



PATIENT

Pagoda Ladato

SPECIES

Fel

BREED

DLH

SEX

SF

AGE

8.5 yrs

WEIGHT

6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Robyn Lantz DVM

HOSPITAL NAME

Eastgate Veterinary
Clinic

REFERRING VET

Robyn Lantz DVM

INVOICE

14971

DATE

9-23-22

PRESENTING CLINICAL SIGNS

Recent weight loss (was 9.3lb in 3/22). _P hasnt been wanting to eat the last few weeks, last few days P hasnt wanted to eat at all. P is eating small amount, O hasnt seen P drink. Thin minimal solid BM, small amount of urination, lethargic. P will lick at food, O got B12 supplement and doesnt seem to help_ Abnormal PE/Chem/CBC/UA Results: No labwork results yet.

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 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 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was not definitively visualized possibly owing to splenic displacement or volume contraction.

Liver/ Gallbladder

The liver exhibited normal to possible mild generalized enlargement with primarily maintained symmetrical capsule contour. Normal to mild subjective decreased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, luminal gallbladder debris. The cystic and common bile ducts were normal. The gallbladder debris is nonspecific potentially secondary to fasting, given the inappetence in this patient.

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. The gastric body wall width measured 0.25 cm.

Moderately sized to expansive mass was present in the area of the ileocecolic junction exhibiting asymmetrical contour and nonhomogeneous to mild mixed echogenicity. The mass measured approximately 5.0 cm in diameter. Indistinct wall layering at the level of the ileocolic junction was noted. Regional thickened proximal colon vs. ileum was noted with potential for mild ileal distention with retained mildly shadowing ingesta / chyme vs. fecal matter. Thickened adjacent Ileum vs. colon



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measured 0.47 cm wall width. Subtle evidence of regional hyperechoic omentum around the ileocecolic junction was noted. The visualized segments of the remaining small intestine appeared to exhibit sonographically unremarkable wall layering.

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Pancreas

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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.

SEX

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Free Abdomen

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No obvious evidence of significant lymphadenopathy was present. Small pockets of scant peritoneal free fluid were noted primarily in the cranial abdomen. The visualized segments of the remaining small intestine appeared to exhibit sonographically unremarkable wall layering.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6 lbs.

- Ileocecolic mass with, adjacent thickened ileum vs. proximal colon
- Mild nonspecific nonuniform hepatic parenchyma
- Minor gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the ileocecolic mass may include favored neoplastic criteria i.e., adenocarcinoma, lymphoma, dry form FIP, fibroplasia, or other. Suspect probable adjacent ileal or proximal colon involvement.

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Assuming normal clotting status, ultrasound-guided FNA of the ileocecolic mass for screening cytology could be considered. Three-view chest radiographs are suggested if not done. Referral for possible oncology or surgical consult is recommended if possible.

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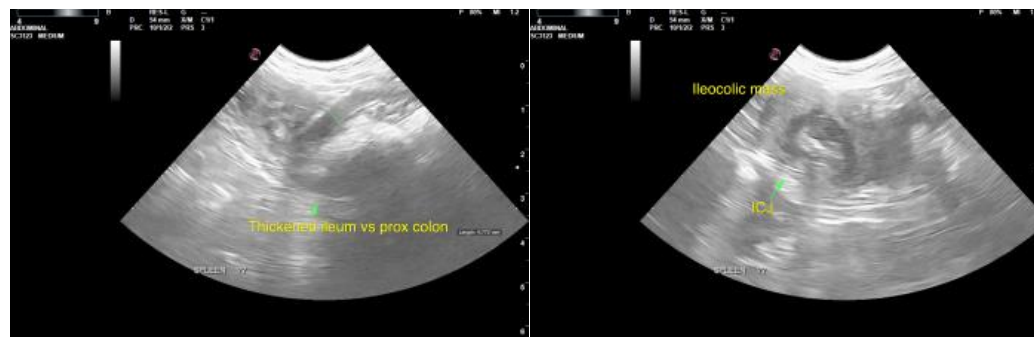
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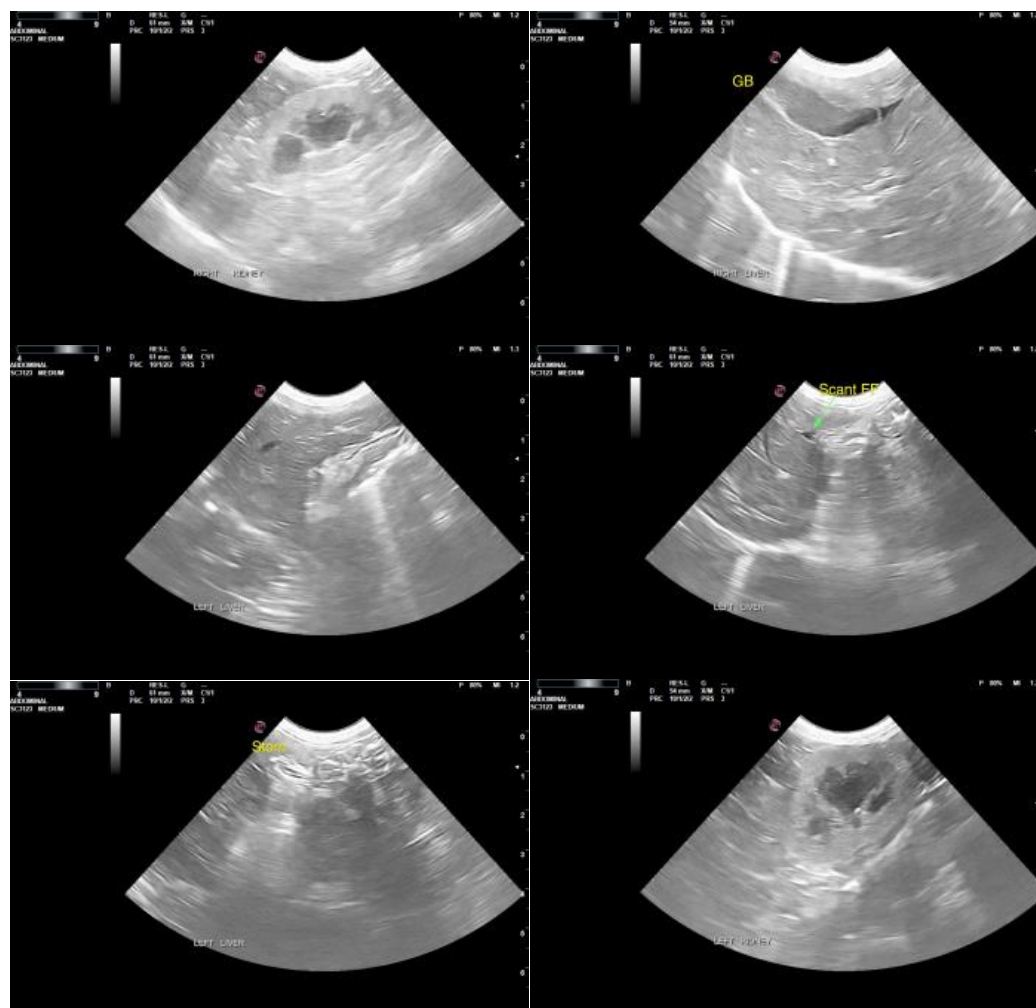
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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