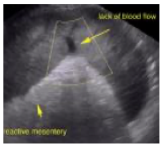
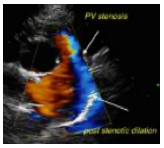
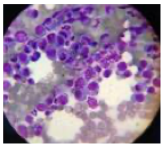
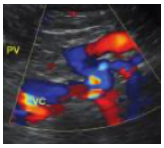
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ivy Animals Live Let These

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4 mos

WEIGHT

3.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Adrianne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrianne Waffle

INVOICE

11425

DATE

8.18..22

PRESENTING CLINICAL SIGNS

History: Was spayed 2 weeks ago at low-cost clinic. Developed hard nodule in L inguinal region post-op. FNA showed purulent exudate. Started Convenia. Lesion is smaller in size, however, has draining tract.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (3.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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.

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 **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A few prominent cranial to midabdominal **lymph nodes** are visualized.

Other

In the region of the left inguinal abscess, the body wall cannot be visualized in all planes ventral to the lesion. However, although the lesion enters into muscle, there is no obvious disruption of the body wall.

ULTRASONOGRAPHIC FINDINGS

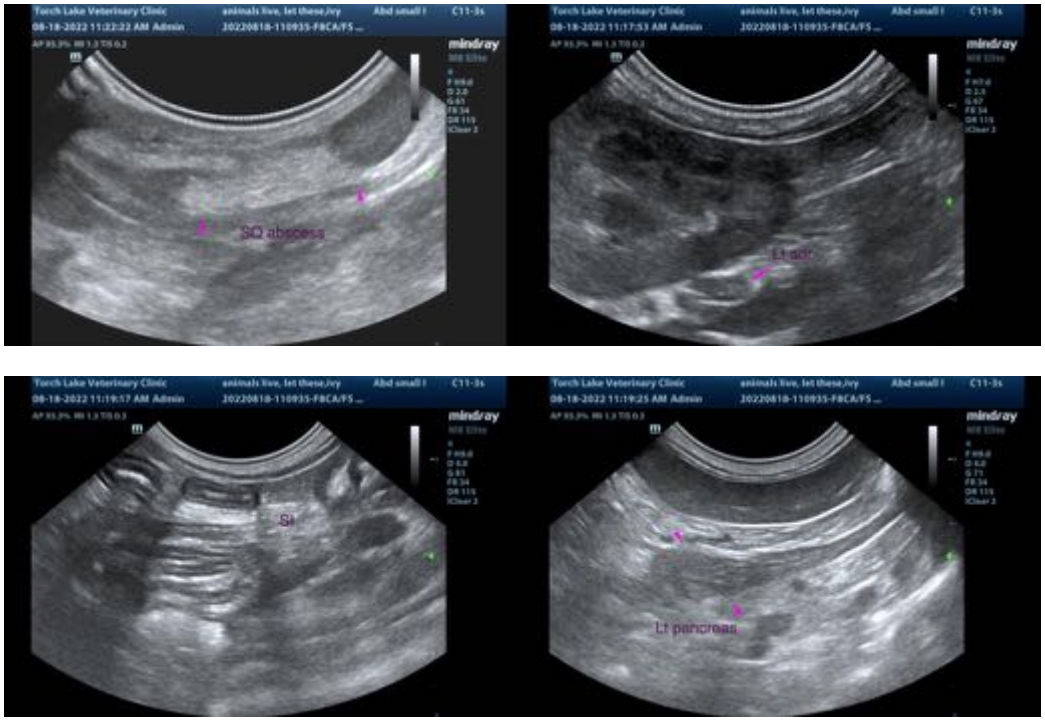
Primary Findings

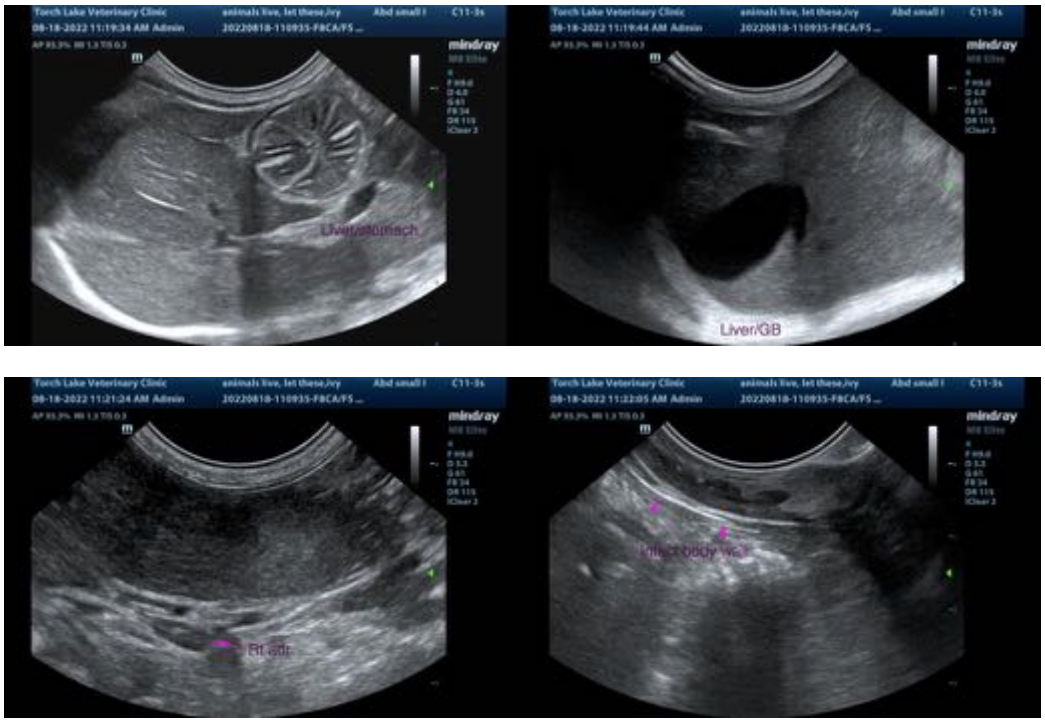
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

- There is no obvious evidence of body wall disruption in the region of the left inguinal lesion, particularly given that there is no free fluid in the abdomen, and there is an absence of reactive mesentery in this region.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient develops signs of systemic illness, and/or abdominal pain, consider a repeat abdominal ultrasound.





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.

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