



**PATIENT**

Miso Cosetini

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

15yr

**WEIGHT**

3.84kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Donna Markland  
DVM

**HOSPITAL NAME**

Island Mobile Paws  
Veterinary Services

**REFERRING VET**

Central Island  
Veterinary Emergency

**INVOICE**

11526ag

**DATE**

09/05/2022

**PRESENTING CLINICAL SIGNS**

Presented on September 5th to the emergency hospital with a 1-week history of inappetence/anorexia. The client has been syringing water into Miso's mouth. Miso has a medical history of urinary crystals and is not on any medications. PE was unremarkable. Bloodwork showed mildly elevated SDMA and was otherwise unremarkable. Radiographs were suspicious for free fluid. A small amount of free fluid was seen on AFAST scan.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4: SDMA=17 (0-14)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney exhibited pinpoint medullary mineral. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

*Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

*Spleen*

The spleen exhibited mildly subnormal size potentially owing to volume contraction with mild parenchyma heterogeneity likely consistent with age related or patient variant. 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 0.44 cm in width at the level of the hilus.

*Liver*

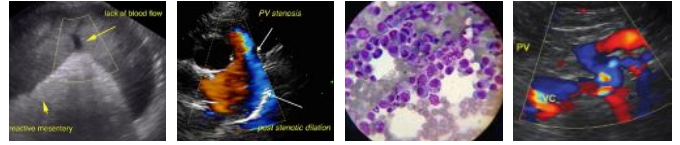
The liver exhibited areas of discrete non-homogeneous nodular parenchymal changes including a solitary mildly expansive cystic nodule in the caudal liver measuring 2.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mildly prominent isoechoic walls and primarily anechoic luminal content with non-obstructive luminal mineral. The gallbladder wall measured 0.25 cm in width. 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



**PATIENT**

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Segmentally thickened descending colon exhibiting evidence of mild mural proliferation and loss of discernable wall layering. The segment of abnormal colon measured ~ 3-4 cm in length with wall width up to 1.1 cm.

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**Pancreas**

The left pancreatic limb exhibited asymmetrical enlargement with non-homogeneous to hypochoic parenchyma compared to the hyperechoic adjacent omental fat.

**BREED**

DSH

**Free Abdomen**

Mid-abdominal mildly hyperechoic non-uniform nodular omentum was present. Minor associated mesenteric lymphadenopathy is possible. Scant to mild volume peritoneal free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

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- Descending colon mural mass-inflammation/colitis, neoplasia less likely, granulomatous (dry form FIP) possible
- Non-homogeneous to cystic liver nodules
- Prominent to irregular pancreas-active to chronic active pancreatitis, neoplastic criteria considered less likely yet cannot be definitively excluded
- Mid-abdomen non-uniform nodular omentum
- Scant to mild volume peritoneal free fluid

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**Secondary**

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- Mild chronic renal changes
- Non-obstructive gallbladder mineral
- Volume contracted spleen
- Mild urinary bladder sediment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult small intestinal disease. Assuming normal clotting status and using a 25g needle a descending colon mural mass FNA is recommended for screening cytology. Effusion analysis cytology +/- C/S is recommended.

Concern for emerging descending colon mural neoplasia with possible early carcinomatosis/lymphomatosis or similar may be a primary differential diagnosis although sampling is required for definitive diagnosis.

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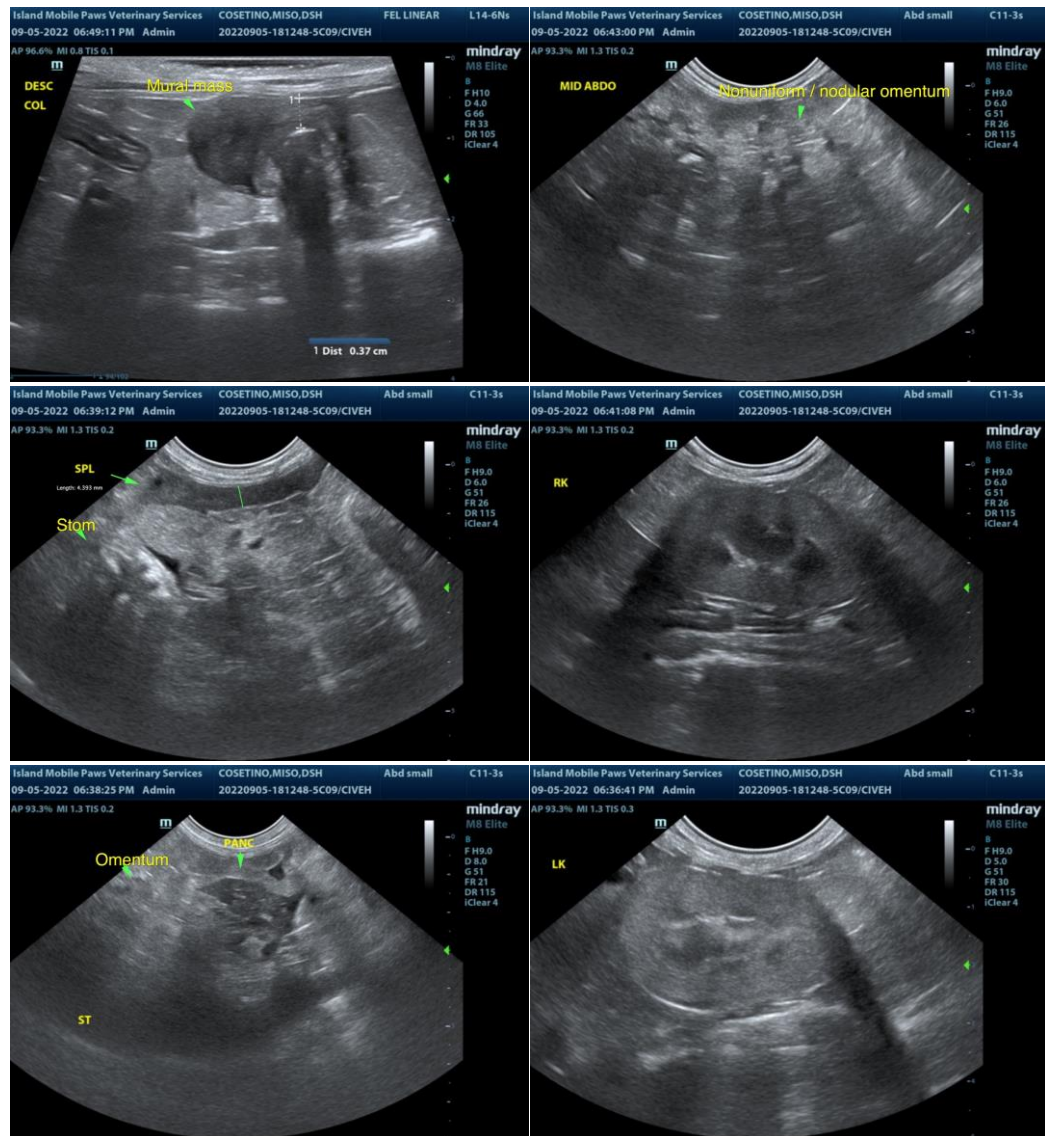
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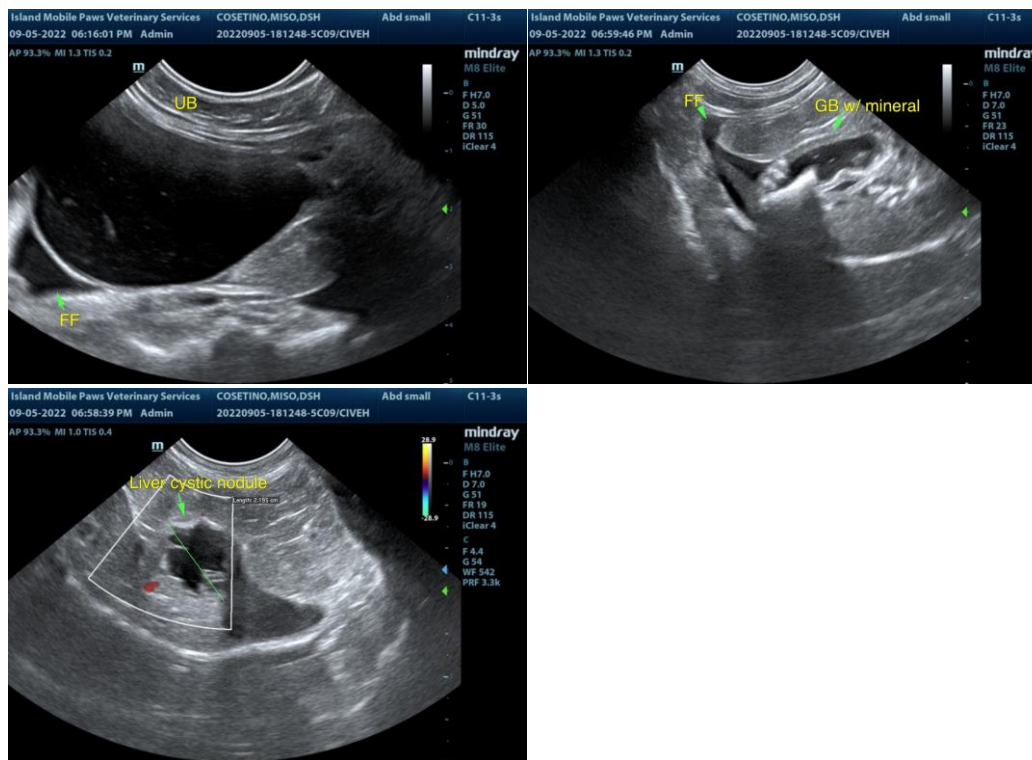
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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