



PATIENT PRESENTING CLINICAL SIGNS

Dora Klaus Intermittent vomiting, hyporexia, weight loss.
 Medication: B12, mirtazapine, metronidazole

SPECIES WBC 29.9 with neutrophilia and monocytosis, Unremarkable CBC, Spec fPL 1.8

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

FS The area of the aortic trifurcation was free of pathology.

AGE

2013 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. A subtle hyperechoic corticomedullary band, consistent with a subtle medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

WEIGHT

7.6

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.42 cm width and the right adrenal gland measured 0.25 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

The spleen exhibited normal size with mild medial capsule asymmetrical contour to scalloping. The spleen measured 0.6 cm width. There were no splenic masses or nodules noted.

HOSPITAL NAME

Lehigh Valley AH
 (Bath)

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.

REFERRING VET

Dr. Tan

Gastrointestinal

INVOICE

14798

The stomach presented intact wall layering containing mild anechoic lumen fluid without evidence of mechanical pyloric outflow obstruction.

DATE

8/3/23

Segmental, variably expansive, irregular intestinal mural mass was present and consistent with like jejunal location. The mural mass exhibited variably wall thickening, decreased mural echogenicity, and loss of discernable wall layering, measuring approximately 5.0 cm length with wall width up to 1.2 cm.



PATIENT

Dora Klaus

Concurrent adjacent intestinal thickening exhibiting maintained intact wall layering was present with thickened small intestine measuring up to 0.41 cm wall width. By comparison, the normal-appearing visualized small intestine measured 0.23 cm in wall width. Intact ileocolic wall measured 0.35 cm width.

SPECIES

Feline

Normal visible colon wall layers were present containing generalized semi-formed to soft fecal matter.

Pancreas

BREED

DSH

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

SEX

FS

Regional nonuniform to nodular, hyperechoic omentum was present in the area of the small intestinal mass with suspect mild hypoechoic peri intestinal mesenteric lymphadenopathy. Scant pockets of peri intestinal free fluid were noted.

AGE

2013

ULTRASONOGRAPHIC FINDINGS

- Irregular to expansive segmental small intestinal mural mass with concurrent adjacent intact yet thickened small intestine
- Mild gastric hypomotility
- Peri intestinal nonuniform / nodular omentum and probable mild peri intestinal mesenteric lymphadenopathy
- Bilateral subtle nonspecific renal medullary rim sign

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the small intestinal mural mass is suggestive of suspect high-grade neoplastic criteria, i.e., high-grade lymphoma or other round cell neoplasia with potential for significant segmental inflammatory or granulomatous disease, although thought less likely. Regional peri intestinal peritonitis is possible, although concern for regional omental seeding and early neoplastic lymphadenopathy is warranted. Concurrent concern for additional adjacent intestinal involvement is likely.

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ARDMS/RVT

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Assuming normal clotting status and with Benadryl pretreatment, FNA cytology of the intestinal mural mass could be considered for further clarification and oncology consult. Three-view chest radiographs are recommended. An intestinal biopsy is likely required for a definitive diagnosis.

REFERRING VET

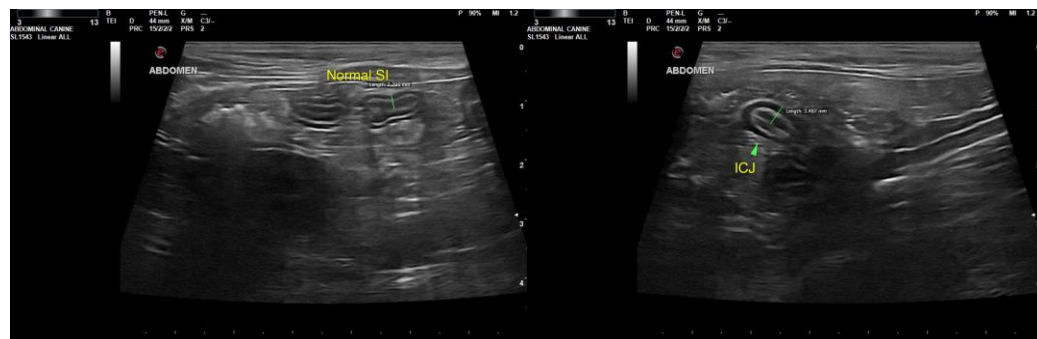
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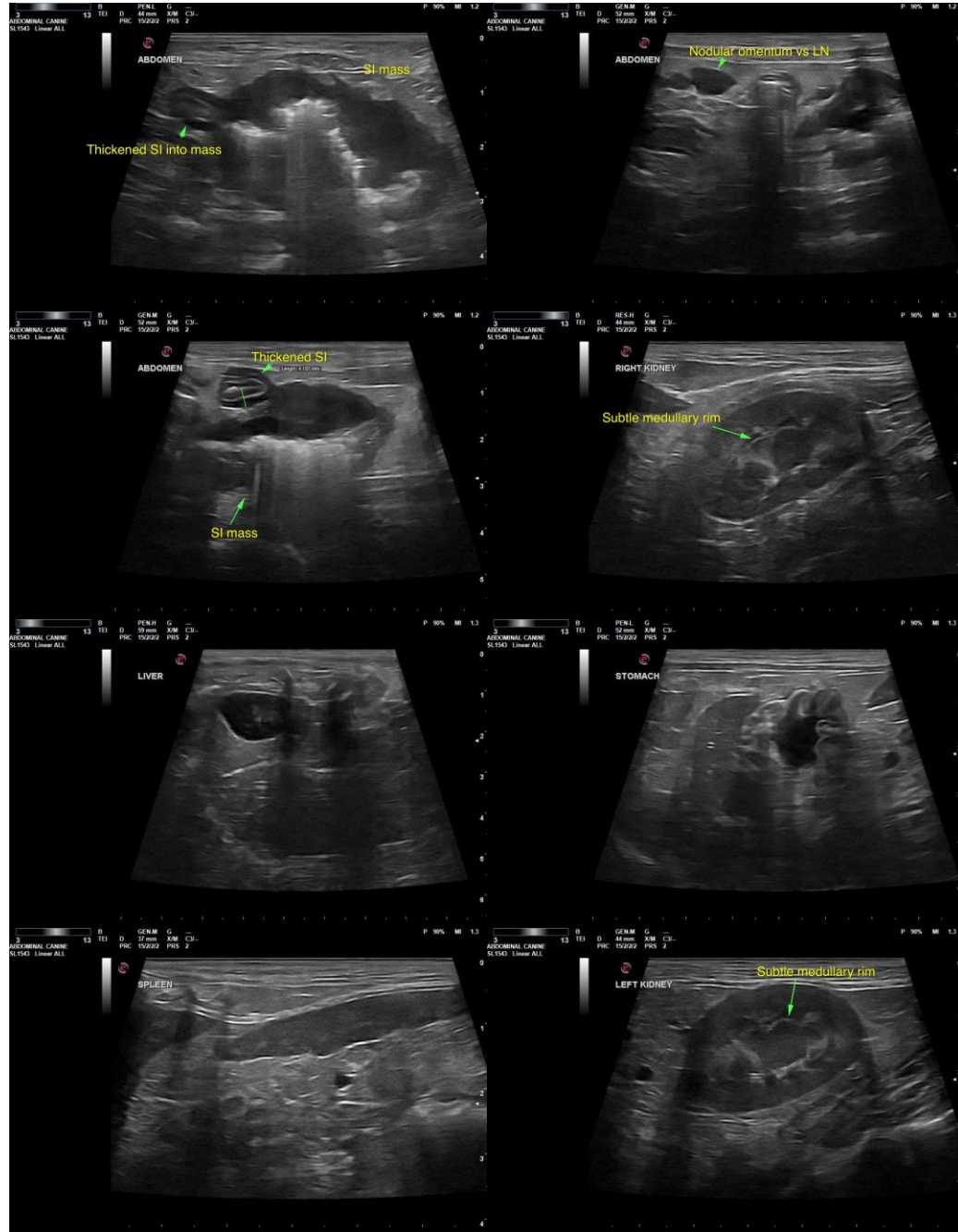
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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