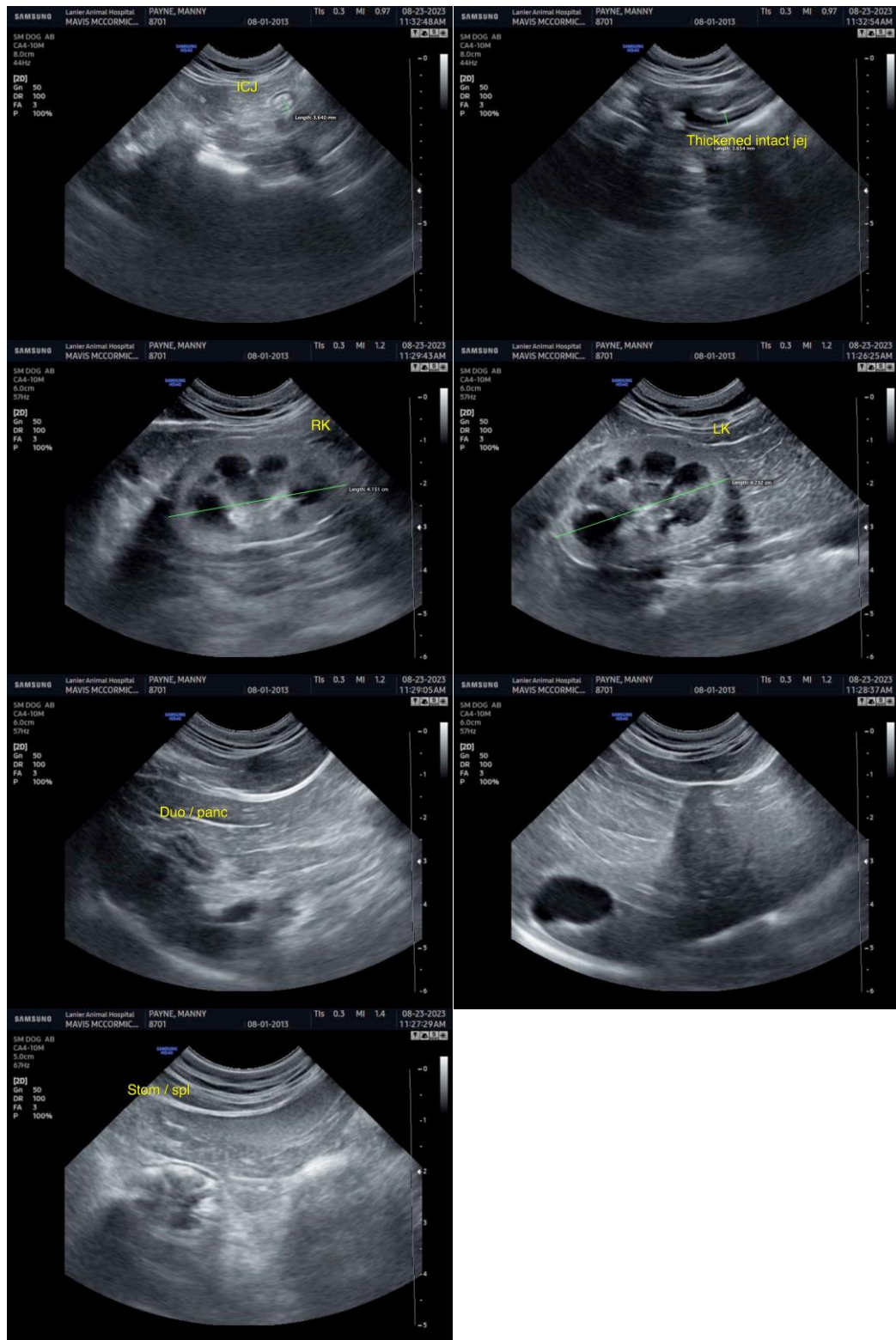
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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