



PATIENT	PRESENTING CLINICAL SIGNS
Meisha Stillwell	O noticed two very small BM in the last 3 days. Pt was wheezing today but did not produce vomit. Decreased eating and drinking, not interested in treats as well for the past week. Lost 1lb over a week per O. BCS 6/9 with pot-bellied appearance. Abdominal palpation - No pain or tenderness on palpation. Suspect fluid-distension, unable to palpate any obvious structures. no stool palpated in distal colon.
SPECIES	
Feline	
BREED	Abnormal PE/Chem/CBC/UA Results: See attached labwork: CBC - HCT 29%, WBC 20.98, neutrophilia (18.7), monocytosis (0.91) Chem/Lytes - Creatinine 2.4, BUN 61 - consider pre-renal vs renal azotemi (or possible combination) See attached radiographs: Loss of serosal detail due to peritoneal effusion. very minimal stool in colon. vertebral disc space narrowing in cranial thoracic vertebrae. semi-circular soft-tissue opacity material present in moderately dilated stomach.
DSH	
SEX	
SF	WBC 20.9 with neutrophilia and monocytosis, BUN 61
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
16 years	Urinary System
WEIGHT	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
9.85	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and marked loss of corticomedullary symmetry and definition expected for the age of the patient. Both kidneys exhibited dystrophic medullary mineralization. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney was mildly subnormal in size compared to the left, yet within normal limits for the species, measuring 3.2 cm in length.
IMAGING PERFORMED BY	Adrenal Glands
Jasmine Palacios SDEP Attendee	The left and right adrenal glands were not definitively visualized owing to peritoneal free fluid and regional periadrenal increased omental artifact.
HOSPITAL NAME	Spleen
Rivers Edge Pet Medical Center	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.89 cm width.
REFERRING VET	Liver/ Gallbladder
Dr. Cora Hollomon	The liver exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Nonspecific cystic-appearing mass in the area of the
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PATIENT	caudle mid to right liver lobes or potential area of the pancreas base, measuring 3.6 cm in diameter, was present. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. This is likely incidental potentially owing to fasting or possible mild nonclinical cholestasis. The cystic and common bile ducts were normal.
Meisha Stillwell	
SPECIES	
Feline	
BREED	Gastrointestinal
DSH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
SEX	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
SF	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
16 years	Pancreas
WEIGHT	Ill-defined hypoechoic mass effect in the area of the right pancreatic limb potentially extending into the area of the pancreas base, measuring approximately 3.0 cm in diameter, was present. Potential nodular changes associated with the left pancreatic limb are possible, although visualization of the left pancreatic limb was somewhat obscured by regional nonuniformly echogenic to nodular omentum.
9.85	
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Regional mid to cranial abdominal to generalized nonuniformly echogenic to nodular omentum was present. Mild to moderate volume peritoneal free fluid exhibiting mild cellular component was present. Evidence of significant lymphadenopathy was not overtly evident.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Jasmine Palacios SDEP Attendee	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> • Bilateral chronic, degenerative kidneys • Ill-defined mass in area of right pancreas potentially extending into pancreas base • Concurrent nonspecific cystic-like mass in area of caudal mid to right liver and pancreas base • Regional to generalized nonuniformly echogenic to nodular omentum • Mild to moderate volume peritoneal free fluid exhibiting cellular component
Rivers Edge Pet Medical Center	
REFERRING VET	
Dr. Cora Hollomon	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
13103	Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis potentially deriving from the pancreas are considered the top differentials in this case.
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SPECIES

Feline

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DSH

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AGE

16 years

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INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jasmine Palacios
SDEP Attendee

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Cora Hollomon

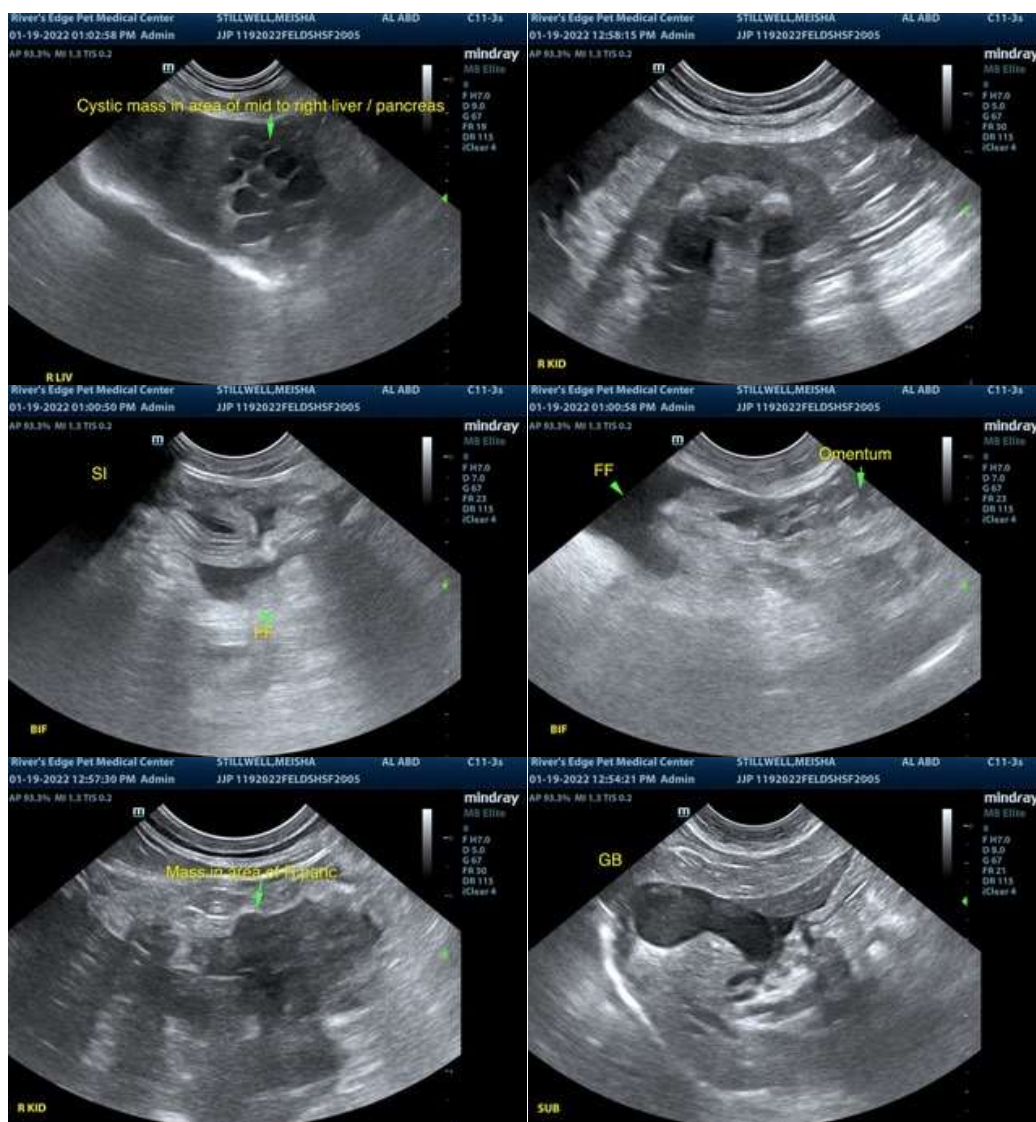
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Concurrent ultrasound-guided FNA of the ill-defined mass in the area of the right pancreatic limb could also be considered for screening cytology. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease, is noted as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar diffuse neoplastic process potentially involving the pancreas is of primary concern. A very guarded to unfavorable prognosis pending additional diagnostics.





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SPECIES

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DSH

SEX

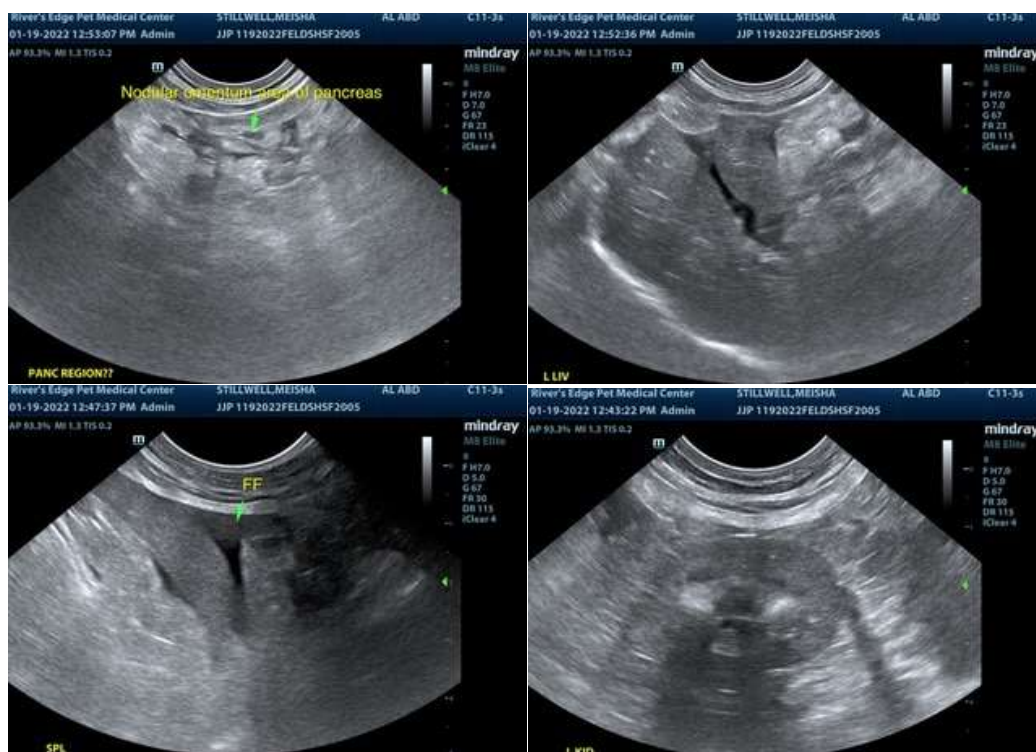
SF

AGE

16 years

WEIGHT

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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