



PATIENT

Bennie Spaulding

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

18 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountain View AH

REFERRING VET

Dr. S

INVOICE

13087

DATE

9/17/21

PRESENTING CLINICAL SIGNS

History: Chief Concern / Provisional Diagnosis: ~Neoplasia suspected, free fluid in abdomen. Further evaluate, potentially get FNAs, fluid samples, etc~ Relevant Medical History and Physical Exam findings: ~Presented on urgent care Monday for lethargy and inappetance. BW not diagnostic. Radiographs has mass effect mid abdomen, microhepatica, poor serosal detail. FAST scan showed free fluid, irregular bladder and liver~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~sl elevated Hgb, Neutrophils, plateletcrit, decreased eos. Glucose=189, SDMA=33, BUN=62, Cl=107, Amylase=1617~ Current medications (include full name, dosage and frequency): ~~NONE

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0cm 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 renal size with asymmetrical margination was 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 corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized owing to peritoneal effusion and regional omental artifact. No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.

Spleen

The spleen exhibited mild subnormal size, possibly owing to volume contraction and 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. The spleen measured 0.60 cm width.

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



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Bennie Spaulding signs of congestion. The gallbladder was non distended in size with moderate echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

SPECIES *Gastrointestinal*

Feline 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 0.24 cm.

BREED Domestic Shorthair The small intestine presented primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio. A focal intestinal mural mass, likely involving the duodenum, measuring 1.7 cm x 1.0 cm, was present. The mass exhibited mild non-homogenous non-mineralized parenchyma.

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

Pancreas

The pancreas exhibited asymmetrical contour. The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Variable pancreatic duct dilation was present.

WEIGHT *Free Abdomen*

18 Pounds Moderate, cellular peritoneal effusion was present. The mesentery exhibited non-uniform increased echogenicity with a subtle nodular pattern. No overt lymphadenopathy, although potential for isoechoic mild mesenteric lymphadenopathy possible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Solitary intestinal mural mass-likely duodenum location
- Prominent hypoechoic pancreas with pancreatic duct dilation- active to chronic active pancreatitis, potential for pancreatic neoplasia possible
- Generalized non-uniformly echogenic to nodular omentum with moderate cellular peritoneal effusion

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Secondary Findings

- Bilateral moderate chronic renal changes
- Moderate gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the non-uniformly echogenic to nodular omentum as well as cellular peritoneal effusion, carcinomatosis, lymphomatosis or similar neoplasia, potentially deriving from the intestinal mural mass or pancreas or potential metastatic disease to the intestinal tract is of primary concern. I recommend abdominocentesis, rapid cytopspin cytology +/- culture and sensitivity if evidence of inflammatory cells is recommended. FIP is technically a potential in this case yet considered less likely given the age of the patient. Very guarded to potentially unfavorable prognosis indicated.



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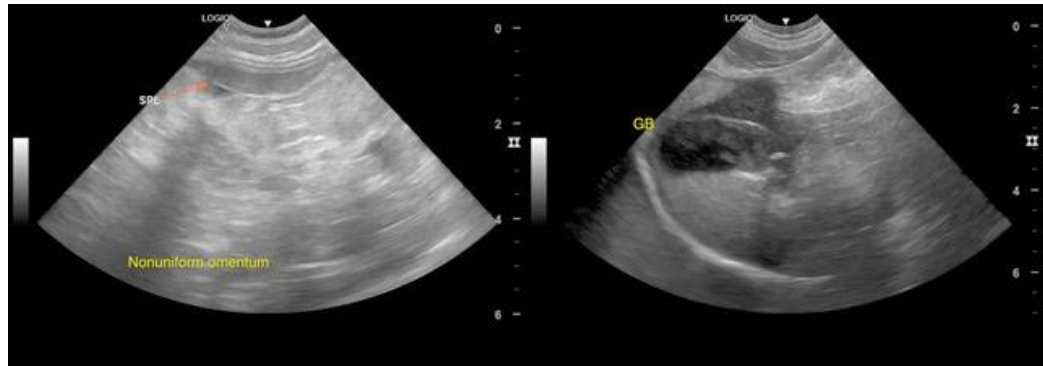
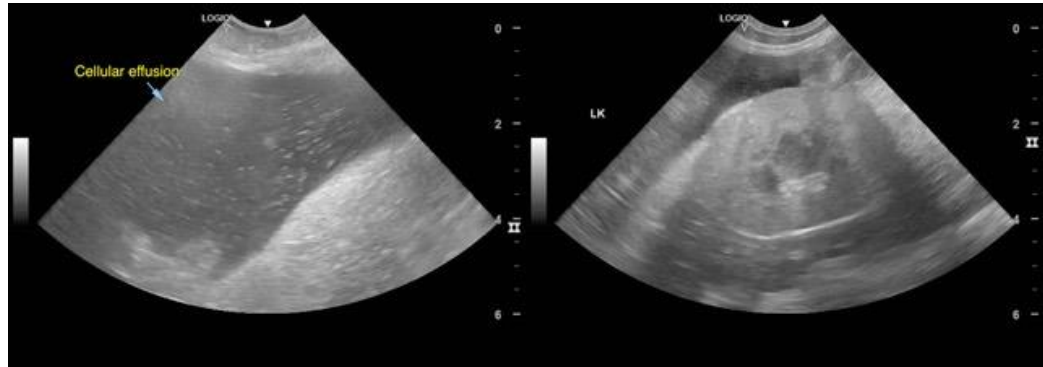
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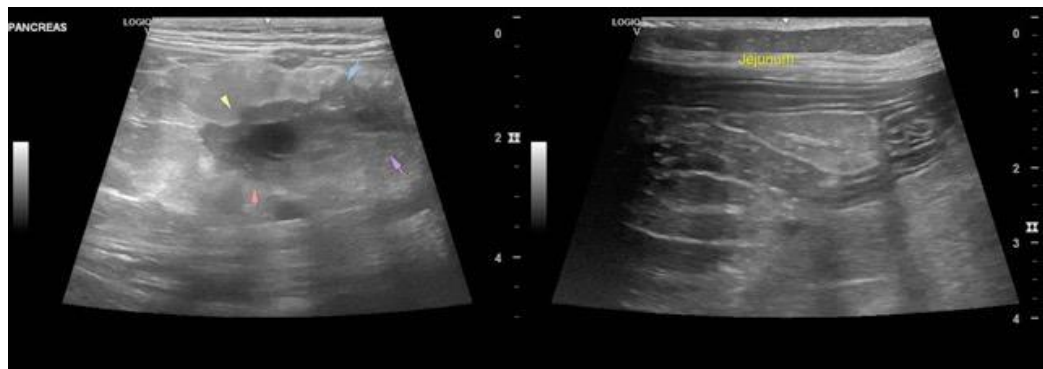


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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12 Years

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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