

**PATIENT PRESENTING CLINICAL SIGNS**

Charlie Fruhwirth

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

3 kg

History: Seen @ rDVM 7/27 and dx with dental disease (Nasal d/c with foul smell, became a picky eater, decreased drinking (on and off for a few months). Weight loss of 1 lb in the past week and gradually losing weight before that. Mild lethargy anorexic x 48 hours. Intermittent past vomiting but none recently, liquid diarrhea during ultrasound today. On examination, mildly dehydrated, muscle wasting over dorsum, very underweight, abdomen soft and non-painful but firm irregular mass palpable mid-abdomen ventrally. Abnormal PE/Chem/CBC/UA Results: mild ionized hypocalcemia: 1.19 cbc/chem/t4/fecal unremarkable at rDVM 1 week ago.

**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 2.0 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 3.9 cm in length. The right kidney is 4.3 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.5 mm at the cranial pole. The right is not distinctly visualized, but the region appears unremarkable.

**IMAGING PERFORMED BY**

Lindsay Powell

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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 7.1 mm.

**HOSPITAL NAME**

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**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.

**REFERRING VET**

Leann Murphy VMD

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.

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**Gastrointestinal**

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

There is a 3.0 cm-long circumferential arising from the wall of the small intestine, with a complete loss of wall layering, and a wall thickness up to 1.00 cm. The surrounding omental fat is hyperechoic. There is evidence of partial intestinal obstruction, as evidenced by several fluid-dilated loops of bowel.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



**PATIENT** *Pancreas*

Charlie Fruhwirth

The pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

**SPECIES** *Free Abdomen*

Feline

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of hyperechoic. The mesenteric lymph nodes were moderately enlarged and hypoechoic with a rounded shape, measuring up to 1.5 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- Small intestinal mass, most typical of round cell, mast cell, or other infiltrative neoplasia
- Hypoechoic rounded lymph nodes, consistent with neoplastic disease

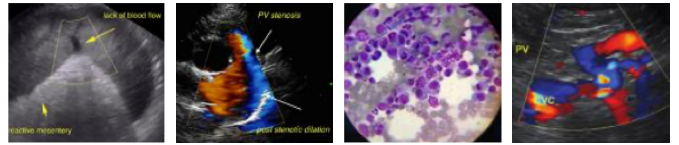
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the small intestines and lymph nodes are strongly suggestive of round cell, mast cell, or other infiltrative neoplasia. There is no evidence of intussusception. Additional recommendations include fine-needle aspirates of the affected small intestinal wall, as well as the affected lymph nodes. Three-view chest radiographs would also be recommended.



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.



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

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