



PATIENT

Regina Jenkins

SPECIES

Feline

BREED

Siamese

SEX

SF

AGE

13y, 9 mo

WEIGHT

7 lbs.

PRESENTING CLINICAL SIGNS

12/22/22 History: Regina presented for therapy of her flank sarcoma. Based on cytologic evaluation this is most likely to be a histiocytic sarcoma. She was taken in as an adult rescue June 2020 with a large ulcerated mass at the right flank. She also had otitis OD. She was FeLV / FIV negative and has been dewormed and treated with tresederm and clavamox with buprenex as needed for pain. She eats well and appears clinically well at home except for the mass. CBC, chemistry, T4, and urinalysis were normal June 16th except for a PCV of 28 %. We began therapy with CCNU July 2020 with buprenex and clavamox supportively. The tumor had sealed over until late August 2020 when it opened up a draining tract. We restarted clavamox and tried treating again and the tumor again shrank and sealed over. There has been no further ulceration. Her echocardiogram and thoracic radiographs identified bronchitis and HCM April 8th. She now requires therapy every 6 weeks due to bone marrow suppression. She has full mouth extractions in early September and had been off chemotherapy from August to October 2021. We restarted in October and she is feeling well. Her ALT increased to 238 in November 20 21 so we added denamarin which the owner was able to give only briefly. Physical Examination: Wt 4.2 kg Thoracic auscultation - III/VI systolic mitral murmur Abdominal palpation - normal mm pink and moist, BAR healed extractions stable chronic otitis 3 by 3 by 2 cm (was 5 by 5 by 4 cm firm mass from 4 by 4 by 3 cm from 5 by 5 by 3 cm) firm irregular SQ mass without ulceration at the right lateral body wall Diagnostic Findings: CBC - normal Liver - normal Conclusions: Histiocytic sarcoma Heart murmur Anemia - resolved Chronic otitis Hypertrophic cardiomyopathy Suspect asthma / chronic bronchitis Hepatopathy - resolved

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

IMAGING PERFORMED BY

Michaleen

Asymmetrical margination was present in both kidneys. Both kidneys exhibited mild nonuniform hyperechoic cortex hypertrophy with reduced medullary volume. Mild loss of corticomedullary distinction was also present. Subnormal left kidney size was present with borderline increased right kidney size. Bilateral mild dystrophic mineralization and mild pyelectasia was noted. The left kidney measured 2.3 cm in length. The right kidney measured 4.5 cm in length.

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Loduca

Adrenal Glands

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

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Spleen

The spleen was mildly subnormal in size, suggestive of volume contraction, yet maintained a symmetrical capsule contour and a finely textured homogeneous parenchyma. The spleen measured 0.45 cm width at the level of the hilus.



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Liver/ Gallbladder

Regina Jenkins

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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. The gastric body wall width measured 0.25 cm.

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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. The small intestinal wall width measured 0.25-0.27 cm. No intestinal masses were noted.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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(Canine and Feline)

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

IMAGING PERFORMED BY

Michaleen

Brief sonographic assessment of the thorax revealed subjective mild volume pleural effusion. No overt evidence of cardiac or pericardial tumors in the visible window. No evidence of concurrent pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

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- Bilateral chronic nephropathy exhibiting nonuniform hyperechoic cortex hypertrophy, reduced medullary volume, mild bilateral pyelectasia, and dystrophic medullary mineral, subnormal left kidney size

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- Sonographically unremarkable liver with mild splenic volume contraction
- Overtly normal gastrointestinal tract
- Mild volume pleural effusion - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of intraabdominal primary or metastatic neoplastic criteria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic BP, as well as renal parameters, if not recently done are recommended. Recheck three-view chest radiographs as well as pleural effusion analysis, cytology, +/- C/S if clinically indicated may be considered for further assessment of the nonspecific mild volume pleural effusion.



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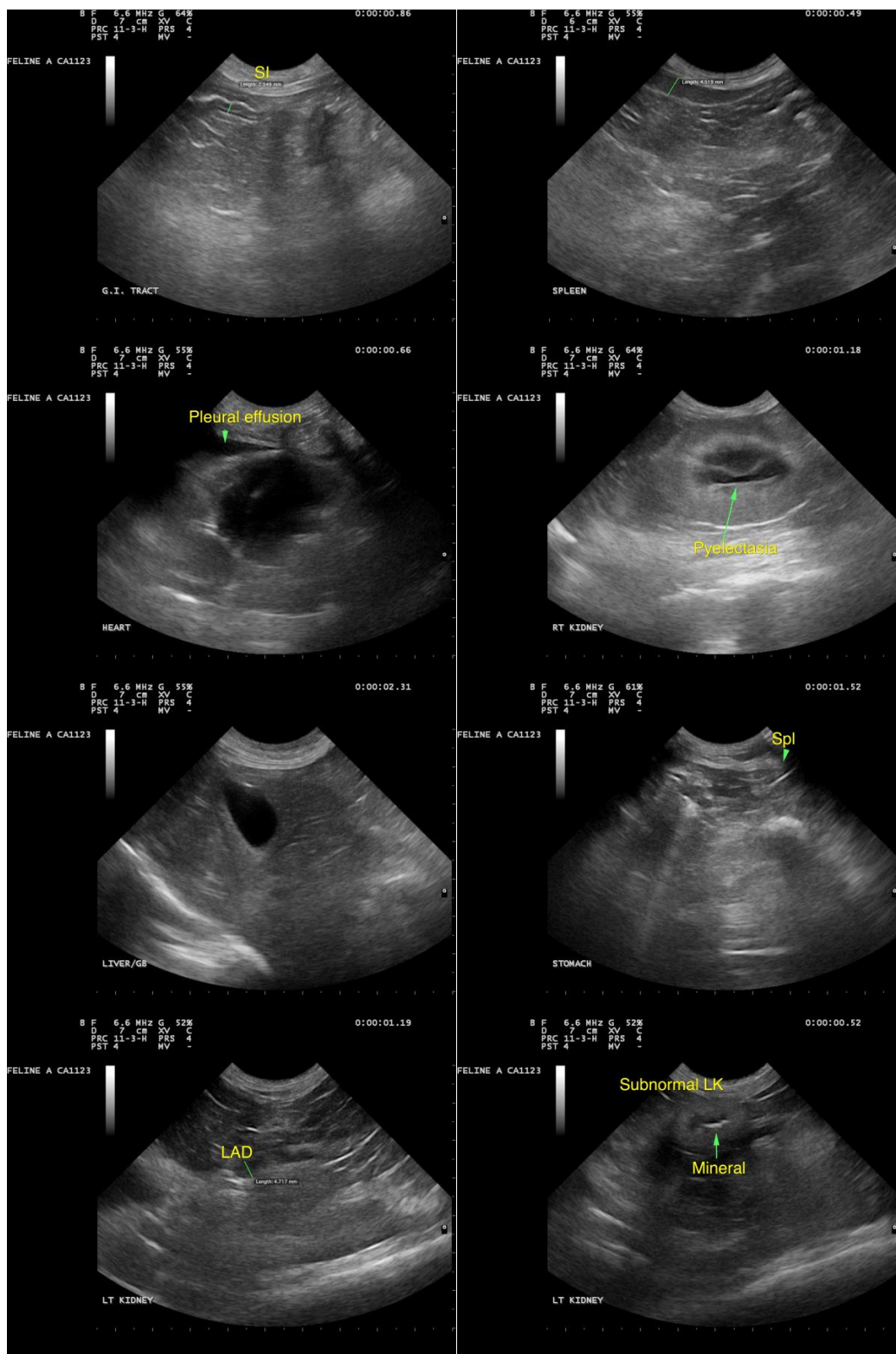
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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