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| PATIENT | PRESENTING CLINICAL SIGNS |
| She-She Mussari | Patient has decreased appetite and weight loss (1 pound) over the past month. She has a history of hyperthyroidism, flea allergy dermatitis, a grade II/VI systolic murmur. She also was found to have a liver cyst on the previous ultrasound submitted to sonopath. No vomiting seen |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: Weight loss, Grade II/VI systolic murmur 8/4/21 GHP: Glob 5.5g/dl, all other values normal, CBC: normal, T4- 4 10/13/2021 GHP: SDMA 16ug/dl, all other values normal, T4- 1.2, unable to acquire CBC |
| Feline | |
| BREED | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| DSH | Urinary System |
| SEX | 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. |
| Spayed Female | |
| AGE | 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.3 cm. |
| 17 Years | |
| WEIGHT | The area of the aortic trifurcation was free of pathology. |
| 5.96 | Adrenal Glands |
| | The adrenal glands were not definitively visualized. |
| INTERPRETED BY | Spleen |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | 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 0.58 cm in width. |
| IMAGING PERFORMED BY | Liver |
| Dr. Abbey Jones | 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 expansive, ovoid, cystic nodular mass lesion was present in the subjective right lateral to caudate liver, measuring approximately 3.2 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. |
| HOSPITAL NAME | |
| Schultsville AH | |
| REFERRING VET | |
| Dr. Abbey Jones | |
| INVOICE | Gastrointestinal |
| 26330 | 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. Gastric body wall measured 0.26 cm. |
| DATE | 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. Jejunum wall measured 0.25-0.27 cm. Ileocolic wall measured 0.23 cm. |
| 10/15/21 | |



PATIENT

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

She-She Mussari

Pancreas

SPECIES

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.

Feline

Free Abdomen

BREED

Probable intermittent, mildly prominent to subtly hypoechoic mesenteric nodes were present in the mid abdomen. Example measured 1.1 cm x 0.5 cm. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

DSH

SEX

No effusion.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Mild to moderate chronic renal changes
- Solitary cystic liver nodular mass – suspect benign cystic biliary adenoma, potential for cystic biliary adenocarcinoma or other.
- Sonographically unremarkable gastrointestinal tract
- Intermittent, non-specific, mild mesenteric lymphadenopathy – lymphoid hyperplasia, minor reactive lymphadenitis suspected, potential for early neoplastic lymphadenopathy considered less likely.

17 Years

WEIGHT

5.96

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Overall, an obvious cause of the patient’s weight loss and decreased appetite was not definitively evident. Potential for structurally insignificant inflammatory bowel (given the presence of intermittent mesenteric lymphadenopathy) possible. Likewise, potential for low-grade or chronic pancreatitis may be present, yet ultrasonographically normal. However, given the lack of reported vomiting, this is not definitive.

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

IMAGING PERFORMED BY

Dr. Abbey Jones

HOSPITAL NAME

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss. Recheck sonogram to assess for progressive lymphadenopathy or inflammatory gastrointestinal or pancreatic changes if persistent weight loss and decreased appetite noted despite conservative support.

Schultzville AH

REFERRING VET

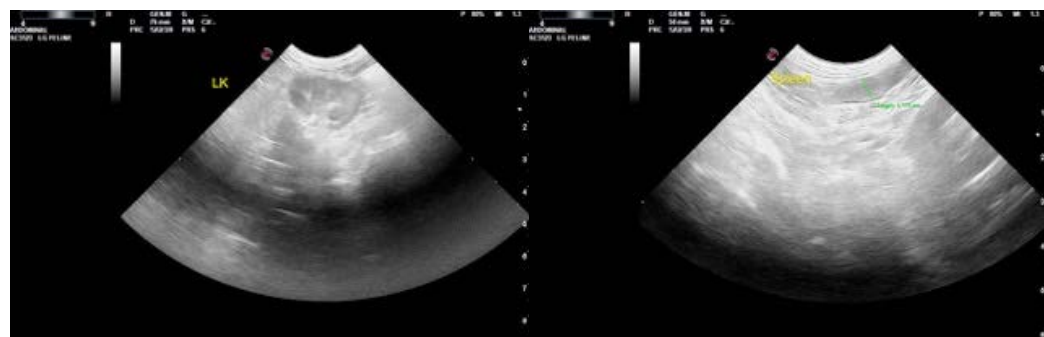
Dr. Abbey Jones

INVOICE

26330

DATE

10/15/21





PATIENT

She-She Mussari

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.96

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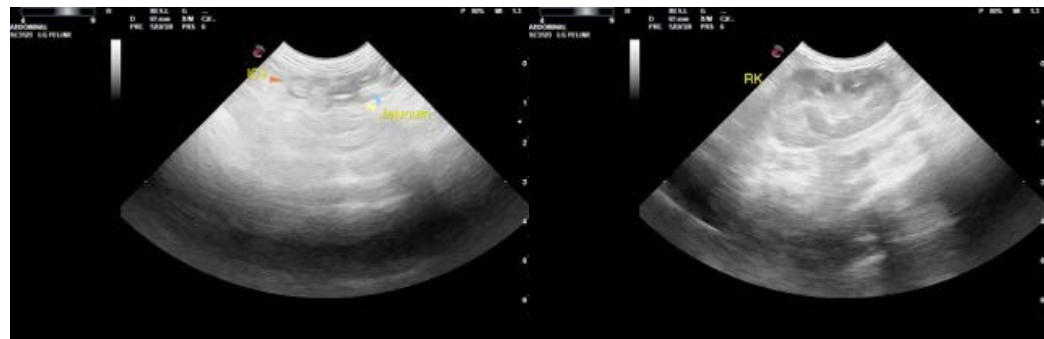
Dr. Abbey Jones

INVOICE

26330

DATE

10/15/21



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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