



**PATIENT**

Leo Book

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr. Endy

**INVOICE**

12214

**DATE**

9/13/21

**PRESENTING CLINICAL SIGNS**

Possible mass in abdomen Rads; small irregular kidneys, ill-defined soft tissue opacity right mid abdomen, unremarkable thorax, spinal degenerative change

Abnormal PE/Chem/CBC/UA Results: HCT 28, SDMA 37, Crea 2.8, BUN 45, TP 5.9, Alb 2.3

**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. 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.51 width and the right adrenal gland measured 0.55 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 0.74 cm in width.

**Liver/ Gallbladder**

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. Several mildly echogenic to cystic parenchymal nodules were present. An example measured 1.0 cm in diameter. 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.



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Segmental wall thickening with loss of wall layering, and decreased mural echogenicity was present in the likely mid to caudal mid abdominal jejunum. Potential extension into the area of the ileocolic junction is thought less likely yet cannot be definitively excluded. The mural mass measured approximately 5.0-6.0 cm in length with wall width measured up to 1.1 cm. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Regional lymphadenopathy and surrounding echogenic omentum was present around the abnormal intestine. The small intestine not involved with the mural mass exhibited intact wall layering with subjective propensity for mildly prominent muscularis layer. The jejunum wall not involved in the mass measured 0.28 cm width.

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

***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***

Regional mild peri intestinal reactive mesentery was present. Overt evidence of concurrent lymphadenopathy was not present. A small pocket of scant free fluid was noted adjacent to the left kidney.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Bilateral moderate chronic renal changes
- Age-related adrenal glands
- Small intestinal mural mass in mid to caudal abdomen, suspect generalized enteropathy
- Probable benign hepatic cystic nodules - suspect benign cystic biliary adenomas
- Focal small pocket of scant peritoneal free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup including Urinalysis, Urine C/S, and UPC on a sterile urine sample is suggested.

The small intestinal mural mass, as well as the generalized small intestine, may indicate inflammatory, granulomatous (FIP), or neoplastic etiologies. Neoplasia such as lymphoma, mast cell disease, or other is favored. Assuming normal clotting status, an ultrasound-guided FNA of the intestinal mass may be considered for initial screening cytology. Subjectively, the small intestinal mass may be amendable to surgical resection depending on gross inspection. Laparotomy with biopsy or resection anastomosis of the intestinal mural mass as well as additional small intestinal mural biopsies may be considered.



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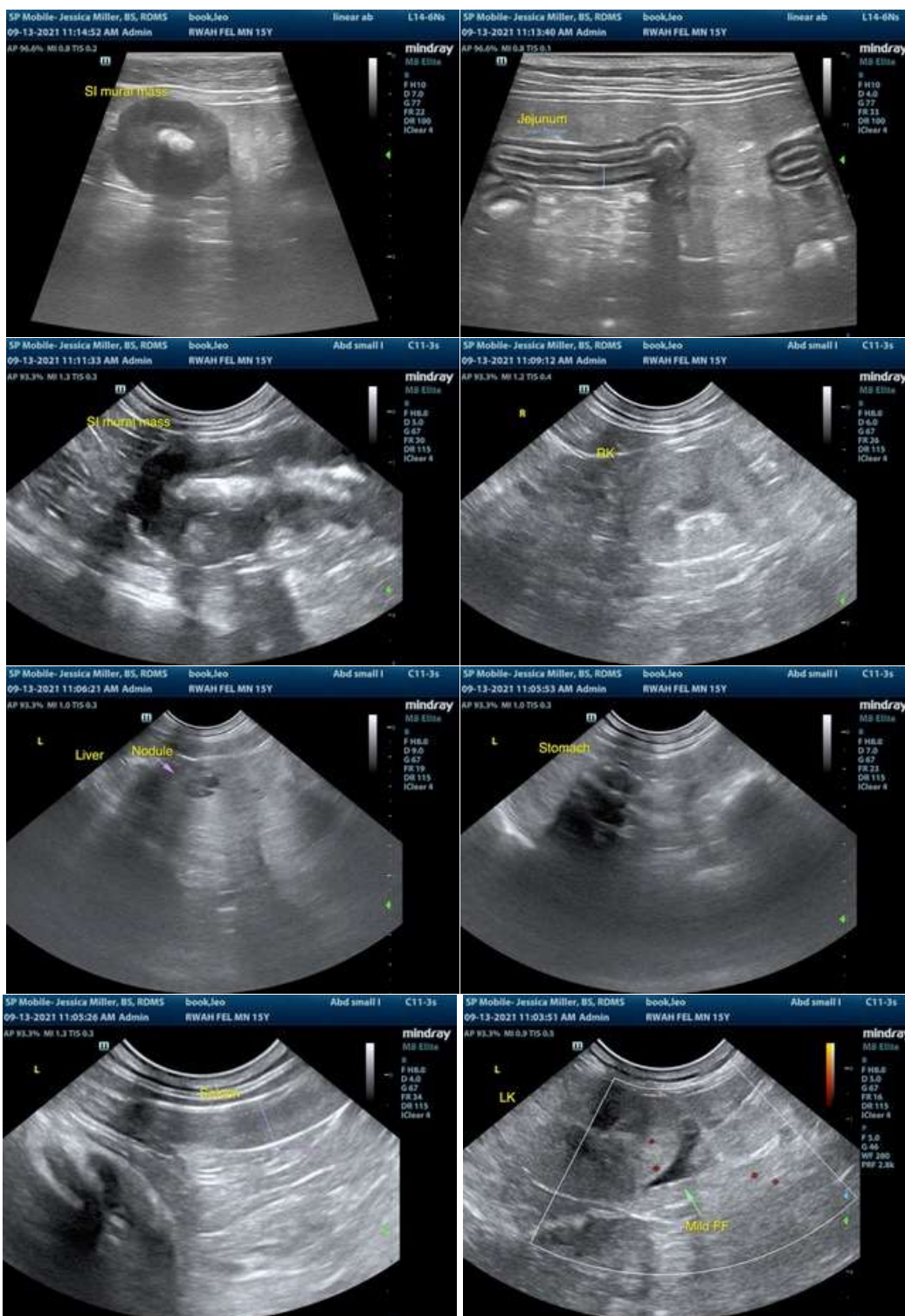
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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