



PATIENT

Shaa Bergeron

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15 years

WEIGHT

7.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

12172

DATE

9/3/21

PRESENTING CLINICAL SIGNS

-Not eating for past 3 days and weak. Recent history of decreased appetite and weight loss. Treated for a UTI several weeks ago (hematuria and accidents in house); improved for a few days. Hyperthyroid. Current medications: Methimazole BID (transdermal), Cerenia PO SID, Mirtazapine PO q 72 hours.

Abnormal PE/Chem/CBC/UA Results: PE: thin w/mild distended abdomen, depressed and weak today. BW: mild neutrophilia, rest WNL. RADS (attached): decreased serosal detail and concern for a mass.

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. Both kidneys exhibited cortical hypertrophy, reduced medullary volume and small cortical infarctions. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to a regional periadrenal omental artifact and nodular omental changes.

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 0.47 cm in width.

Liver/ Gallbladder

The liver exhibited generalized enlargement with normal overall echogenicity, moderate coarse echotexture, and multiple parenchymal nodules. Several of the nodules exhibited mild central echogenicity with hypoechoic periphery. An example of a liver nodule measured 1.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. An ileocolic mass measuring 2.6 cm in diameter was present. The jejunum wall width measured 0.22 cm.

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

Pancreas

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.

Free Abdomen

Generalized, echogenic yet nonuniform to nodular mesentery with associated intermittent hypoechoic to prominent mesenteric lymphadenopathy. An example of a mesenteric lymph node measured 1.1 cm in diameter. Concurrent intermittent ventrocaudal nodular body wall lesions were noted. An example measured 1.2 cm in diameter.

Brief sonogram of the heart and thorax revealed subjective normal cardiac structure and likely function with concurrent pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse enteropathy with ileocecal mass
- Multiple hepatic parenchymal nodules to target lesions
- Generalized nodular to nonuniform mesentery with associated mesenteric lymphadenopathy and focal ventrocaudal body wall nodular lesions
- Noncardiogenic bicavitary effusion

Secondary Findings

- Moderate to marked chronic renal changes with cortical infarctions

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic abnormalities in this study are consistent with multicentric generalized intraabdominal neoplasia such as carcinomatosis, lymphomatosis, or similar, with Intestinal, hepatic, and likely metastasis to the body wall. Suspected thoracic involvement is likely, given the concurrent presence of noncardiogenic pleural effusion.

An unfavorable prognosis is unfortunately warranted.



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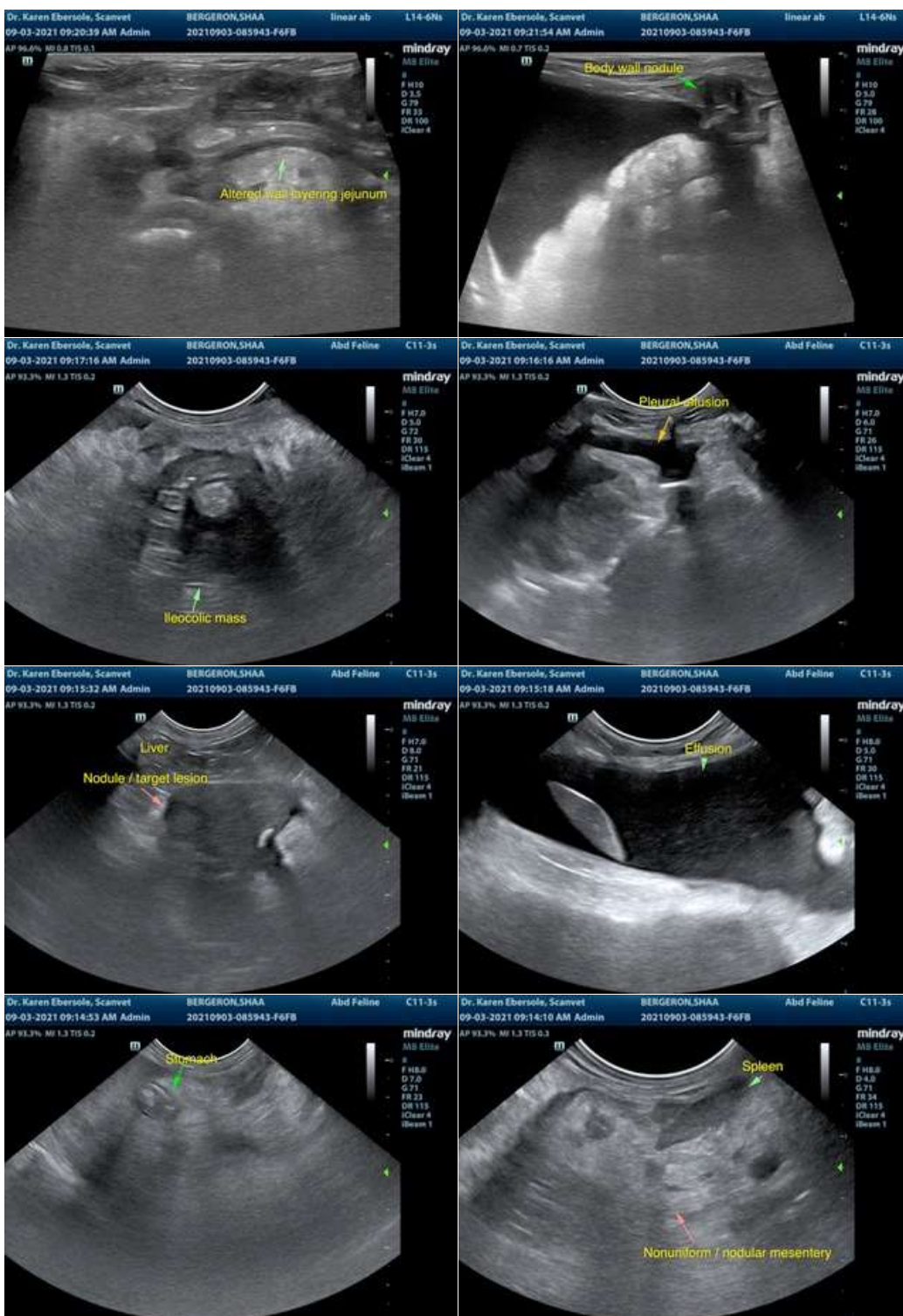
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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