



**PATIENT PRESENTING CLINICAL SIGNS**

**Patient:** Petey Pinales  
**Signs:** Decreased appetite, PD. Had vomiting in the past. Switched to sensitive stomach dry food - now no vomiting. Weight loss 1.2 lb in 8 months. No diarrhea, on Convenia. Radiographs pending.

**Species:** Abnormal PE/Chem/CBC/UA Results: WBC 45.2, Neutrophils 36160, Bands 1356, CA 8.1, UA= protein 2+  
 Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED: Urinary System**

**DLH:** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX:**

**MN:**

**AGE:**

2yr

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. Mild pyelectasia was present in the left kidney. The left kidney measured 3.9 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

**WEIGHT:**

7lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm in width.

**INTERPRETED BY:**

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

**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 0.78 cm in width at the level of the hilus.

**IMAGING PERFORMED BY:**

Pamela Harrigan, RDCS

**Liver**

**HOSPITAL NAME:**

Pine Banks Animal Hospital

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET:**

Dr. Syed

**INVOICE:**

11882ag

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

**DATE:**

10/15/2022

**Gastrointestinal**



**PATIENT**  
Petey Pinales

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic ingesta including non-specific shadowing ingesta/echo measuring 1.7 cm in diameter. The possible echo may indicate food or medication if clinically applicable, if documented NPO the possibility of gastric stasis or non-obstructive forging material cannot be excluded. The pylorus wall measured 0.23 cm in width.

**SPECIES**  
Feline

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 0.24 cm width. The jejunum wall measured 0.24-0.26 cm width. The ileocolic wall measured 0.27 cm width.

**BREED**  
DLH

Intact yet mildly prominent visible colon wall layers were present with apparent semi formed feces in lumen.

**SEX**  
*Pancreas*

**SEX**  
MN

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

**AGE**  
2yr

*Free Abdomen*

Intermittent pockets of scant peritoneal free fluid were present.

**WEIGHT**  
7lb

Focally enlarged mesenteric lymph nodes were present in the mid abdomen and around the ileocolic junction. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.9 cm x 0.7 cm.

**INTERPRETED BY**

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

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**ULTRASONOGRAPHIC FINDINGS**

- Mild left kidney pyelectasia
- Hepatomegaly
- Overtly normal stomach/small bowel with mild focally shadowing gastric ingesta, possible gastric echo
- Mildly thickened colon
- Heterogeneous pancreas-nonspecific, potential for low grade or chronic pancreatitis possible
- Mesentery lymphadenopathy-hyperplasia, lymphadenitis suspected
- Scant pocket of peritoneal free fluid
- Nonspecific transdiaphragmatic comet tail artifact

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatic and lymph node FNA for screening cytology is warranted +/- C/S.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Monitoring for gastric emptying vs persistent retained shadowing gastric ingesta as well as for possible impending diarrhea is recommended.

Correlation of the comet tail artifact with pending radiographs is recommended.

A CBC pathology review as well as recheck retroviral status may be considered.

Pending additional diagnostics, as needed GI support +/- Zithromax trial given the WBC elevation and mesenteric lymphadenopathy with recheck sonogram would be reasonable.



**PATIENT**

Petey Pinales

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

2yr

**WEIGHT**

7lb

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 DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Pine Banks Animal  
 Hospital

**REFERRING VET**

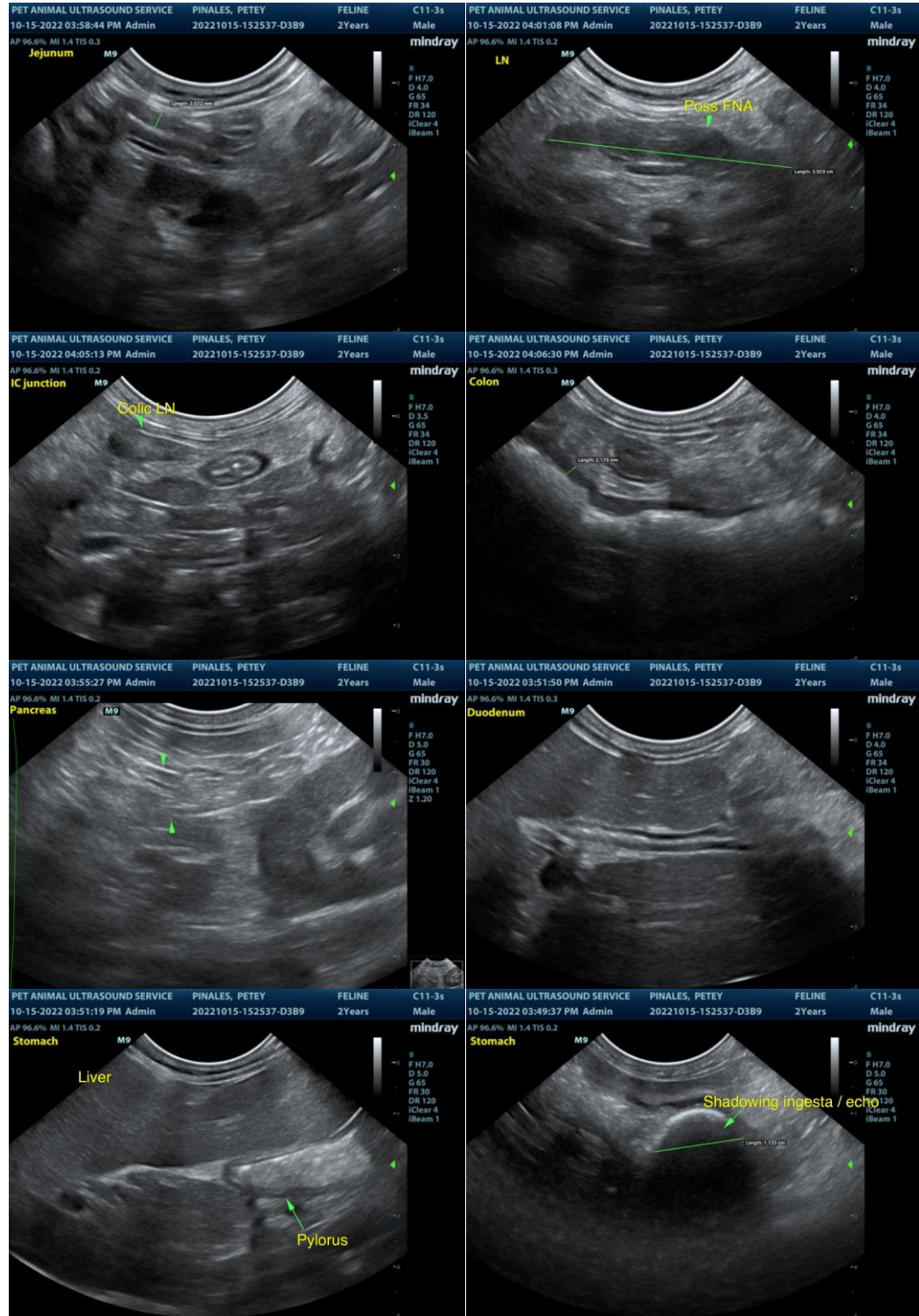
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**PATIENT**  
 Petey Pinales

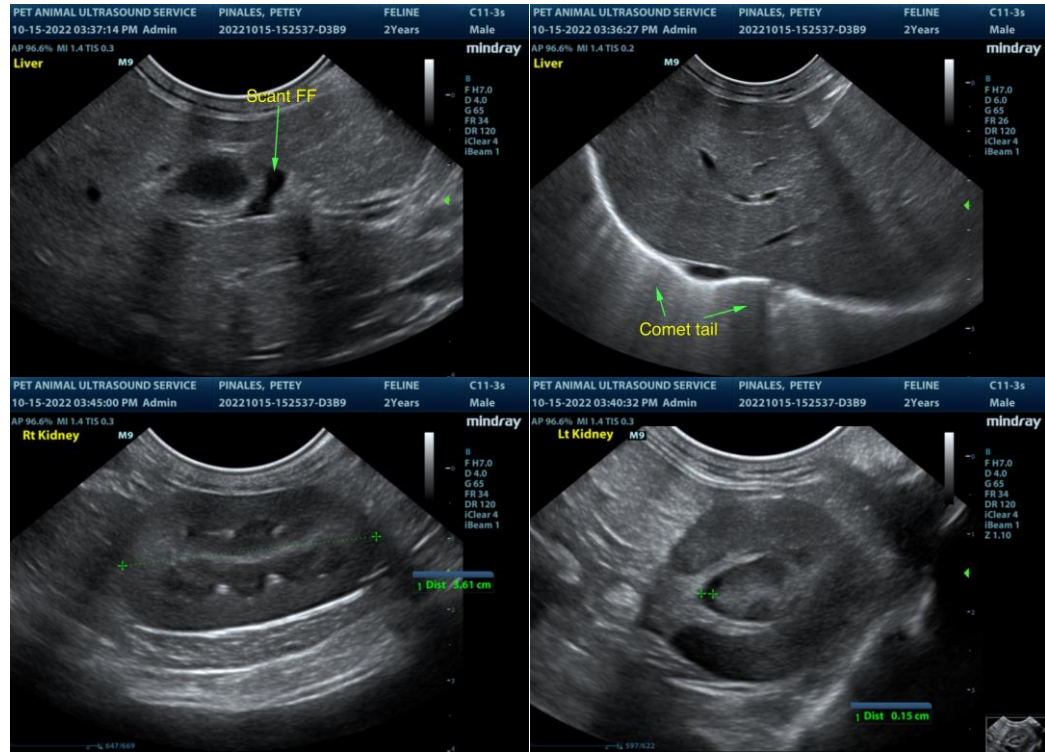
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 Feline

**BREED**  
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**SEX**  
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**AGE**  
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**WEIGHT**  
 7lb



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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

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