

**PATIENT PRESENTING CLINICAL SIGNS**

Tyson Pfarrer ~5cm firm lobulated structure palpated mid-ventral abdomen Left kidney palpable, right not able to locate on palpation chronic history of vomiting, occ constipation Current Medications cerenia

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

BREED

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 were noted.

DLH

SEX

Neutered Male

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 4.1 cm. The right kidney measured 4.5 cm.

AGE

3 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.5

**Adrenal Glands**

No overt pathology in the area of the left and right 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.

IMAGING PERFORMED BY

Jenna Walsh

**Liver**

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

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Dr. Stern

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic fluid was present in the gastric lumen. No evidence of retained ingesta or foreign material. Gastric body wall measured 0.30 cm.

INVOICE

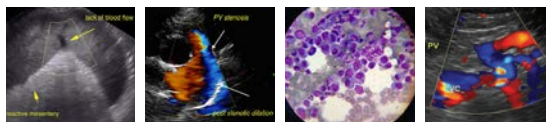
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The small intestine presented primarily intact wall layering with subjective propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.28 cm.

DATE

9/14/21

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



## PATIENT *Pancreas*

Tyson Pfarrer The pancreas exhibited normal size and contour and with mildly hypoechoic parenchyma compared to adjacent omentum.

## SPECIES *Free Abdomen*

Feline An ovoid, walled structure containing anechoic to mildly cellular fluid was present subjectively in the mid abdomen, measuring approximately 6.0 cm x 5.0 cm. Associated regional peritonitis exhibited by non-uniformly echogenic regional to generalized omentum along with small pockets of scant free fluid present, primarily around the walled structure. Associated mildly prominent to swollen, uniformly hypoechoic mesenteric lymph nodes adjacent to the walled structure were present. Example of lymph node measured 1.7 cm x 0.87 cm. The walled structure was noted directly adjacent to the small intestine with suspect origin of the small intestine exhibited by the potential for intestinal mural hypertrophy entering the walled structure.

## AGE

3 Years

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy with potential segmental mural hypertrophy and associated suspect mural abscess
- Associated regional peritonitis and mild to moderate hypoechoic lymphadenopathy
- Suspect concurrent low-grade pancreatitis and gastritis

## WEIGHT

10.5

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

The overall small intestine exhibited subtle mural changes, which may indicate generalized inflammatory enteropathy given the patient's history of vomiting. Segmental complicated inflammatory bowel with mural abscess, possible intestinal necrosis with potential for granulomatous or neoplastic enteropathy. The associated lymphadenopathy may indicate lymphoid hyperplasia, reactive lymphadenitis, or potential early neoplastic lymphadenopathy. The possibility of an omental abscess impinging upon the small bowel cannot be definitively excluded.

## IMAGING PERFORMED BY

Jenna Walsh

Exploratory laparotomy with expectation towards likely aggressive intestinal resection and anastomosis both of the potentially thickened segment of intestine adjacent to the mural abscess as well as resection of the mural abscess recommended. Biopsies of the intestinal tract not involved with the abscess is recommended. Lymphatic biopsies at the time of the surgery would be appropriate. Thoracic radiographs recommended prior to surgery to rule out evidence of thoracic pathology.

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## DATE

9/14/21





**PATIENT**

Tyson Pfarrer

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

10.5

**INTERPRETED BY**

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**PATIENT**

Tyson Pfarrer

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.

**SPECIES**

Feline

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.

**BREED**

DLH

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

10.5

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