



PATIENT

Nicholas O'Neil

PRESENTING CLINICAL SIGNS

ANOREXIA HARD MASS ON THE CHEST CYTOLOGY - KERTAINIZED TISSUE, BASAL CELL TUMOR

Abnormal PE/Chem/CBC/UA Results: FPLI - POSITIVE

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 moderate on-dependent mildly congealed yet mobile pinpoint hyperechoic 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

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 4.3 cm in length.

AGE

10

The area of the aortic trifurcation was free of pathology.

WEIGHT

7.7

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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.

IMAGING PERFORMED BY

Dr. Sharkaway

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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

Kew Gardens Animal
Hospital

Gastrointestinal

REFERRING VET

Dr. Sharkaway

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 measured 0.24 cm in width.

INVOICE

11905ag

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 small intestinal wall measured 0.20 cm in width.

DATE

10/17/2022

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

Pancreas



PATIENT

Nicholas O'Neil

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.

SPECIES

Feline

Free Abdomen

No omental masses, overt or significant lymphadenopathy or peritoneal effusion was present.

BREED

DSH

- Moderate urinary bladder sediment- may indicate cellular debris / protein, crystalline debris, lipid, or mucus. No evidence of urinary bladder polyps or masses
- Mild chronic renal changes
- Sonographically normal visualized GI tract

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including UA, C/S specifically if evidence of inflammatory cells +/- baseline UPC if possible is recommended. Potential for low-grade or chronic pancreatitis could be present yet appear sonographically normal. As needed GI support +/- empirical therapy for low-grade or chronic pancreatitis would be reasonable.

AGE

10

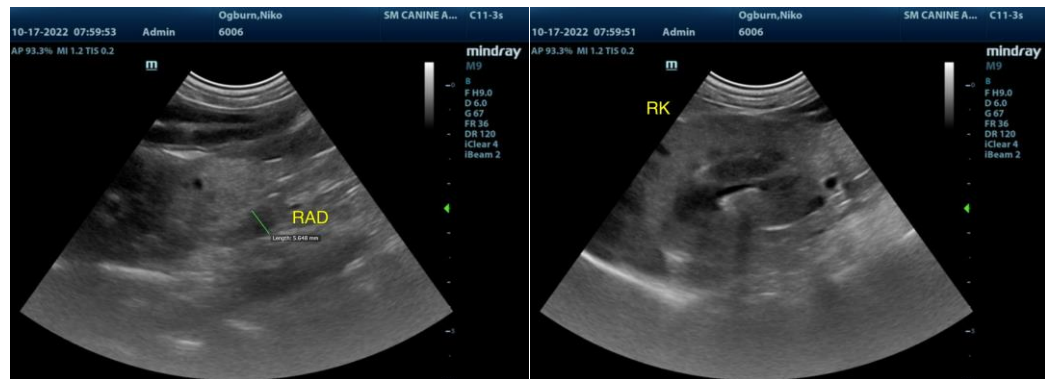
No evidence of intra-abdominal neoplastic or metastatic criteria was present in this study.

WEIGHT

7.7

INTERPRETED BY

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



IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital



REFERRING VET

Dr. Sharkaway

INVOICE

11905ag

DATE

10/17/2022



PATIENT

Nicholas O'Neil

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10

WEIGHT

7.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

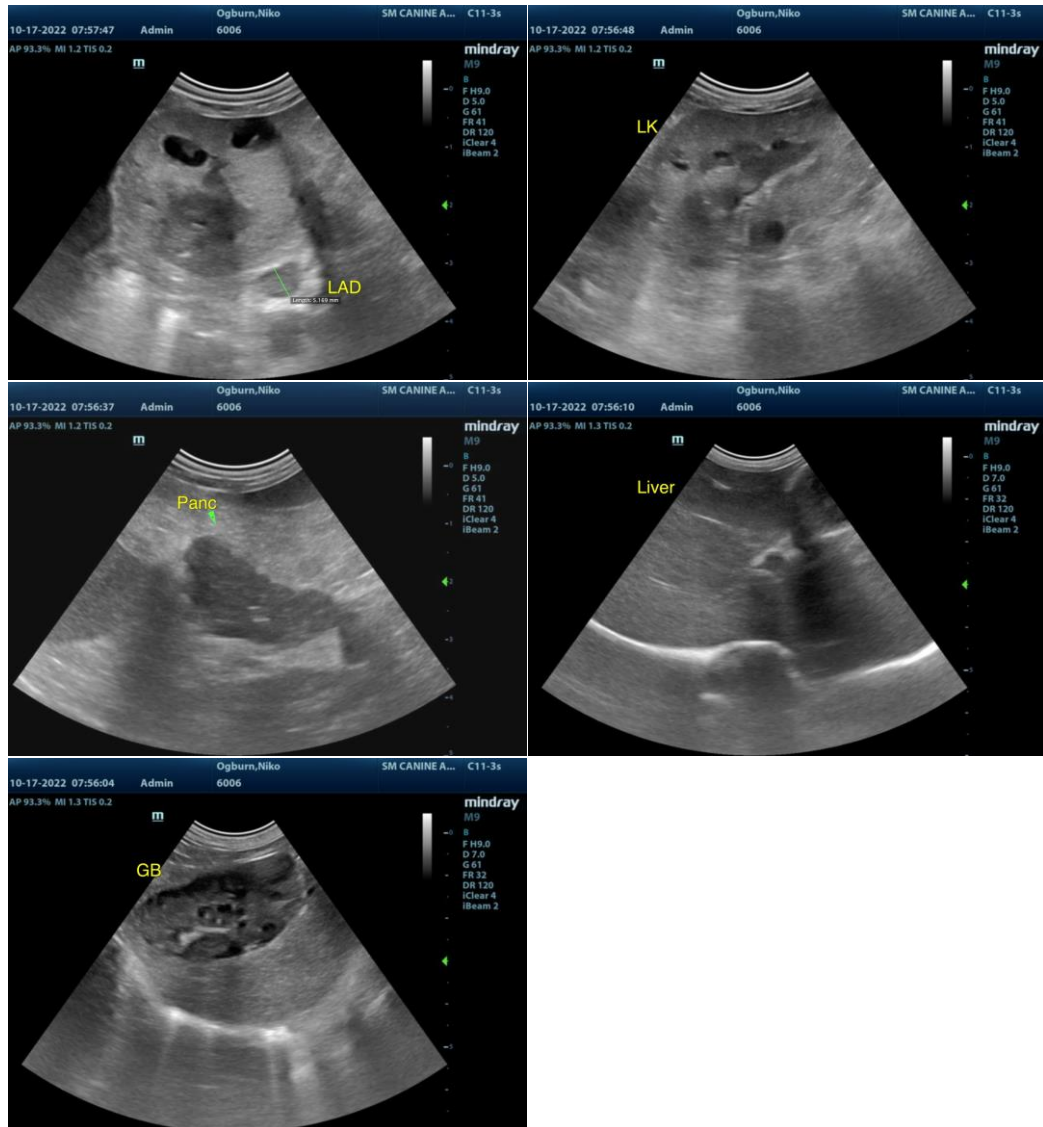
Dr. Sharkaway

INVOICE

11905ag

DATE

10/17/2022



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