

## PATIENT

Lacey Griffiths

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

Owner reports cat has lost weight. Owner went on vacation for about a week and cat wouldn't eat during this time. Abdominal palpation reveals a large "mass" of what seems to be transverse or ascending colon possible in proximal descending colon. Unable to massage the feces into distal colon or rectal area which has no feces at all. Idexx results show non-regenerative anemia, neutrophilia. Low albumin. Probably infection or inflammation maybe related or due to retained feces

## BREED

DMH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## SEX

Spayed Female

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 very minor non-dependent particulate sediment, which may indicate minor cellular debris/protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

## AGE

17 Years

The area of the aortic trifurcation was free of pathology.

## WEIGHT

2.54 kg

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm. The right kidney measured 3.4 cm.

### Adrenal Glands

## INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm. No overt pathology in the area of the left adrenal gland.

### Spleen

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

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.

### Liver

## HOSPITAL NAME

Roundhill AH

The liver exhibited potential for borderline to mild enlargement. Overall normal hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. Intermittent, non-disruptive, discrete hypoechoic intraparenchymal nodules were noted. Example of nodule measured 1.7 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

## REFERRING VET

Dr. Carl Kelly

### Gastrointestinal

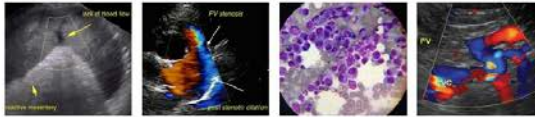
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.24 cm.

## INVOICE

41657

## DATE

9/24/22



## PATIENT

Lacey Griffiths A large intestinal mural mass occupied the mid abdomen, extending caudally to the approximate level of the cranial urinary bladder, as well as potentially into the area of the mid to right cranial abdomen medial to the right kidney, measuring at least 6.0 cm in diameter with wall width up to 1.3 cm. Associated minor suspected paralytic ileus exhibited by retained gas and mild fluid within the intestinal mass lumen. By comparison, normal appearing small intestine measured 0.20 cm wall width.

## SPECIES

Feline

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The descending colon to the level of the urinary bladder into the colorectum exhibited subjectively intact and sonographically unremarkable wall layering.

### **Pancreas**

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.

## SEX

### **Free Abdomen**

Spayed Female Possible mildly prominent to hypoechoic mesenteric lymph nodes around the intestinal mass with evidence of regional peri intestinal hyperechoic mesentery. A small pocket of scant free fluid noted in the cranial abdomen around the liver margins.

## AGE

17 Years

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

2.54 kg

- Large intestinal mural mass – suspect involving ileum, ileocolic junction, and potentially adjacent colon.
- Associated regional peri intestinal hyperechoic mesentery and suspect lymphadenopathy.
- Bilateral chronic renal changes
- Non-specific yet suspicious discrete hypoechoic hepatic intraparenchymal nodules.

## INTERPRETED BY

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(Canine and Feline)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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LVT

Although sampling is required for further assessment, the intestinal mural mass consistent with neoplastic criteria with primary concern for round cell neoplasia such as lymphoma or other. Severe inflammatory or granulomatous (dry FIP) are less likely potentials. The discrete hepatic nodules may indicate areas of hyperplasia or hematopoiesis, although suspicion for possible early hepatic metastasis is of concern.

## HOSPITAL NAME

Roundhill AH

Assuming normal clotting status, ultrasound guided FNA of the intestinal mural mass for screening cytology with potential for oncology consult may be considered.

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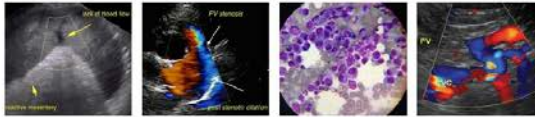
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**SPECIES**

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**BREED**

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**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

2.54 kg

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**HOSPITAL NAME**

Roundhill AH

**REFERRING VET**

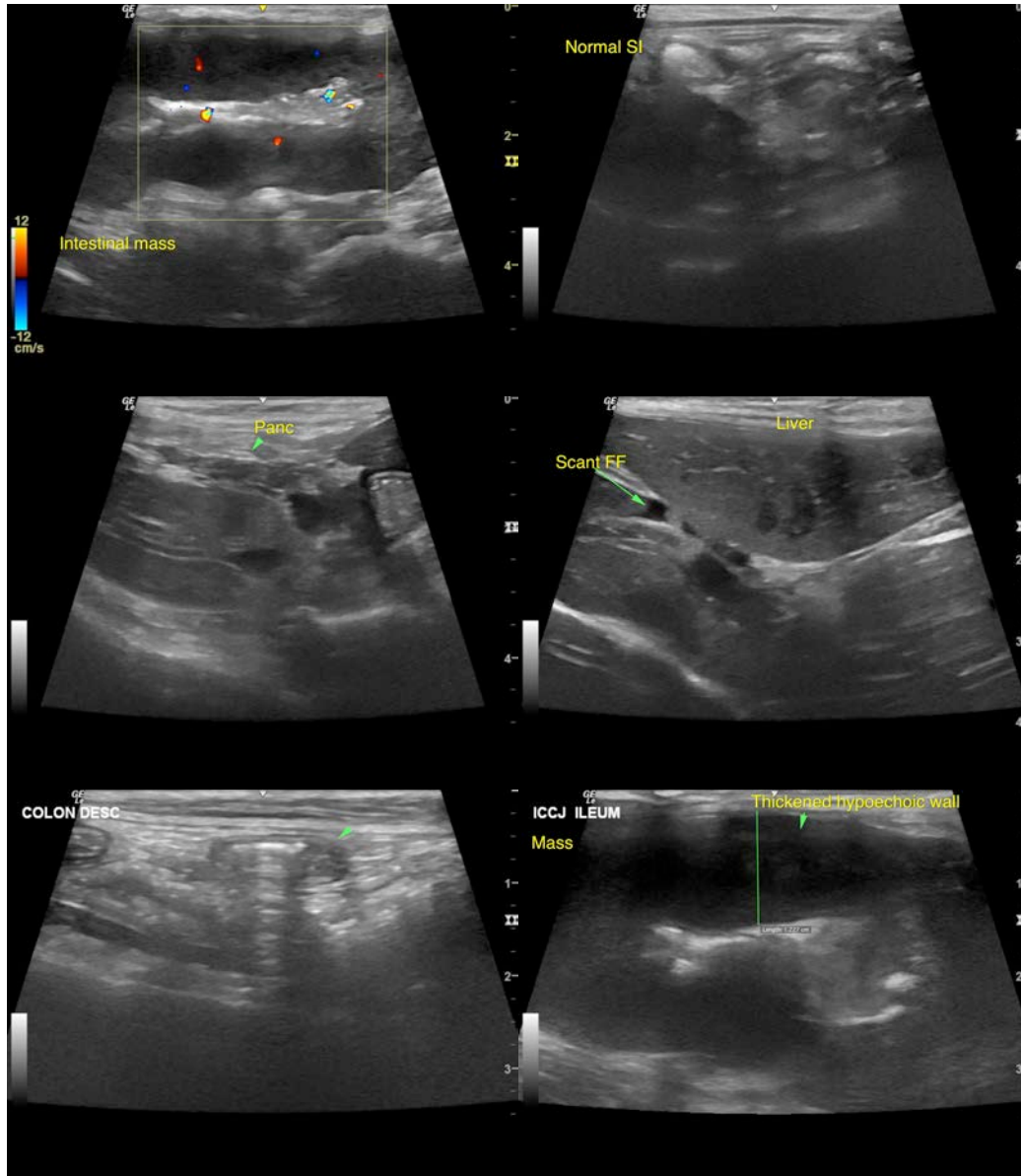
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**BREED**

DMH

**SEX**

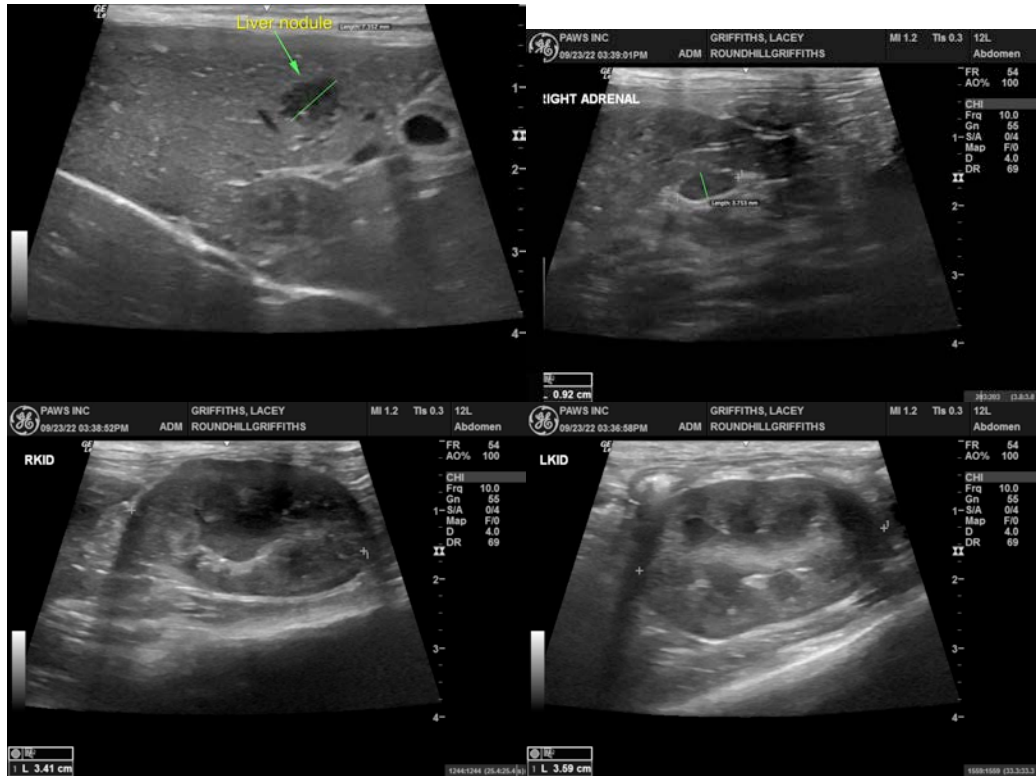
Spayed Female

**AGE**

17 Years

**WEIGHT**

2.54 kg



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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.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

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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