

PATIENT

Jimmy Galione

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 years

WEIGHT

6.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

NEwton VH

REFERRING VET

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INVOICE

12082

DATE

8/9/21

PRESENTING CLINICAL SIGNS

abdominal mass, decreased appetite, vomiting bile Current meds: clavamox, metronidazole, mirtazapine

Abnormal PE/Chem/CBC/UA Results: WBC 35.35, Neuts 34.96 For FNA: Platelet count 167, HCT 27.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, particulate, nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

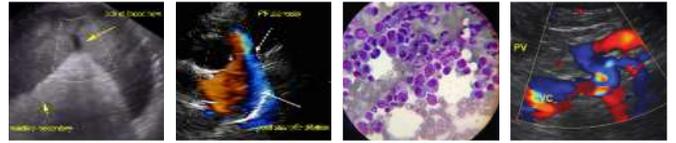
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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. The spleen measured 0.50 cm in width.

Liver/ Gallbladder

The liver was normal in size. The parenchyma of the liver exhibited mild uniform increased echogenicity compared to the falciform fat and spleen. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor echogenic luminal debris primarily in the cranial lumen. The cystic and common bile ducts were normal.



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Gastrointestinal

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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 width measured 0.31 cm.

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The segmental to generalized small intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental wall thickening with loss of wall layering was present in the mid-caudal abdomen. No evidence of paralytic or mechanical ileus associated with the intestinal mass was noted. The intestinal mass measured approximately 5.3 cm x 3.4 cm. Regional peri intestinal reactive mesentery was noted around the intestinal mass. Intact yet thickened intestinal wall layering primarily adjacent to the intestinal mass measured up to 0.30 cm width.

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

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Free Abdomen

INTERPRETED BY

No overt evidence of concurrent lymphadenopathy was noted.

R. McKenzie Daniel,
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(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings

Jessica Miller

- Enteropathy with segmental mural mass - likely jejunal involvement
- Mildly echogenic liver - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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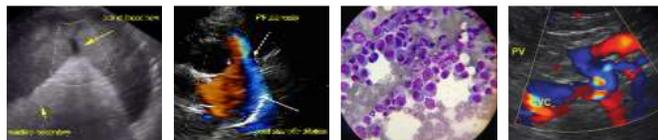
Although cytology is required for further clarification, primary concern is for potential high-grade intestinal lymphoma, given the sonographic appearance of the intestinal mass and likely involvement of regional adjacent intestinal segments not involved with the mass. Potential for other neoplastic etiologies such as adenocarcinoma, significant inflammatory etiology (IBD) or granulomatous disease (Dry Form FIP) may also present in this manner. Subjectively, the intestinal mass appears to be potentially amendable to surgical resection yet the extent of adjacent intestinal involvement was difficult to determine with potential for generalized intestinal disease. If a neoplastic process involving the intestinal mass is confirmed in cytology, screening hepatic FNA assuming normal clotting status could be considered for additional staging prior to potential surgical considerations for biopsy and/or resection anastomosis. Three view chest radiographs are recommended.

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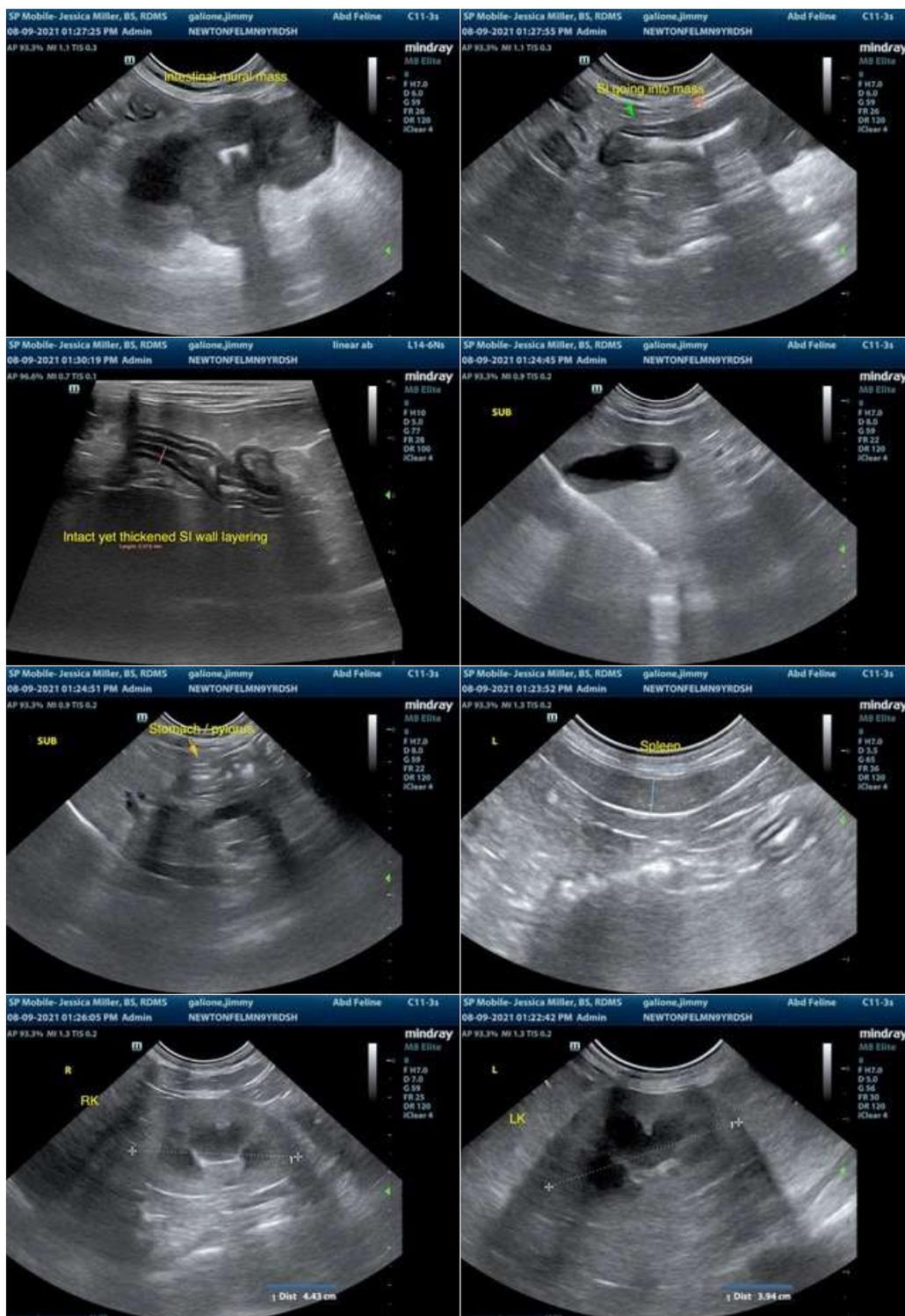
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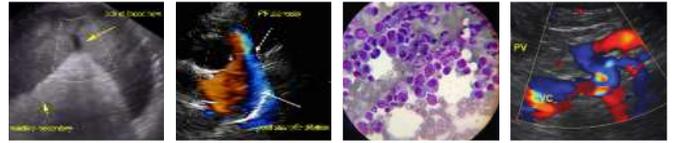
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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