



PATIENT PRESENTING CLINICAL SIGNS

Franklin Ratnayake

History: Weight loss, Loose stools thinner than pudding, with blood and mucous. Vomiting q 3 days. Palpable mass in abdomen

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Glob 7.1, Alb 2.6, Neuts sl high at 10332, No UA Intestinal aspirate of thickened bowel loop obtained during ultrasound and is pending.

BREED

DSH

SEX

Neutered Male

AGE

2 years

WEIGHT

12.31 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Marti Williams

HOSPITAL NAME

Limestone VH

REFERRING VET

Loving Touch AC

INVOICE

13859

DATE

7.26.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 4.30 cm) (right kidney 4.40 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.36 cm) (right 0.28 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (measuring 1.70 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Double gallbladder containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Small amount of chyle within the lumen proximal small intestine. Focal, irregular, hypoechogenic intestinal mass that appears to be in the distal ileum, and possibly involving the ileo-cecal junction. Mesentery surrounding the intestinal mass is hyperechogenic.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.



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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal mass

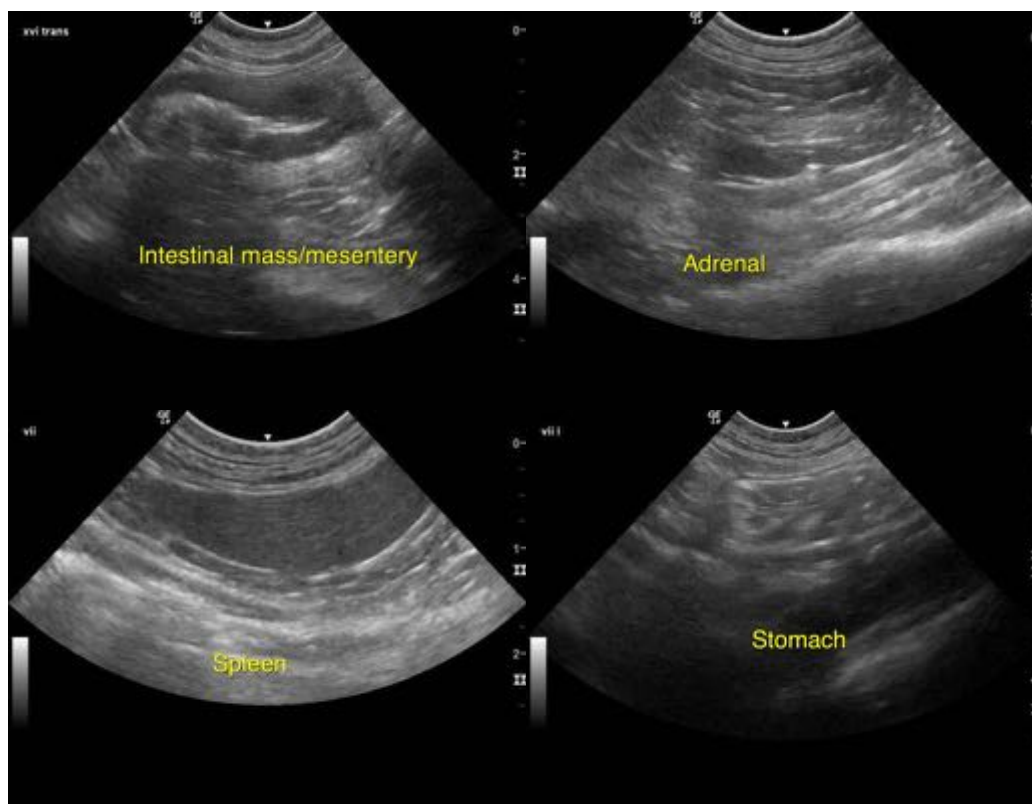
Secondary Findings

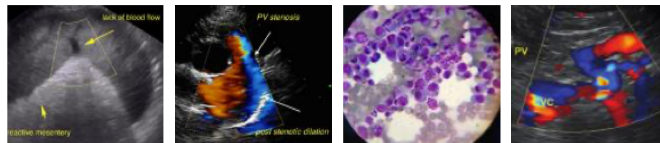
- None

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the intestinal mass would be primary neoplasia (lymphoma, adenocarcinoma, mast cell tumor), granulomatous enteritis, and focal perforation.

Further assessment needs to be based on the pending cytology results of the small intestinal mass but could include three-view thoracic radiographs. Laparotomy should be considered, as it can be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.





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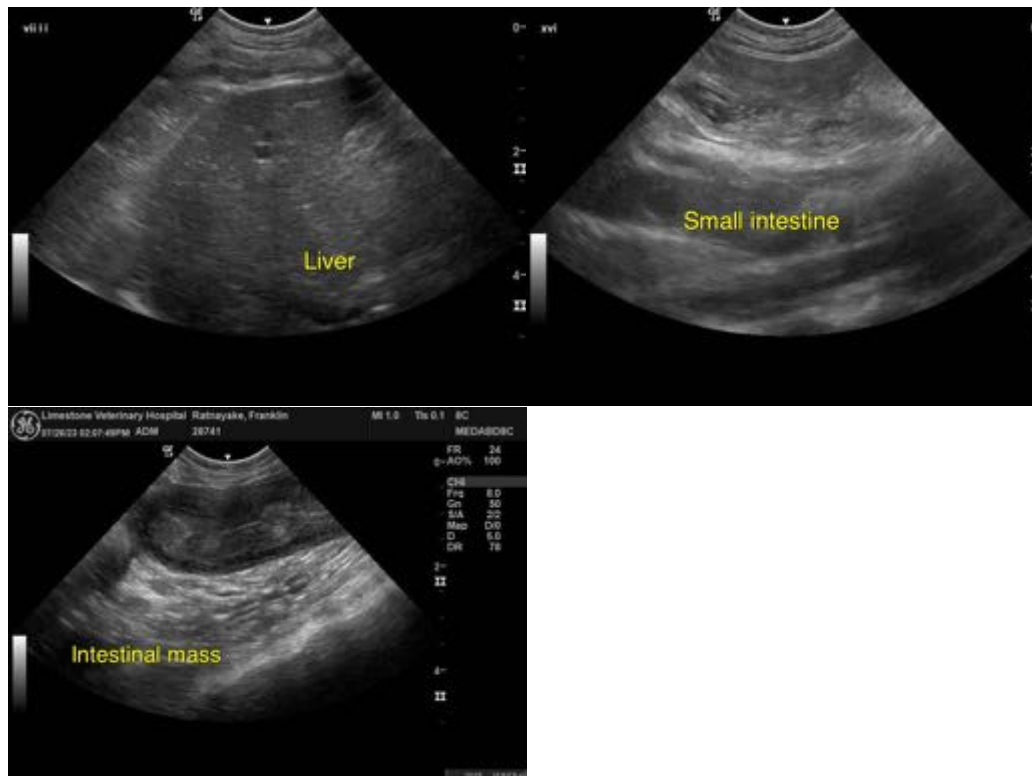
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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