

**PATIENT**

Baby Girl Ahnen

SPECIES

Feline

BREED

DSH

SEX

F

AGE

13 years 10 months

WEIGHT

8.24 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

13168

DATE

-1/26/22

PRESENTING CLINICAL SIGNS

Right cranial mammary glands have 6cm long firm attached nodular coalescing mass. Cytology returned suspect malignancy with inflammation. Recent decrease of appetite and lethargy. Presents for AUS and chest radiographs to evaluate for metastasis.

Abnormal PE/Chem/CBC/UA Results: BUN 38 (14-36) Amylase 1891 (100-1200) PSL WNL USG 1.018, otherwise NSF

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

The area of the aortic trifurcation was free of pathology and without evidence of sublumbar or medial iliac lymphadenopathy.

Normal size and margination were present in the kidneys with a maintained 1:3 cortex / medulla ratio. Both kidneys exhibited mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. Mild pyelectasia was present in both kidneys. The left kidney measured 2.7 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

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 0.76 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary, subtly hypoechoic to non-expansive parenchymal nodule was noted adjacent to the gallbladder measuring 0.89 cm diameter. The gallbladder was non-distended in size with mild gallbladder debris, which is likely incidental, potentially owing to fasting or minor nonclinical cholestasis. 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.

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 jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.30 cm.

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

Pancreas

The left pancreatic limb exhibited normal size and contour with mild uniform hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mild chronic renal changes exhibiting mild uniform increased cortex echogenicity and mild pyelectasia
- Suspect low-grade pancreatitis
- Nonspecific solitary non-expansive liver nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obvious intact uterus or bilateral ovaries were not definitively visualized, yet cannot be definitively ruled out as potentially present and non-visualized.

The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

The liver nodule may indicate focal benign nodular process such as hematoipoiesis, nodular to regenerative hyperplasia, or similar. Potential for focal metastatic nodule cannot be definitively excluded yet is considered less likely at this time, given the lack of additional hepatic parenchymal nodules. Sonographic monitoring of this nodule with initial recheck in 3-4 weeks for evidence of progression would be reasonable.

The recent decrease of appetite in this patient may be owing to low-grade pancreatitis. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate for further assessment, as well as assessment for nonstructural small intestinal disease, especially if evidence of weight loss.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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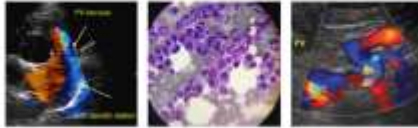
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com