



PATIENT

Percy Hart

PRESENTING CLINICAL SIGNS

1 week hx of lethargy, hyporexia, and PU/PD. 1 day history of straining to defecate.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE reveals 5% dehydration, marked periodontal disease, and pain on cranial abdominal palpation. Mobile abdominal mass palpated at mid-ventral abdomen. Radiographs reveals a bi-lobed, ovoid, soft tissue opacity mass cranial to the urinary bladder. CBC WNL. Chemistry reveals elevated ALT(164) and ALP(188).

BREED

DSH

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

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Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

AGE

16

WEIGHT

6.23

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

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.

IMAGING PERFORMED BY

Dr. Roppolo

Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

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The small intestine presented intact yet prominent to thickened wall layering with variably prominent muscularis layer. A moderately sized intestinal mural mass exhibiting marked mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering was present in the mid abdomen

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potentially measuring 6-7 cm in diameter with wall width up to 1.5 cm. No evidence of obstructive criteria associated with the mural mass was noted. Associated hypoechoic to swollen regional mesenteric lymphadenopathy was present, an example of a lymph node measured 2.3 cm x 1.9 cm.

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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 was evident.

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Free Abdomen

Hypoechoic to swollen regional small intestinal mesenteric lymphadenopathy was present, an example of a lymph node measured 2.3 cm x 1.9 cm. Evidence of peri-intestinal to perilymphatic hyperechoic mesentery was noted. No free fluid was observed.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Generalized enteropathy with segmental moderately sized mid-abdominal intestinal mural mass
- Associated hyperechoic mesenteric lymphadenopathy
- Mild echogenic liver

Secondary

- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is compatible with infiltrative neoplastic enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma among potential etiologies. Dry form FIP may also present in this manner although considered less likely. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. Assuming normal clotting status and using a 25g needle an intestinal mural mass and lymph node FNA is recommended for screening cytology and potential oncology consult.

The appearance of the liver was nonspecific but may indicate vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis, lipidosis, or fibrosis while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia.

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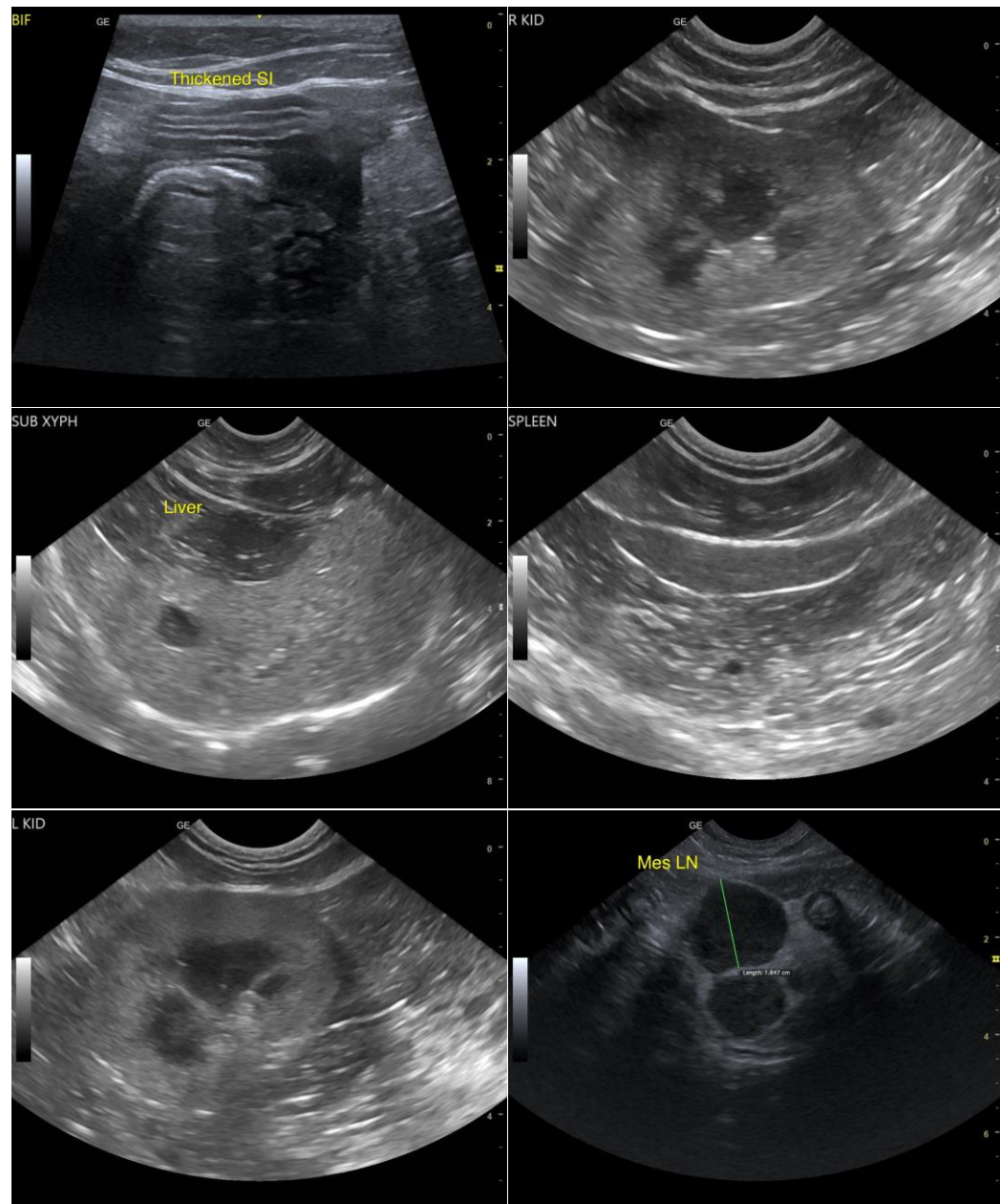
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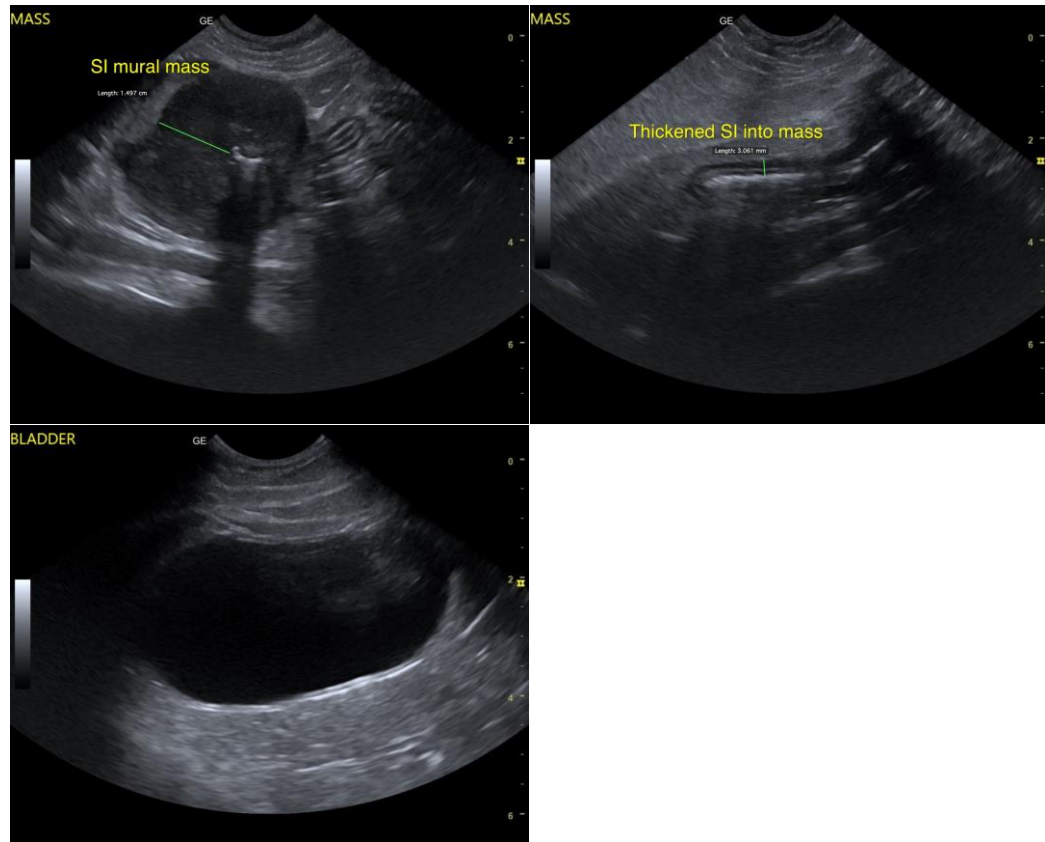
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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