



**PATIENT**

Joe Donaruma

**PRESENTING CLINICAL SIGNS**

The patient was presented about a week and a few days ago with hyporexia for a few days. Blood work done that day came back normal except mild neutrophilia and Entyce was given. Today the owner mentioned the cat was eating better, drinking water, and that the bowel movements are all normal. The doctor noted the cat to be more active and eating but not putting on weight.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*The submitted study contains 6 videos and 23 still images for review.**

**BREED**

DSH

**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 were noted.

**SEX**

Male

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 kidneys measured 3.9 cm each.

**AGE**

15 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

8 Pounds

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Pinpoint dystrophic mineralization was present in the left adrenal gland, which is a normal age related variant in a cat and considered incidental. The left adrenal gland measured 0.30 cm in width. The right adrenal gland measured 0.21 cm in width.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Dr. Paul Kim

**Liver**

**HOSPITAL NAME**

Ridgefield Park AH

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Dr. Paul Kim

**Gastrointestinal**

**INVOICE**

24929

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.

**DATE**

8/25/21

Sonographic assessment of the small intestine revealed a solitary intestinal mural mass exhibiting moderate mural hypertrophy, decreased mural echogenicity, and loss of distinct wall layering. The intestinal mural mass measured an estimated 2-3 cm in length with wall width potentially up to 1.0 cm. Subtle regional peri intestinal reactive mesentery was present. No evidence of obvious peritonitis or associated lymphadenopathy.



**PATIENT**

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

Joe Donaruma

**Pancreas**

**SPECIES**

The left limb of the pancreas was normal in size and contour with subtle hypochoic parenchyma compared to adjacent non-reactive omentum.

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Intestinal mural mass
- Possible concurrent mild chronic active pancreatitis
- Bilateral mild chronic renal changes
- Mild gallbladder debris – likely incidental, potentially owing to fasting

DSH

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Male

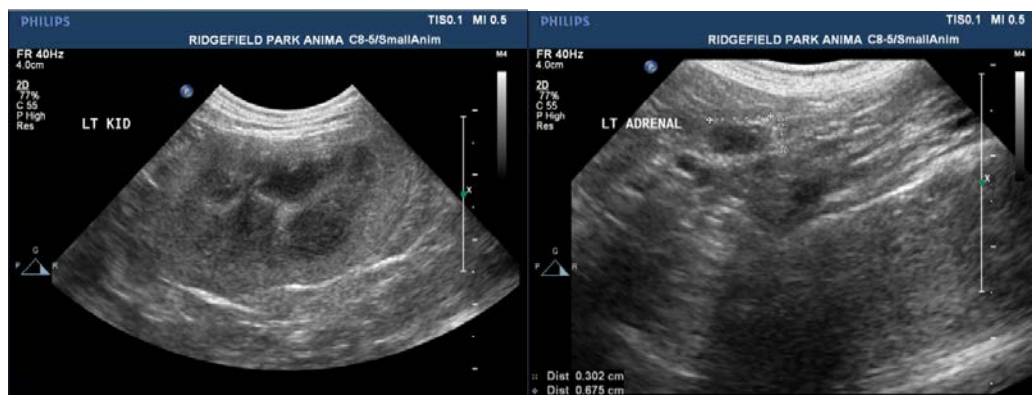
**AGE**

Considerations for the intestinal mural mass may include neoplastic, inflammatory or granulomatous (dry FIP) disease. A neoplasia is favored (i.e., lymphoma or other) although not definitive. Subjectively the intestinal mural mass appears to be amenable to surgical resection. The definitive location of the intestinal mural mass was not overtly evident, yet jejunal involvement is suspected. No overt evidence of regional metastasis. 3-view chest radiographs recommended prior to surgical considerations.

15 Years

**WEIGHT**

8 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Paul Kim



**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Paul Kim

**INVOICE**

24929

**DATE**

8/25/21



**PATIENT**

Joe Donaruma

**SPECIES**

Feline

**BREED**

DSH

**SEX**

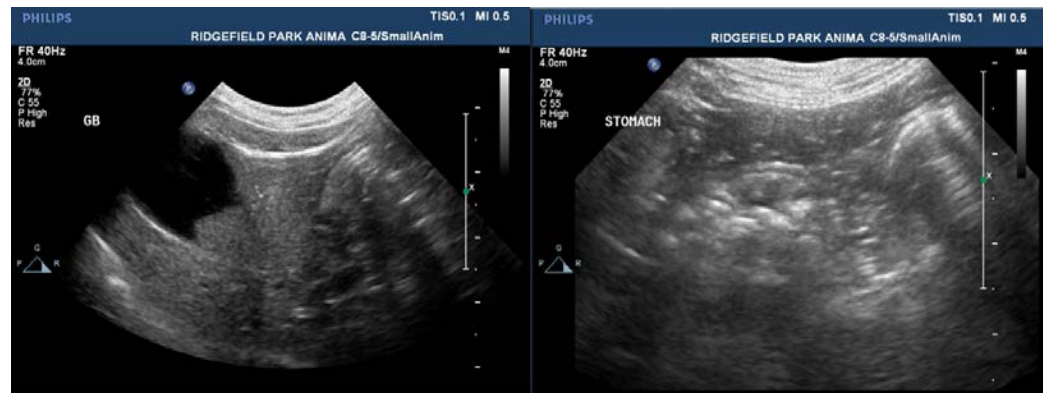
Male

**AGE**

15 Years

**WEIGHT**

8 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Paul Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Paul Kim

**INVOICE**

24929

**DATE**

8/25/21

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.

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