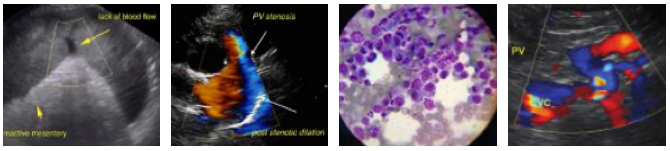
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Daisy Skripko

SPECIES
Feline

BREED
Domesitc shorthair

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
3.45 kgs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Isermann

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Isermann

INVOICE
15052

DATE
6/19/23

PRESENTING CLINICAL SIGNS

Daisy presented for being lethargic, not eating for drinking and having inappropriate urination. On radiographs showed abdominal effusion. She also has a UTI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The adrenal glands are not definitively visualized in the available images. See *Other.*

Spleen

See *Other.*

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

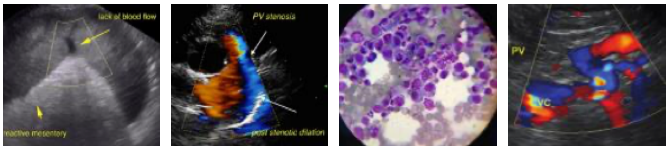
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery in the cranial to mid-abdomen is hyperechoic. A small to moderate amount of free fluid is



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present.

Lymph Nodes

See *Other.*

Other

A 3.8 x 3.3 cm irregular homogeneous mass effect is observed in the cranial to mid-abdomen. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

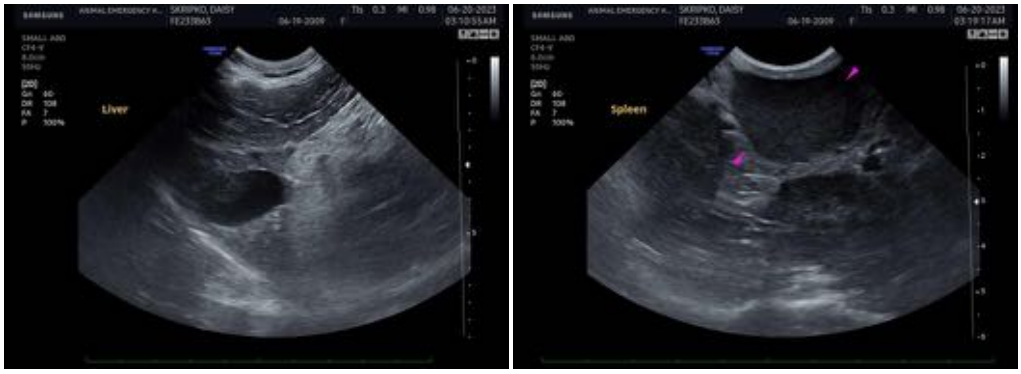
- The origin of the mass in the cranial to mid-abdomen is unclear. It is suspected to be arising from spleen but pancreatic, mesenteric, kidney, lymph node, or other origin cannot be excluded. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a lower possibility of a focal inflammatory process. Diffuse peritonitis is present, likely secondary to the mass effect.

Secondary Findings:

- Trace left pyelectasia.
- Mild pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspiration of the abdominal mass (if clotting status is appropriate). A 25-gauge needle should be used. Depending on the results, mass removal with submission for histopathology may be warranted. An abdominal CT scan would be useful in pre-surgical planning.



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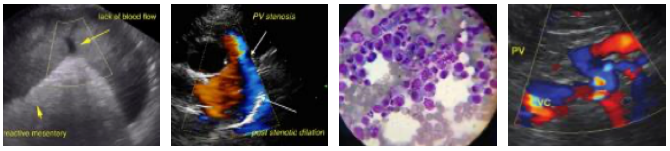

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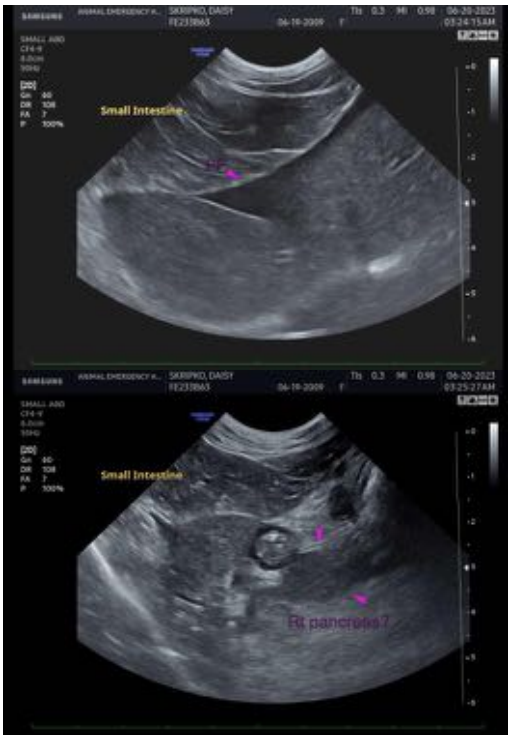

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com