



PATIENT

Max Lutz

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

7 years

WEIGHT

6.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

La Paw AH

REFERRING VET

Deb La Paugh DVM

INVOICE

17485

DATE

9-28-22

PRESENTING CLINICAL SIGNS

Patient presented on 9/26/22 for evaluation of anorexia and behavior changes (less social and affectionate with noted lethargy). No V/D has been noted. - Patient is strictly indoors, no potential for hunting (mice, birds), no known stressors. - He has lost ~ 1.2 kg in 3 months (was seen in June 2022 for dental cleansing). Current treatments: - Cerenia, Ondansetron, Mirtazapine, Onsiar, Gabapentin
Abnormal PE/Chem/CBC/UA Results: PE: Evidence of weight loss with lean muscle atrophy, patient did not allow full dental exam, but no obvious lesions identified. Abdominal tensing and hissing during palpation. 9/26/22: CBC: - Leucocytosis; 16,500/uL (3500-16,000) - Neutrophilia; 14,520/uL (2500-8500) - All else WNL CHEM: - GLOB: 5.6 g/dL (2.3-5.3) - Ca: 8.1 mg/dL (8.2-10.8) - Mg: 3.3 mEq/L (1.5-2.5) - TBili: 0.6 mg/dL (0-0.4) T4: wnl at 0.9 ug/dL UA (cysto): - USG: 1.061, 4+ proteinuria, 3+ cocci bacteriuria, hematuria, pyuria (11-20 WBC/HPF) Urine C/S pending RADS: - No obvious GI obstruction, however gas present. No noted mass effect. NSF

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. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring – cm in diameter.

The area of the aortic trifurcation was free of pathology.

The kidneys were mildly prominent in size with normal margination. 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 5.0 cm in length. The right kidney measured 4.8 cm in length. This is likely a normal patient variant without evidence of underlying neoplastic renal criteria or nephritis.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

Spleen

The spleen was borderline enlarged to elongated in appearance. Subtle parenchyma heterogeneity with subjective mild decreased parenchyma echogenicity noted. Areas of asymmetrical medial capsule contour noted with possible areas of minor splenic parenchymal expansion. No masses were noted. The spleen measured 1.0 cm in width.



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The liver presented normal in size. The hepatic parenchyma revealed mild diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta, exhibiting mild progressive distal acoustic shadowing, along with luminal gas. The ventral gastric body wall measured 0.34 cm. The stomach was otherwise normal.

The small intestine presented intact yet variably prominent to thickened walls, secondary to generalized propensity for variably prominent to thickened muscularis layer. No evidence of mechanical obstruction with minor segmental ileus to the level of the ileocolic junction. The duodenum wall measured 0.28 cm. The jejunum wall measured up to 0.30 cm. The ileocolic wall measured 0.32 cm.

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

Pancreas

The pancreas exhibited prominent size with asymmetrical, yet indiscernible capsule contour compared to adjacent omentum. Nonhomogeneous mildly hypoechoic pancreatic parenchyma noted.

Free Abdomen

Focal minor hypoechoic colic lymphadenopathy was noted. A solitary ill-defined homogeneous hypoechoic nodular type lesion was noted in the right cranial abdomen, in the area of the pancreas base and upper GI tract, measuring 1.7 cm in diameter. Generalized mildly nonuniform hyperechoic mesentery was noted, most notable around the small intestine, pancreas and liver. Multiple areas of primarily scant to minor perisplenic, periintestinal and perihepatic free fluid were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Borderline splenomegaly, exhibiting possible areas of parenchymal expansion
- Subjective hypoechoic liver
- Intact yet variably prominent to thickened small intestinal walls
- Prominent nonhomogeneous to hypoechoic pancreas
- Unspecified hypoechoic nodular type lesion in the right cranial abdomen-pancreaticoduodenal/gastric lymph node, pancreatic nodule possible, ill-defined gastrointestinal lesion are all potentials
- Generalized nonspecific peritonitis pattern, exhibiting nonuniform hyperechoic mesentery and scant to mild volume peritoneal free fluid



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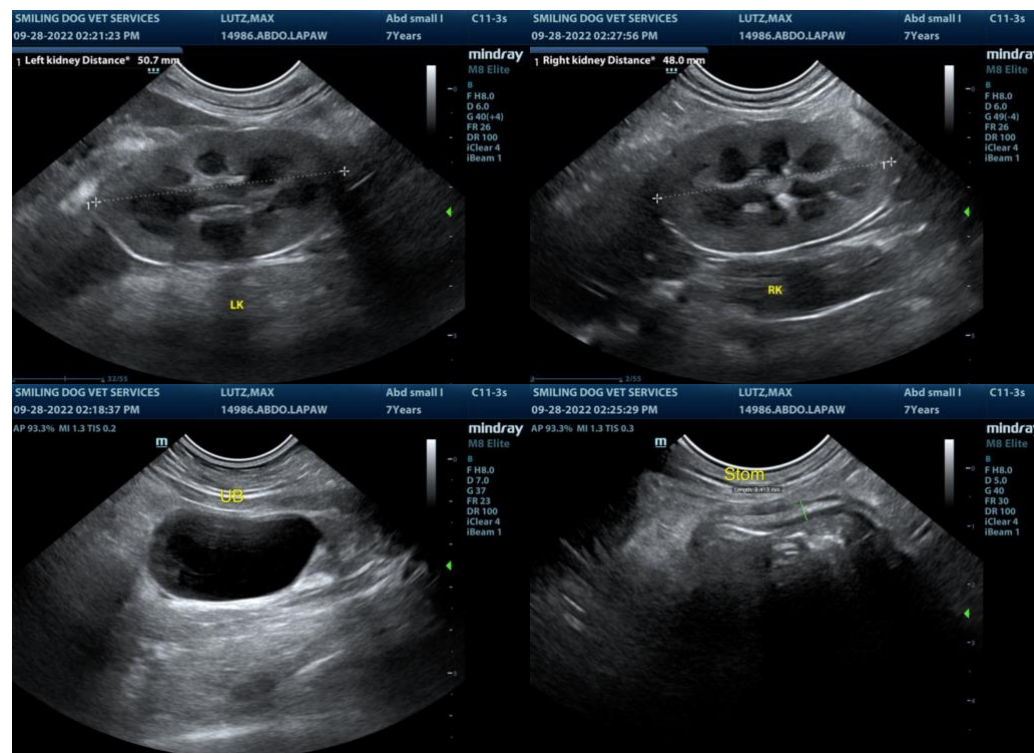
Secondary Findings

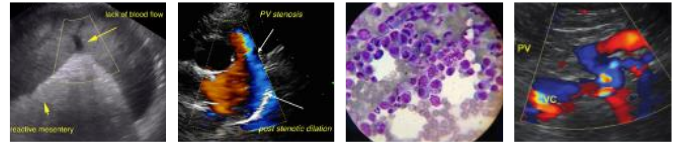
- Bilateral prominent kidneys, exhibiting intact architecture
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal changes may indicate inflammatory versus neoplastic infiltrative enteropathy, i.e., IBD or lymphoma, both of which may present in similar sonographic manner with contribution to the patients clinical signs, secondary to pancreatitis, along with nonspecific benign/reactive hepatosplenic parenchymal changes. Concern for possible intestinal or multicentric neoplastic criteria, i.e., intestinal lymphoma with the possibility of emerging lymphomatosis or similar. Early hepatosplenic involvement is warranted, although not definitive. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Further assessment may include screening hepatosplenic FNA cytology, using 25-gauge needle, along with effusion analysis, cytology +/- culture and sensitivity if evidence of inflammatory cells. Full thickness intestinal biopsies may be required for a definitive diagnosis.





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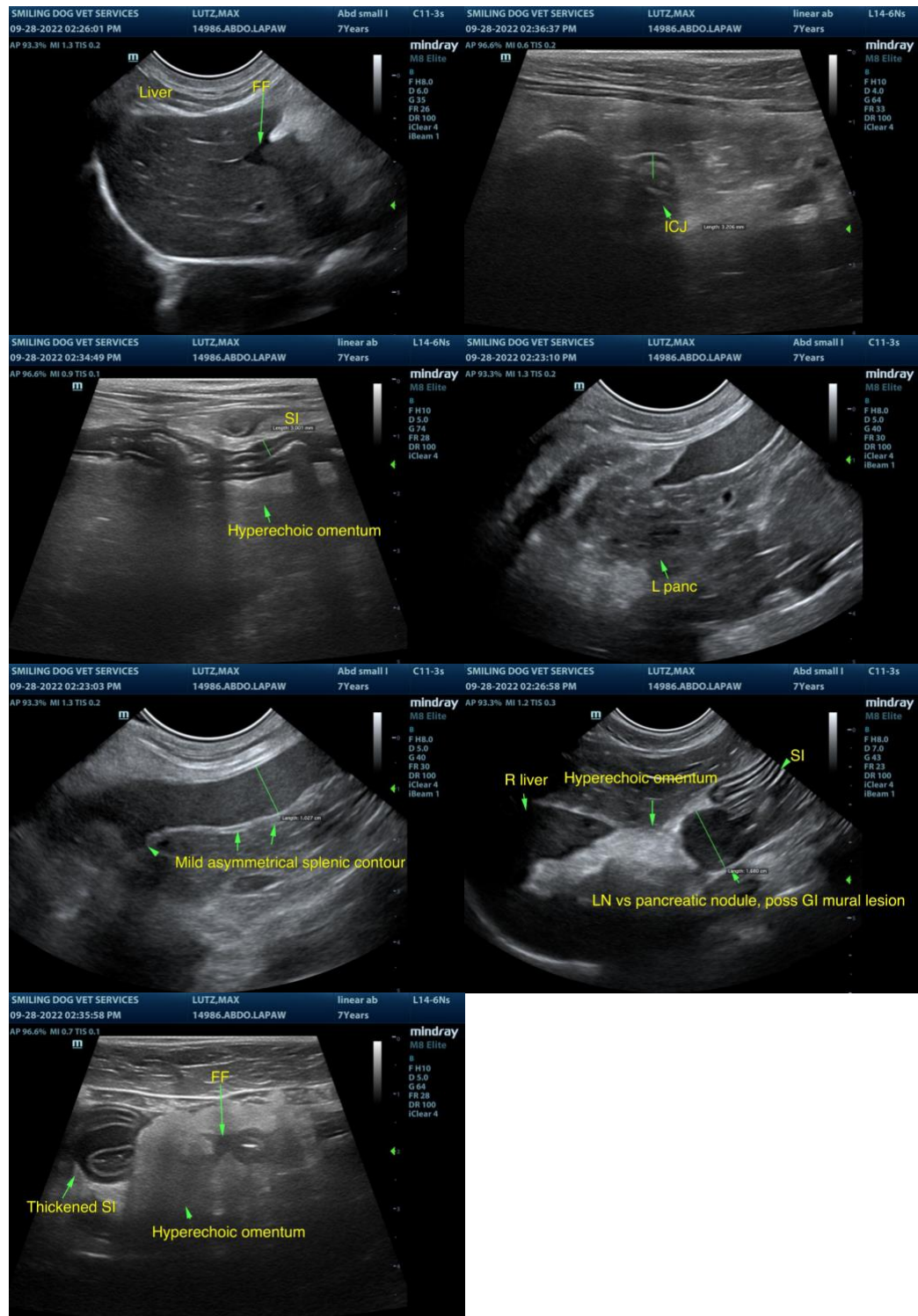
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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