



PATIENT

Kiwi Zheng

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 yrs

WEIGHT

8.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Riverdale Integrative
VC

REFERRING VET

Dr. Amy Lipnicki

INVOICE

15187

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Patient presented yesterday with urinary obstruction, he was unblocked and had a u-cath placed. The patient pulled out his u-cath overnight. Suspect abdominal mass seen on in-house ultrasound. High WBC with severe eosinophilia, high K+, improved slightly with fluids and antibiotics. Current tx: IVFs (LRS), Enrofloxacin, Prazosin, Gabapentin, Buprenex, and Convenia.

Abnormal PE/Chem/CBC/UA Results: 10/11: HCT 31%, WBC 77.8, EOS 54.8, K+ 6.4, PLTs 302.
10/12: HCT 21%, K+ 7.6, WBC 55.9, EOS 37.19, PLTs 232.

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

Spleen

The spleen was normal in size and contour with subtle splenic parenchyma heterogeneity. No masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with mild nonhomogeneous hepatic parenchyma diffusely exhibiting overall normal echogenicity. The gallbladder was non-distended in size containing mild, nondependent, mildly echogenic gallbladder debris. No overt evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal with no evidence of post hepatic obstructive criteria.

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls owing to generalized propensity for variably thickened muscularis layer. The small intestinal wall width measured 0.33-0.43 cm. The ileocolic wall width measured 0.35 cm.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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Multiple, variably sized to variably echogenic lymph nodes were present. An example of the largest lymph node noted in the mid-abdomen within the area of the mesenteric root measured 4.1 cm x 2.4 cm. Evidence of perilymphatic hyperechoic mesentery was noted. A small pocket of scant peritoneal free fluid was noted in the cranial abdomen between liver lobes.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.8 lbs.

- Sonographically unremarkable urinary bladder
- Mild gallbladder Debris (non-mucocele)
- Diffuse infiltrative enteropathy pattern
- Variably echogenic to enlarged mesenteric lymph nodes
- Heterogeneous liver
- Scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the intestinal presentation may include inflammatory infiltrative enteropathy i.e., IBD/ significant eosinophilic enteritis vs. neoplastic infiltrative enteropathy with round cells, i.e., lymphoma or other. Concurrent mesenteric hyperplasia, lymphadenitis, potential necrosis / abscess, or neoplastic lymphadenopathy are possible. Underlying concern for intestinal and lymphatic neoplastic criteria is warranted, although not definitive. Sampling is required for further assessment either via lymphatic FNA for screening cytology or full-thickness intestinal as well as lymphatic biopsies for histopathology.

Dry form FIP is also possible yet considered a less likely differential diagnosis. Three-view chest radiographs are recommended to rule out concurrent thoracic pathology. CBC pathology review is warranted.



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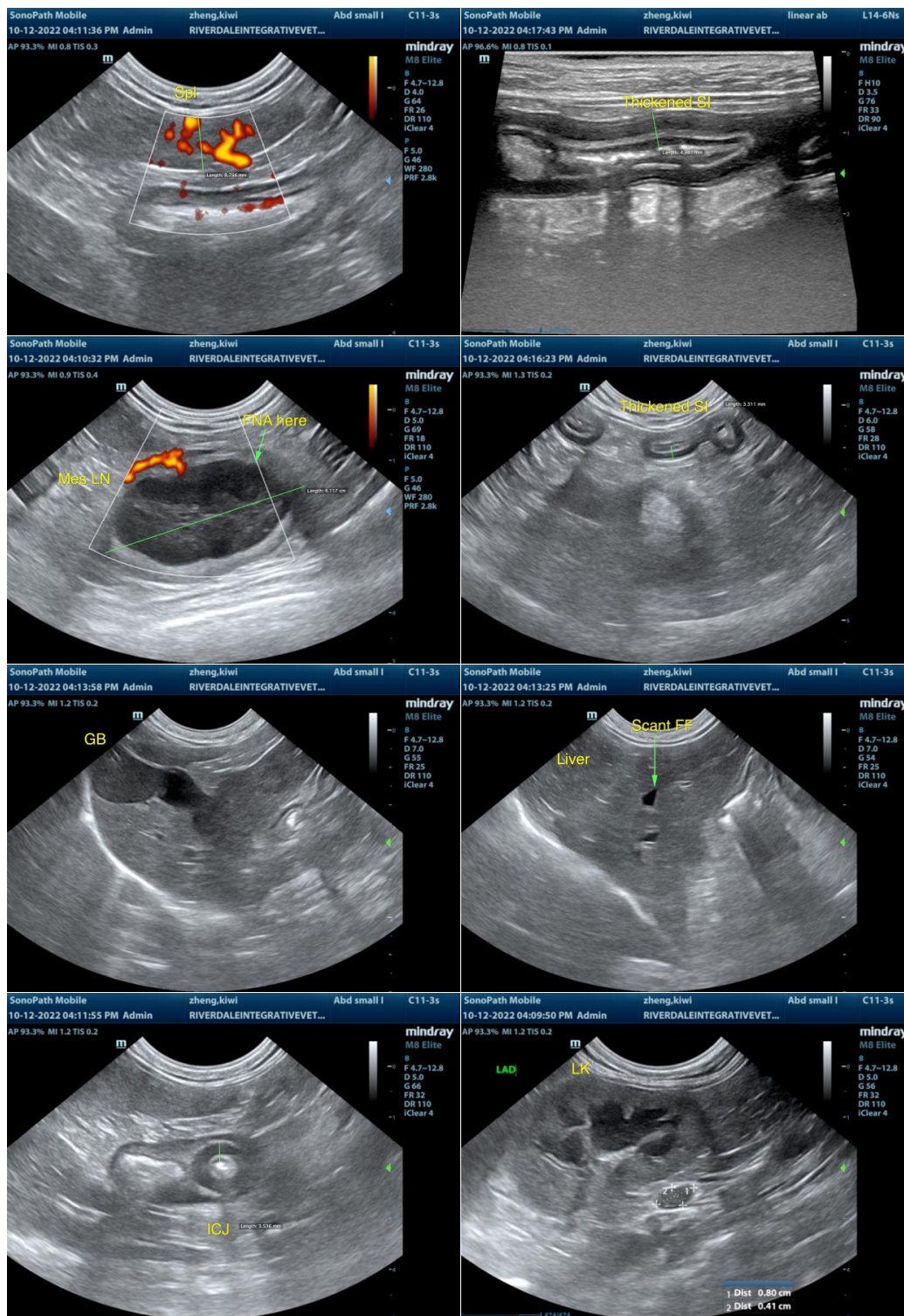
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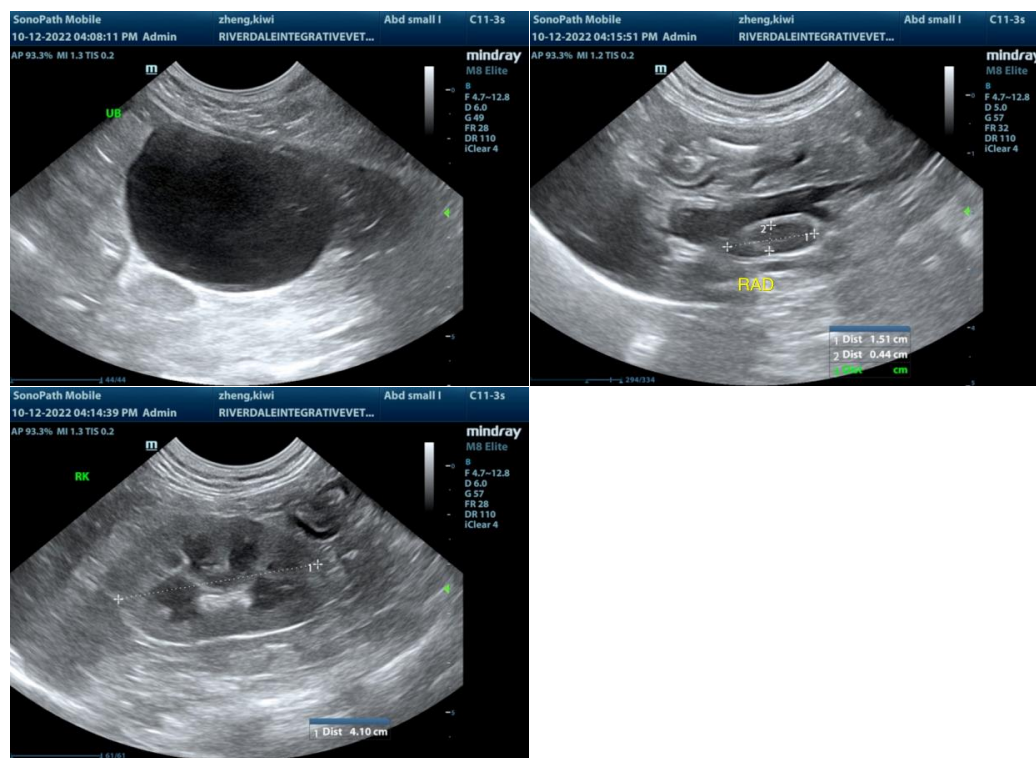
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com