



PATIENT

Sammy Cucciniello

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

13 Years

WEIGHT

14.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth AH

REFERRING VET

Dr. Lilan Hauser, DVM

INVOICE

13717

DATE

1/31/22

PRESENTING CLINICAL SIGNS

History: Elevated ProBNP (200); hypertension (was 220 mmHg), now well-controlled (140) with 0.625 mg Amlodipine q24h. CKD. Needs dental ? OK for anesthesia. creat 2.6; Albumin 42; USG 1.016. Sedated with torb/midaz/alfaxan. Having bi-cavity exams. Sedated with torb/midaz

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 were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the right kidney. Minor collecting duct and proximal right ureter dilation was noted in the right kidney, measuring 0.2 cm in diameter. No evidence of ureteral obstruction. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 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 0.34 cm.

The right adrenal gland was mildly prominent in size yet without overt pathology. The right adrenal gland measured 0.51 cm in diameter.

Spleen

The spleen exhibited generalized enlargement, measuring 1.3-1.4 cm in width at the level of the hilus. Primarily maintained, finely textured homogeneous parenchyma in the spleen with intermittent, small, uniformly hyperechoic parenchymal nodule. Although nonspecific, the hyperechoic splenic nodules are suggestive of small benign myelolipomas, nodular hyperplasia, previous infarct possible.

Liver

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. Solitary discreet non-expansive hypoechoic intraparenchymal nodule was noted in the mid liver, measuring 0.5 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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 duodenum wall measured 0.27 cm. The jejunum wall measured 0.27 cm. The ileocolic wall measured 0.32 cm.

SPECIES

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

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 was evident.

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Free Abdomen

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Intermittent, mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.43 cm width. No effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild to moderate chronic renal changes, mild right kidney pyelectasia with nonspecific scant collecting duct and proximal right ureter dilation
- Solitary discreet hepatic intraparenchymal nodule- subjectively benign, hematopoiesis, nodular to regenerative hyperplasia or similar suspected
- Splenomegaly with parenchymal nodule
- Intermittent, minor, subjectively benign colic lymphadenopathy- minor lymphoid hyperplasia or reactive lymphadenitis suspected, not consistent with overt neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenomegaly in this case is likely owing to sedation. If persistent evidence of splenomegaly, ultrasound FNA of the spleen, assuming normal clotting status and using a 25-gauge needle may be indicated for screening cytology and further clarification.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No overt intraabdominal contraindications to anesthesia, assuming normal blood pressure.

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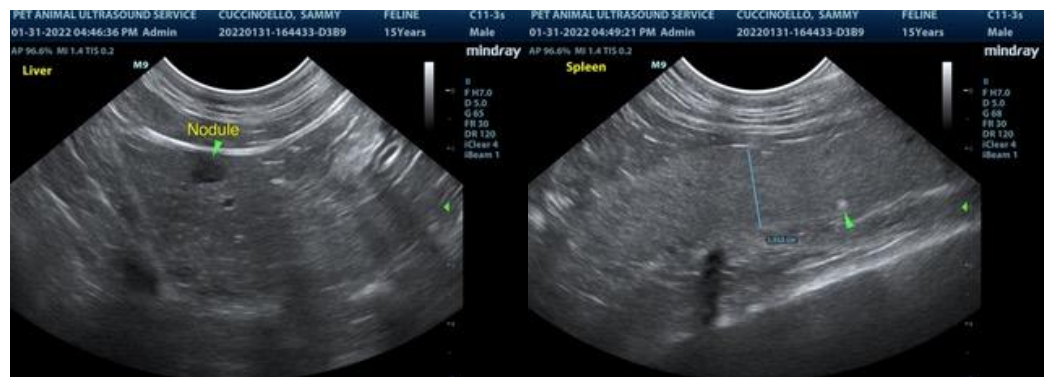
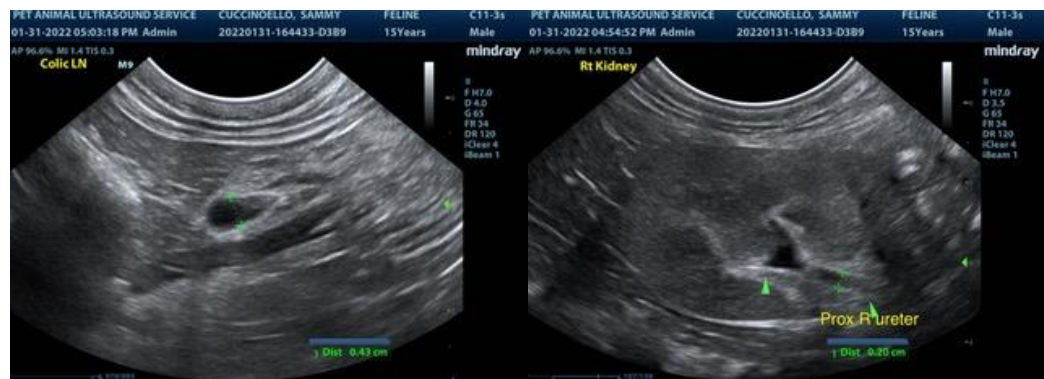
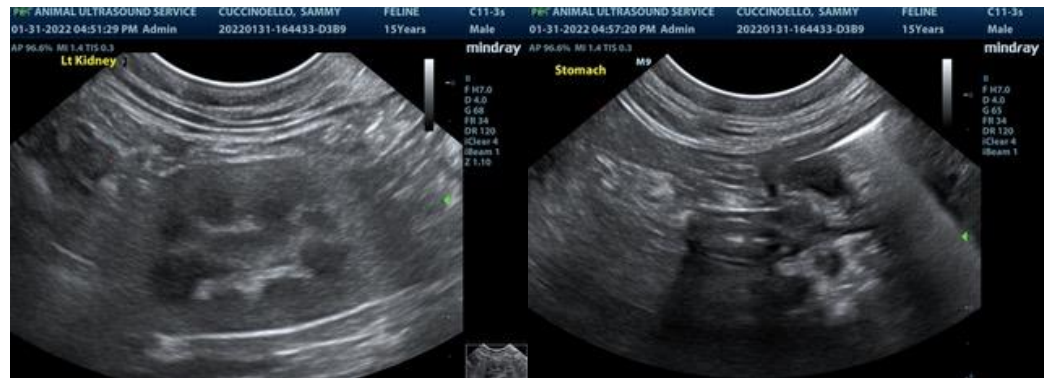
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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