



PATIENT	PRESENTING CLINICAL SIGNS
Jack Romero	P presenting for vomiting the past week and experiencing hiding behavior. Presented to rDVM 2 weeks ago where bloodwork showed a moderate neutrophilia and a monocytosis. P was sent home on Metronidazole. Presenting to us today for vomiting 3 times early this morning unable to keep any food/water material down.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Mid abdominal mass palpated on PE Pyrexia of 104.1 (rectal temp)
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
AGE	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.
9	
WEIGHT	The area of the aortic trifurcation was free of pathology.
9.88	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. No overt pathology in the area of the right adrenal gland.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Whitcraft	Liver
HOSPITAL NAME	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.
Craig Road Animal Hospital	Gastrointestinal
REFERRING VET	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. The gastric body wall measured 0.25 cm in width.
Dr. Johnson	The small intestine exhibited a large mid abdominal mural mass suspected to be jejunal in location. The mass exhibited marked mural hypertrophy, decreased echogenicity and loss of discernable wall layering. The mural mass measured ~ 6.0 cm in diameter with wall width up to 3.0 cm. Segments of small intestine
INVOICE	
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DATE	
08/29/2022	



PATIENT

Jack Romero

adjacent to the mass exhibited intact yet mildly prominent to thickened wall layering with adjacent small intestinal wall width measuring 0.27 cm. The duodenum measured 0.26 cm in width. Regional peri-intestinal hyperechoic mesentery along with scant pockets of free fluid were present.

SPECIES

Feline

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

Pancreas

The pancreas exhibited normal size with areas of capsule asymmetry and subjective mild non-homogeneous to hypoechoic parenchyma compared to the adjacent omental fat.

BREED

DSH

Free Abdomen

Regional peri-intestinal hyperechoic mesentery along with scant pockets of free fluid were present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

Primary

- Large mid abdominal small intestinal mural mass with regional peritonitis
- Intact prominent to mildly thickened adjacent small intestinal walls
- Overtly normal stomach
- Possible concurrent low grade active to chronic active pancreatitis

AGE

9

WEIGHT

9.88

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mid abdominal mural mass is consistent with neoplastic criteria such as lymphoma, mast cell neoplasia or other. Although not definitive the possibility of early adjacent to regional small intestinal involvement may be present. Early regional omental seeding cannot be definitively excluded. Assuming normal clotting status and using a 25g needle an intestinal mural mass FNA is recommended for screening cytology and potential for oncology consult. The mass appears to be amendable to surgical resection which could be considered assuming no evidence of pathology on three view radiographs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Whitcraft

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

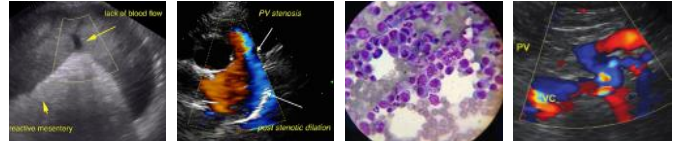
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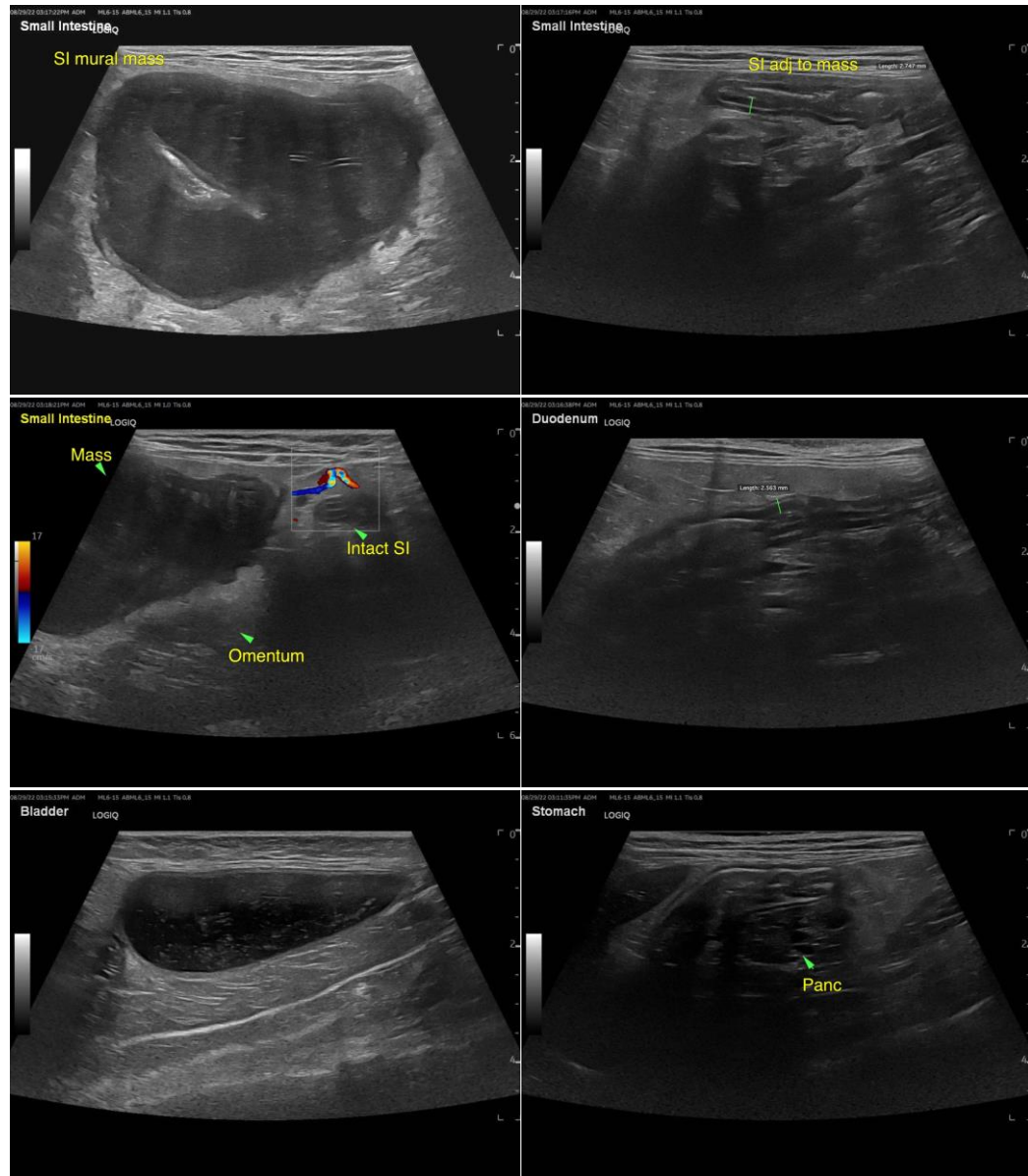
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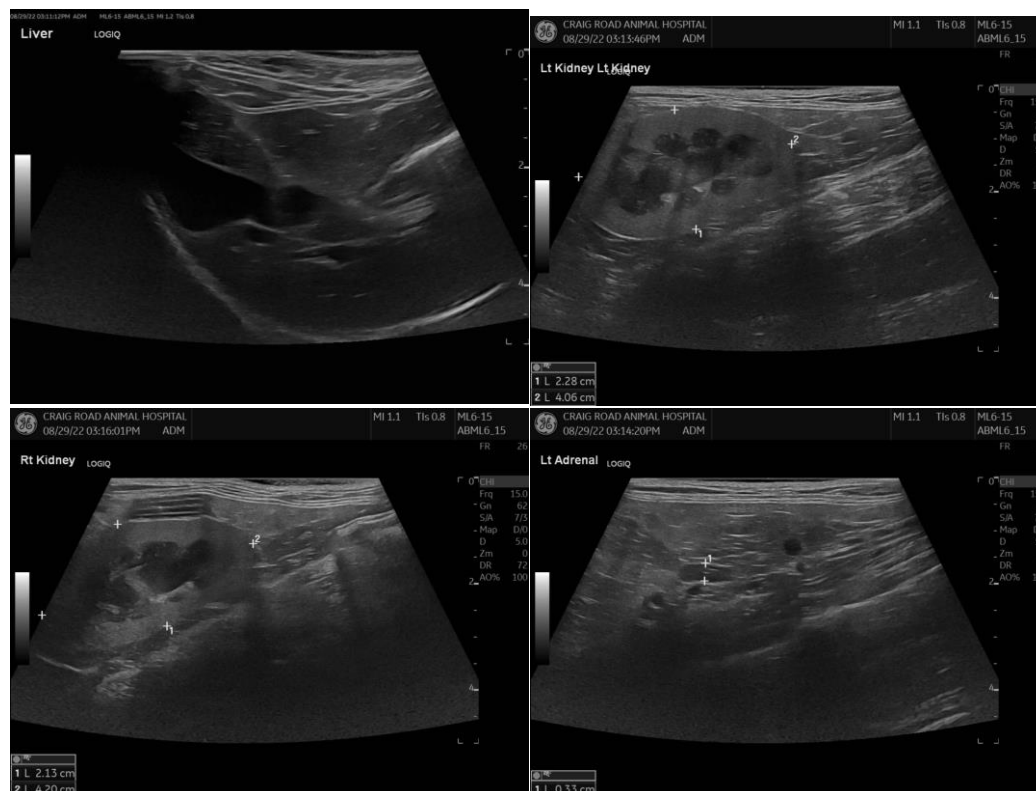
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com