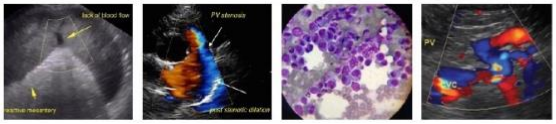
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cooper Janzen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.43 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Upper Canada AH

REFERRING VET

Dr. Harkness

INVOICE

20732

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: Presented on January 17th for diarrhea (soft, non-formed), frequent defecation, tenesmus and vocalization during defecation - Vomited 4 times throughout the evening prior (food then foamy liquid) - Was still eating the day previously. Was not fed the day of presentation. - No known FB/toxin exposure - Diet is Royal Canin GI Fibre response. - No significant findings on physical exam - Lateral abdominal radiograph revealed unformed fecal matter filling the descending colon, no obstructive gas patterns or mass effect - Given Cerenia injection and sent with GI biome canned and Fortiflora SA - Stool became formed but started defecating small amounts of blood/mucus - Returned on January 20th after hiding and continuing to strain while defecating. Painful on caudal abdominal palpation. Rectal exam revealed very full anal glands with slightly gritty contents, small amount of frank blood on glove and hard stool at end of finger reach - Started on IV fluids for the day, repeated cerenia injection, repeat lateral radiograph revealed large amount of stool in descending colon - Initiated gabapentin 25-50mg PO BID - History of recurring episodes of anorexia, vomiting, constipation, diarrhea - Previously received 250mcg B12 monthly which was discontinued the previous month Current Medications Gabapentin 25-50 mg PO BID

Abnormal PE/Chem/CBC/UA Results: Abnormal lab work values: - Mild lymphopenia/eosinopenia - Mild hyperglycemia Radiographic findings (lateral abdomen): - stool filling descending colon - no mass effect - no obstructive gas pattern

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 4.1 cm in length.

Adrenal Glands

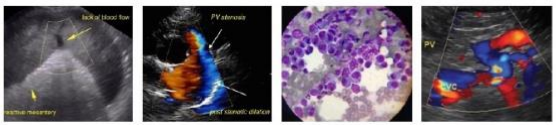
The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.3 mm at the caudal pole. The right adrenal gland height 4.0 mm at the caudal pole.

Spleen

The spleen is diffusely thickened, measuring 1.1 cm at the hilus. The capsular margins are regular, and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 1.1 cm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.



PATIENT

Cooper Janzen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.43 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Upper Canada AH

REFERRING VET

Dr. Harkness

INVOICE

20732

DATE

1/23/23

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall reveals normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

There is a 4.7 cm x 3.4 cm inhomogeneous mass arising from the wall of the descending colon. The surrounding omental fat is hyperechoic. There is evidence of obstruction. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A stricturing mass in the distal descending colon

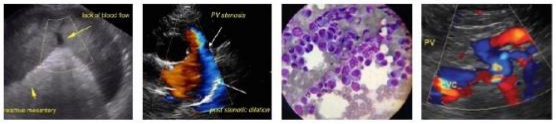
Secondary Findings

- Mildly thickened spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the colon is most likely neoplastic, although a granuloma might also be a possibility. Common neoplasia in this area includes lymphoma and adenocarcinoma. Fine needle aspirate with a 25-gauge needle is recommended for a definitive diagnosis. While the spleen is only slightly thicker than might be expected in a cat of this size, fine needle aspirate of the spleen would also be recommended to rule out the possibility of infiltrative neoplasia. Three-view chest radiographs are also recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cooper Janzen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.43 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Upper Canada AH

REFERRING VET

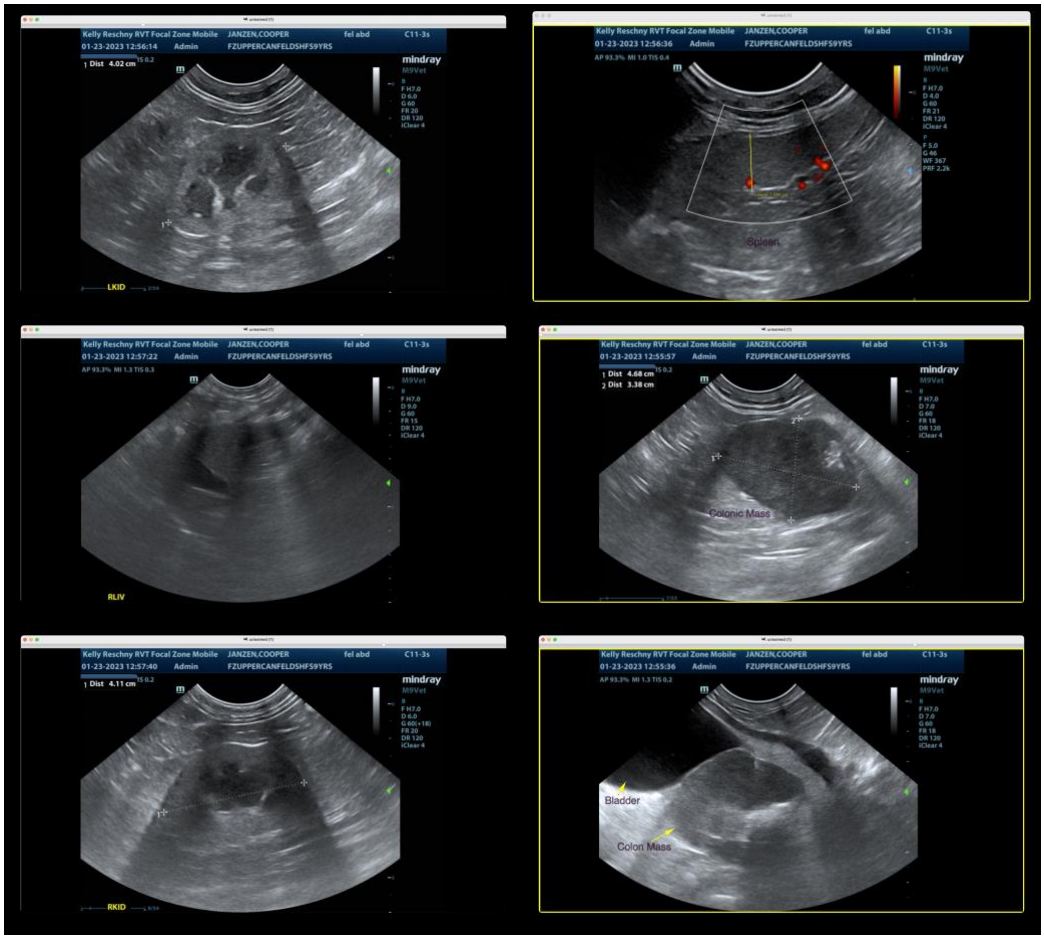
Dr. Harkness

INVOICE

20732

DATE

1/23/23



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com