



**PATIENT PRESENTING CLINICAL SIGNS**

Ferdinand  
Francomacaro

Decreased appetite

**SPECIES**

Feline

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**BREED**

DLH

Normal size and margination was 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 3.9 cm in length. The right kidney measured 4.0 cm in length.

**SEX**

MN

**AGE**

2010

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

**WEIGHT**

13.4

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 1.79 cm in width at the level of the hilus.

**INTERPRETED BY**

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

**Liver**

The liver exhibited generalized enlargement with mild increased parenchyma echogenicity. Multifocal variably sized primarily uniform hypoechoic nodules were present, an example measuring 1.5 - 2.0 cm in diameter. Some of the nodules appeared to mildly distort the hepatic capsule. 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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley AH Allen

**REFERRING VET**

Dr. Hersh

**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 pylorus wall measured 0.28 cm in width.

**INVOICE**

11948ag

The small intestine presented intact wall layering to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.21 cm in width. The ileocolic wall measured 0.28 cm in width.

**DATE**

10/20/2022



**PATIENT**

Ferdinand  
Francomacaro

The segmental colon suspected to be within the area of the ascending colon distal to the ileocolic junction exhibited variable mild wall thickening with indistinct to loss of discernable colon wall layering. Regional pericolic hyperechoic mesentery and multipole small homogeneous colic lymph nodes were present.

**SPECIES**

**Pancreas**

Feline

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**BREED**

DLH

**Free Abdomen**

**SEX**

Mild perihepatic free fluid noted. Multiple small homogenous colic lymphadenopathy present.

MN

**ULTRASONOGRAPHIC FINDINGS**

AGE

- Diffuse variably expansive hypoechoic hepatic nodules
- Segmentally thickened ascending colon
- Mildly prominent pancreas-suspect concurrent mild pancreatitis
- Perihepatic free fluid
- Intermittent non-specific mild mesentery pericolic lymphadenopathy

2010

**WEIGHT**

13.4

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatic nodules are strongly suggestive of neoplastic criteria. Potential for multicentric neoplastic disease involving the liver and segmental colon is of concern. Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and nodule if accessible FNA for screening cytology is warranted for further assessment and potential for oncology consult.

**INTERPRETED BY**

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

A spec fPL could be considered for further assessment of the pancreas. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

Pending hepatic cytology as needed GI support and empirical therapy for mild pancreatitis would be appropriate.

**HOSPITAL NAME**

Lehigh Valley AH Allen

**REFERRING VET**

Dr. Hersh

**INVOICE**

11948ag

**DATE**

10/20/2022





**PATIENT**

Ferdinand  
Francomacaro

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

2010

**WEIGHT**

13.4

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley AH Allen

**REFERRING VET**

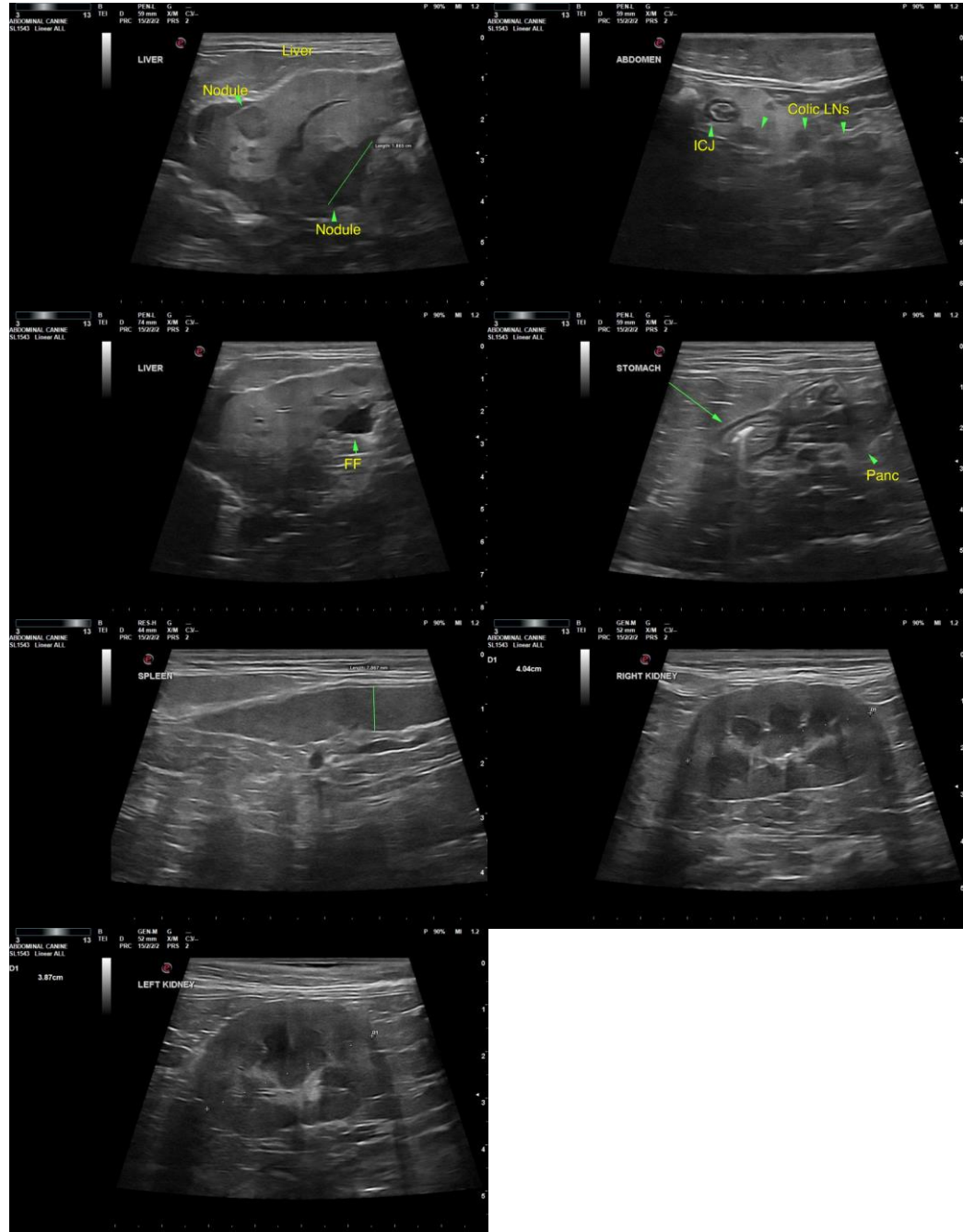
Dr. Hersh

**INVOICE**

11948ag

**DATE**

10/20/2022



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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)



**PATIENT**

Ferdinand  
Francomacaro

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

2010

**WEIGHT**

13.4

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley AH Allen

**REFERRING VET**

Dr. Hersh

**INVOICE**

11948ag

**DATE**

10/20/2022