



PATIENT PRESENTING CLINICAL SIGNS

Walter Bird Intermittent anorexia, vomiting since June

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate to hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

DSH

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A cranial right kidney cortical infarct was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.3 cm in length.

SEX

MN

AGE

2010

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

WEIGHT

14.8

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

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

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. The spleen measured 0.61 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 and mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Stanglein Veterinary
 Clinic

Gastrointestinal

REFERRING VET

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.22 cm in width.

INVOICE

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

Pancreas

DATE

08/08/2023



PATIENT

The pancreas was indistinctly visualized given increased peripancreatic omental echogenicity and peripancreatic nodular omentum.

Walter Bird

Free Abdomen

SPECIES

Mid to cranial abdominal non-uniform/nodular omentum with an ill-defined hypoechoic to hyperechoic mesenteric infiltrative mass lesion measuring 5-6 cm in diameter. The lesion was noted within the area of the left pancreatic limb.

Feline

BREED

Mild to moderate volume peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mid to cranial abdominal nodular omentum with ill-defined mesenteric infiltrative mass lesion.
- Mild to moderate volume peritoneal effusion.
- Moderate urinary bladder sediment.
- Bilateral chronic renal changes with cranial right kidney cortical infarct.
- Gallbladder debris (non-mucocele).
- Structurally unremarkable visualized GI tract with mild hypomotile stomach.

MN

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2010

WEIGHT

The primary finding is the mid to cranial abdominal nodular omentum and ill-defined variably echogenic mesenteric infiltrative mass lesion. This finding is consistent with probable neoplastic criteria i.e., carcinomatosis or similar. Potential for pancreatic or non-obvious intestine origin or pancreatic/intestinal involvement is possible.

14.8

INTERPRETED BY

Assuming normal clotting status and using a 25g needle, a mesenteric mass lesion FNA for screening cytology is warranted for further assessment. Abdominocentesis for fluid analysis cytology +/- C/S if evidence of inflammatory cells may be considered. FIP is technically a potential yet considered less likely given the age of the patient.

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Abdominal CT could be considered for further clarification pending sampling if elected, however, an unfavorable long term prognosis is likely indicated. Empirically as needed GI support is recommended.

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ARDMS/RVT

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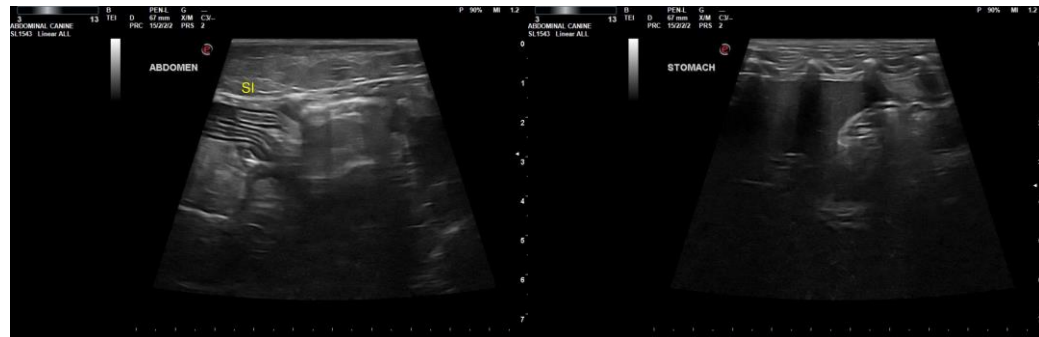
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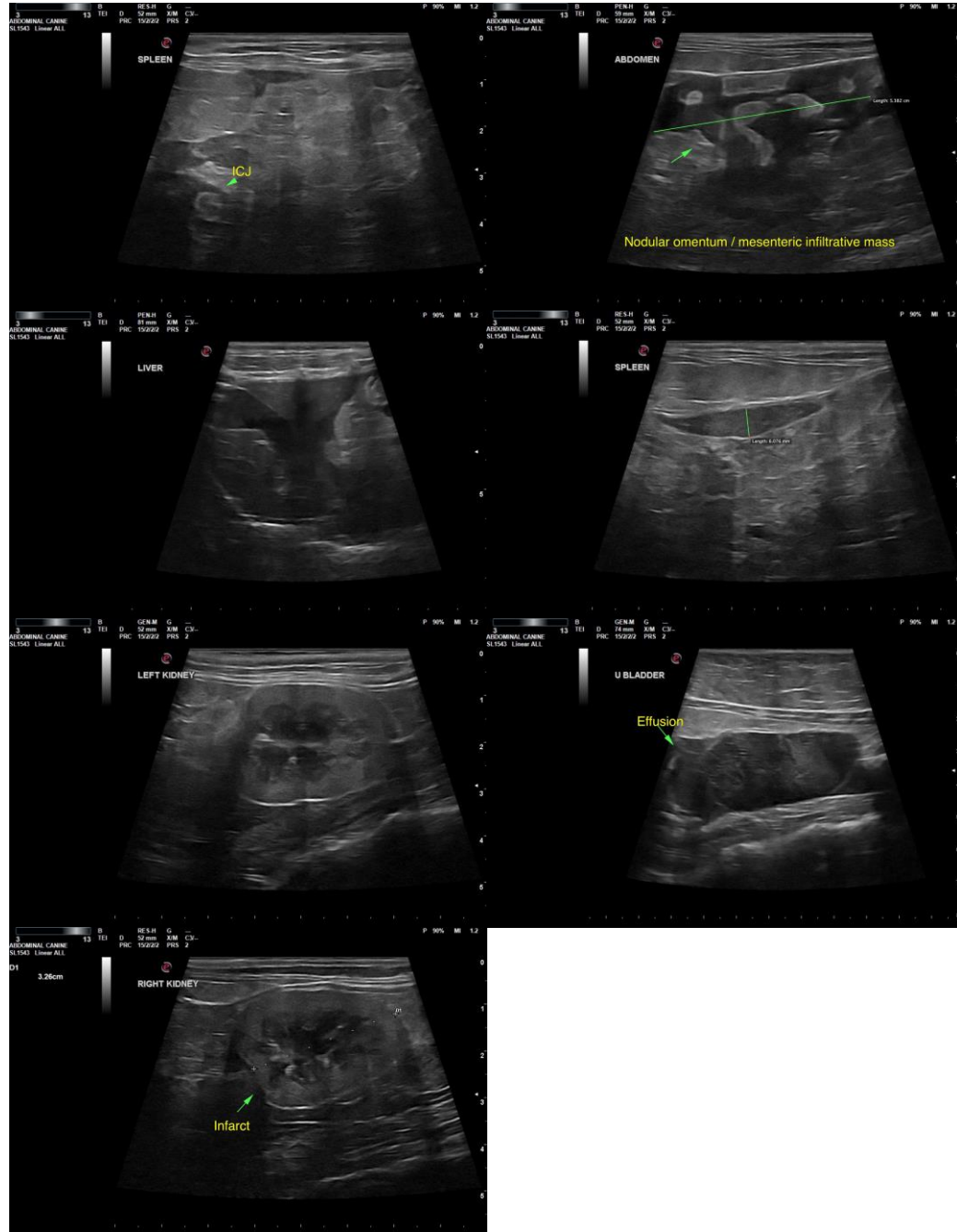
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com



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