



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Pele Murdoch  
**SPECIES** Feline  
**BREED** DSH  
**SEX** FS  
**AGE** 16yr  
**WEIGHT** 7.6lb

**History:** History of vaccine-associated fibrosarcoma. s/p RH amputation in 2018. Current history of weight loss despite good appetite, soft stool ranging from overt diarrhea to soft formed. Recent increased frequency, including blood in stool. BW including TT4 and fT4 all normal; had periodically shown UTI signs and has had enterococcus cultured from urine on more than one occasion. PE WNL though suggestion of mesenteric lymphadenopathy. Severe arthritis of L-S region and L stifle, Chronic history (near lifetime) of intermittent vomiting. On Gabapentin 50 mg BID-TID, Provable DC, recently changed to Visbiome

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 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.

Normal size and margination was 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No overt splenic masses or obvious infiltrative neoplastic criteria. The spleen measured 1.0 cm width at the level of the hilus.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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**

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

**IMAGING PERFORMED BY**  
 Pamela Harrigan, RDCS

**HOSPITAL NAME**  
 Wood River Animal  
 Hospital

**REFERRING VET**  
 Dr. Mary Boy

**INVOICE**  
 11283ag

**DATE**  
 08/05/2022



**PATIENT**

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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.

**SPECIES**

Feline

The small intestine presented intact yet thickened wall layering with 1:3 muscularis/mucosa ratio. Several variably expansive homogenous jejunoileal mural masses were present an example measuring 1.5 cm x 1.5 cm. The intact jejunal wall measured 0.30 cm in width. The ileocolic wall measured 0.43 cm in width.

**BREED**

DSH

Normal visible colon wall layers were intact yet prominent, the colon wall measured 0.21 cm in width.

**Pancreas**

**SEX**

FS

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

**AGE**

16yr

Multiple enlarged, hypoechoic jejunocolic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The lymph nodes measured 3.0 cm length and 1.3 cm width. Evidence of perilymphatic to peri-intestinal hyperechoic mesentery was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

7.6lb

- Generalized thickened small intestine with mural masses
- Associated hypoechoic jejunocolic lymphadenopathy with hyperechoic mesentery
- Age related mild to moderate chronic renal changes
- Overtly normal urinary bladder

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the small intestine may indicate inflammatory vs neoplastic infiltrative enteropathy with associated jejunocolic hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy. Neoplastic criteria given the presence of several mural masses as well as the lymphatic presentation is favored.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Assuming normal clotting status an ultrasound guided FNA of an enlarged lymph node as well as a jejunoileal mural mass if accessible for further definition and potential oncology consult is recommended. Three view chest radiographs recommended.

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Empirically as needed GI support pending a GI panel as well as IBD protocol with continued sonographic monitoring of the small intestine and lymph nodes would be reasonable.

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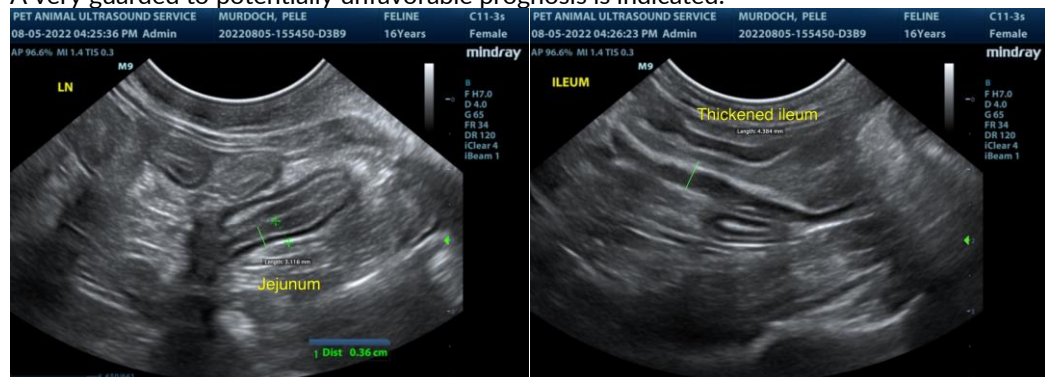
A very guarded to potentially unfavorable prognosis is indicated.

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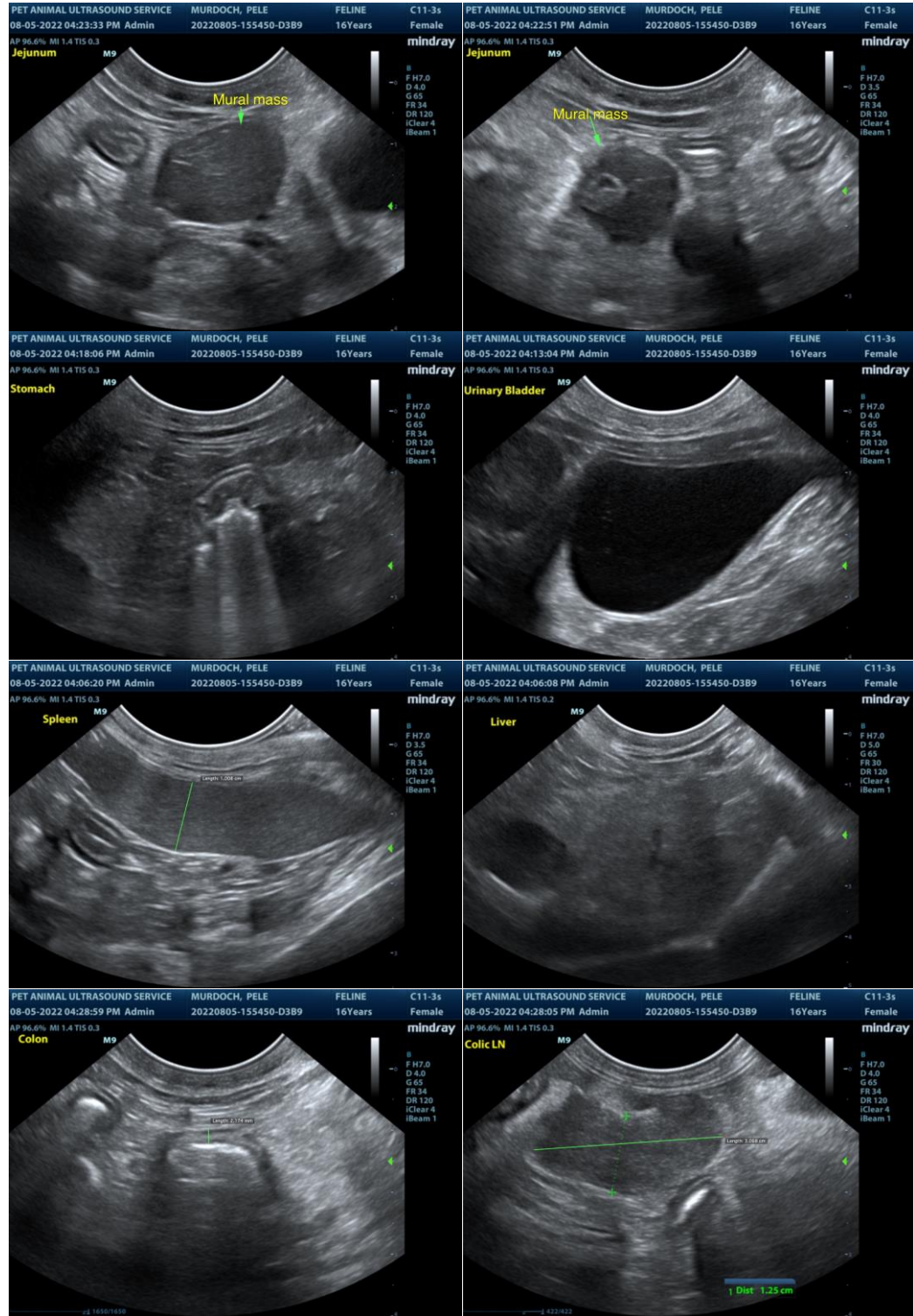
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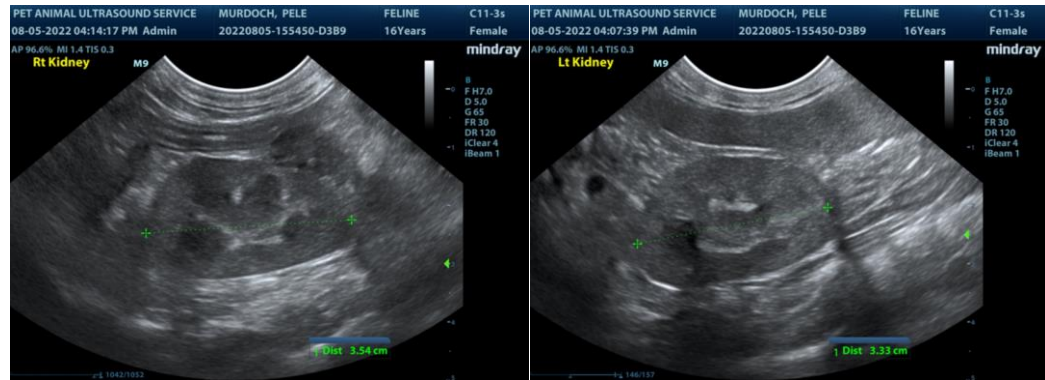
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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