



**PATIENT PRESENTING CLINICAL SIGNS**

Cher Rostal Loss of appetite Weight loss Decrease in urination/defecation

**SPECIES** Current Medications Mirataz/Cerenia

**Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with focal dependent minor luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX** FS 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 4.3 cm in length. The right kidney measured 4.3 cm in length.

**WEIGHT** The area of the aortic trifurcation was free of pathology.

7.92lb *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

**INTERPRETED BY**

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

*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 0.6 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Sara Hansen

*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 with mild echogenic luminal debris possibly secondary to non-obstructive cholestasis or decreased food intake. The cystic and common bile ducts were normal.

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**REFERRING VET**

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*Gastrointestinal*

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate possibly retained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

**DATE**

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The small intestine exhibited a segmental mural mass with segmental mural thickening, decreased mural echogenicity and indistinct wall layer detail measuring ~ 5-6 cm length with wall width up to 1.4 cm. The



**PATIENT**

Cher Rostal

mass was likely jejunal location with potential for ileum/ileocolic location possible. Normal appearing intestine measured 0.25 cm wall width.

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

**SPECIES**

Feline

**Pancreas**

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.

**BREED**

DSH

**Free Abdomen**

**SEX**

FS

Enlarged, hypoechoic multifocal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 3.1 cm length and 2.1 cm width.

**AGE**

8yr

Mild volume peritoneal free fluid was present.

**WEIGHT**

7.92lb

**ULTRASONOGRAPHIC FINDINGS**

- Small intestinal mural mass
- Hypoechoic to swollen multiple mesenteric root lymph nodes, associated perilymphatic hyperechoic mesentery
- Possible concurrent mild pancreatitis
- Mild volume peritoneal free fluid

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**Secondary**

- Focal minor urinary dependent luminal mineral

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Sara Hansen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although cytology is required for further assessment the intestinal mural mass combined with swollen mesenteric lymph nodes is consistent with neoplastic criteria with concern for high grade lymphoma vs other round cell neoplasia. Potential for FIP is considered less likely. The peritoneal free fluid is suspected to be owing to lymphatic obstruction with potential for lymphomatosis or similar. Assuming normal clotting status an ultrasound guided FNA of an enlarged mesenteric lymph node +/- intestinal mass FNA for cytology and potential oncology consult for chemotherapeutic intervention is recommended.

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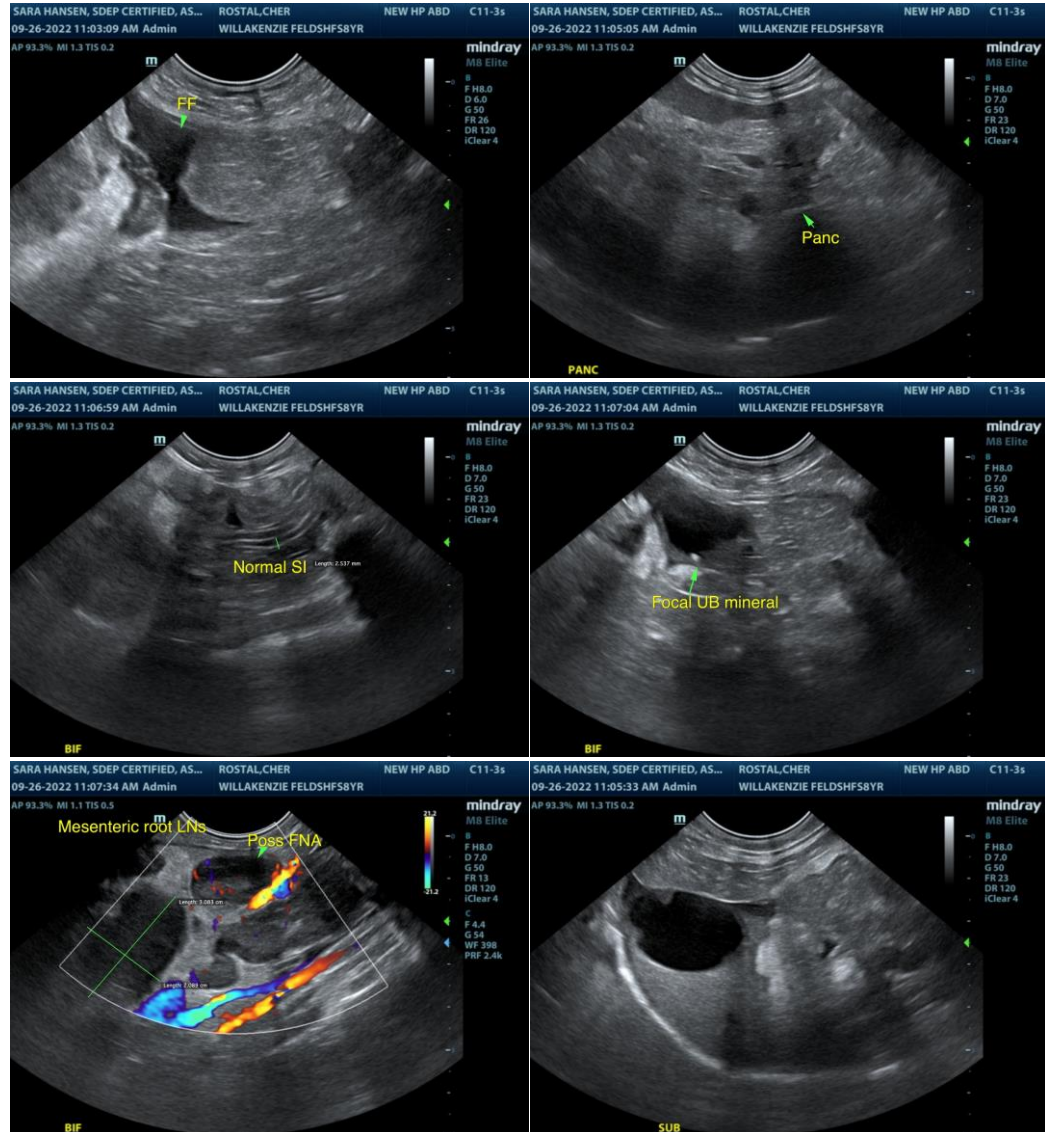
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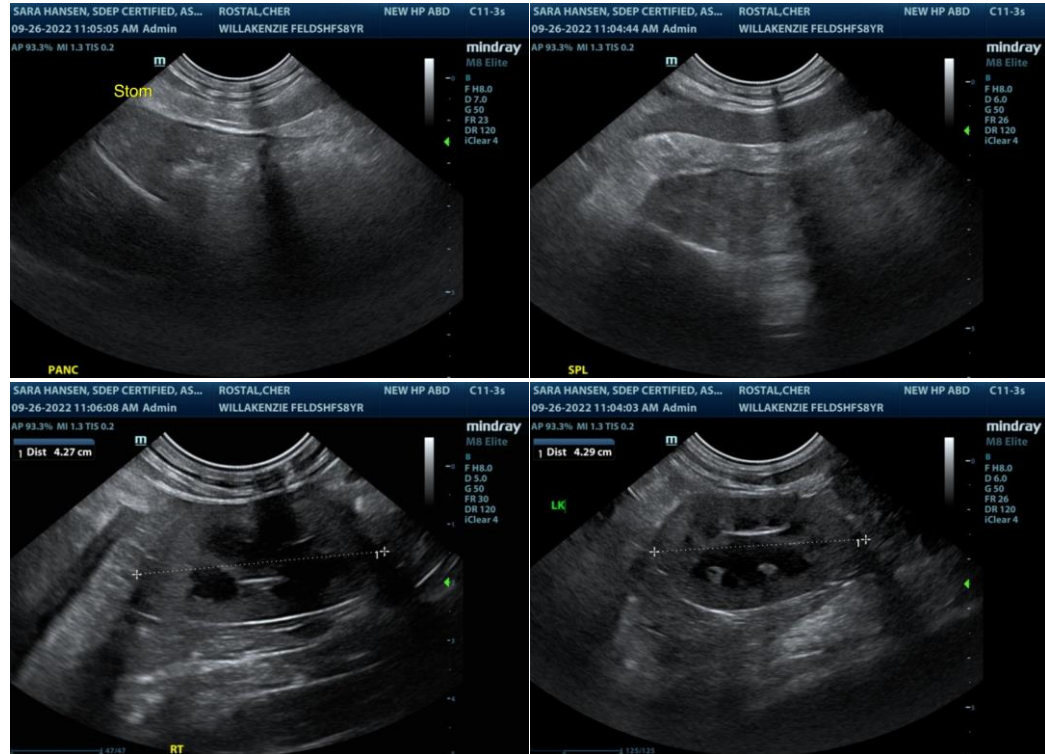
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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