



**PATIENT**

Bella Honcoop

**SPECIES**

Feline

**BREED**

DLH

**SEX**

F/S

**AGE**

15 years

**WEIGHT**

4.2 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Alpine 24/7

**REFERRING VET**

Dr. Sasa Karagic

**INVOICE**

14495

**DATE**

8/3/22

**PRESENTING CLINICAL SIGNS**

Constipation. Hight SDMS. Mass seen caudal to bladder on AFAST scan.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mild to moderately distended in size with subjective normal tone. The urinary bladder contained anechoic urine with moderate particulate to hyperechoic urinary bladder sediment.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Uniform increased cortex echogenicity with mild enhanced corticomedullary border demarcation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. No overt pathology was noted In the area of the right 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.

**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.

The visualized duodenum and jejunum to the level of the Ileum exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The ileum to the level of the ileocolic junction exhibited primarily intact wall layering with a solitary, mildly expansive, hypoechoic ileal mural nodular lesion measuring approximately 0.58 cm In diameter. The ileal nodular lesion did not appear to exhibit mural escape with subtle distortion of adjacent wall layering.

The visualized discernable colon exhibited intact and overtly normal wall layering with formed fecal matter present in the colon lumen.



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**Pancreas**

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.

**Free Abdomen**

An unspecified, primarily homogeneous, hypoechoic mass lesion was present in the caudal abdomen adjacent to the distal descending colon / colorectum and urinary bladder, measuring approximately 5.5 cm in diameter. Subtle evidence of regional reactive mesentery around the mass lesion was noted.

A solitary, mildly prominent to hypoechoic colic lymph node vs. peri ileocolic omental cyst was present measuring 0.9 cm in diameter. No evidence of peritoneal free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Unspecified mass lesion adjacent to urinary bladder and distal descending colon / colorectum
- Focal ileal mural nodular lesion
- Solitary mildly prominent colic lymph node vs. cyst
- Mild nonspecific chronic renal changes
- Distended urinary bladder with moderate sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, ultrasound-guided FNA of the unspecified mass lesion adjacent to the urinary bladder and distal descending colon to colorectum is recommended for cytology and further clarification. This mass lesion may potentially be associated with the distal descending colon and colorectum, given the history of constipation. Sonographic monitoring of the focal ileal mural nodular lesion for evidence of progression is recommended.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Given the location of the unspecified mass lesion and pending cytology, abdominal CT may be indicated for further assessment.



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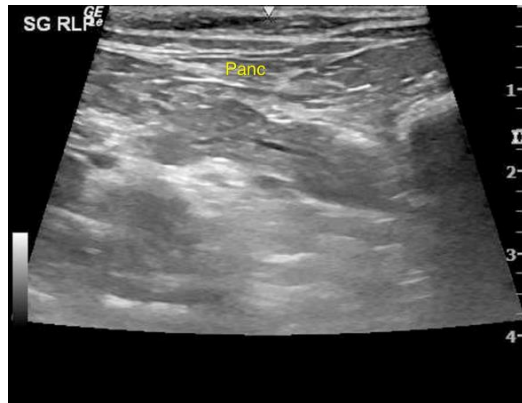
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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