



**PATIENT PRESENTING CLINICAL SIGNS**

Figaro Zolomij Recent adoption from hoarding issue, palpable abdominal mass.  
 Medication: Metronidazole, Carafate

**SPECIES** Abnormal PE/Chem/CBC/UA Results: GLOB 8.0, ALB 1.9, ALB:GOB 0.2

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DLH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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**

M

**AGE**

7mo

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

**WEIGHT**

2.9

The area of the aortic trifurcation was free of pathology.

*Adrenal Glands*

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.20 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

*Spleen*

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

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.

**HOSPITAL NAME**

Orefield VC

*Liver*

**REFERRING VET**

Dr. Schlofer

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.

**INVOICE**

11934ag

*Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta exhibiting mild progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

**DATE**  
 10/20/2022

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.



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

Figaro Zolomij

**Pancreas**

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**

**BREED**

Intermittent small pocket of peritoneal free fluid was present.

**DLH**

A solitary moderately enlarged mid abdominal mesenteric lymph node was present. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A borderline width: length ratio was present. Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.8 cm x 1.5 cm. Adjacent minor similar appearing lymph nodes were present.

**SEX**

M

Brief sonographic assessment of the transdiaphragmatic caudal thorax revealed evidence of concurrent mild pleural effusion.

**AGE**

7mo

Rapid view of the heart revealed no evidence of structural or functional cardiomyopathy in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

2.9

- Bilateral non-specific renal medullary rim sign
- Midabdominal mesenteric lymphadenopathy-hyperplasia, lymphadenitis, granulomatous lymphadenopathy, neoplasia or other
- Scant to minor bicavitary effusion-noncardiogenic
- Sonographically unremarkable GI tract

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a mesenteric lymph node FNA for screening cytology +/- C/S if clinically indicated is recommended. Protein electrophoresis may be considered for further clarification of the hyperglobulinemia. If possible, thoracic and/or abdominal effusion analysis +/- FIP titers could be considered.

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ARDMS/RVT

Empirical GI support which may include a limited antigen or hydrolyzed diet trial, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome) may prove beneficial.

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**PATIENT**

Figaro Zolomij

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DLH

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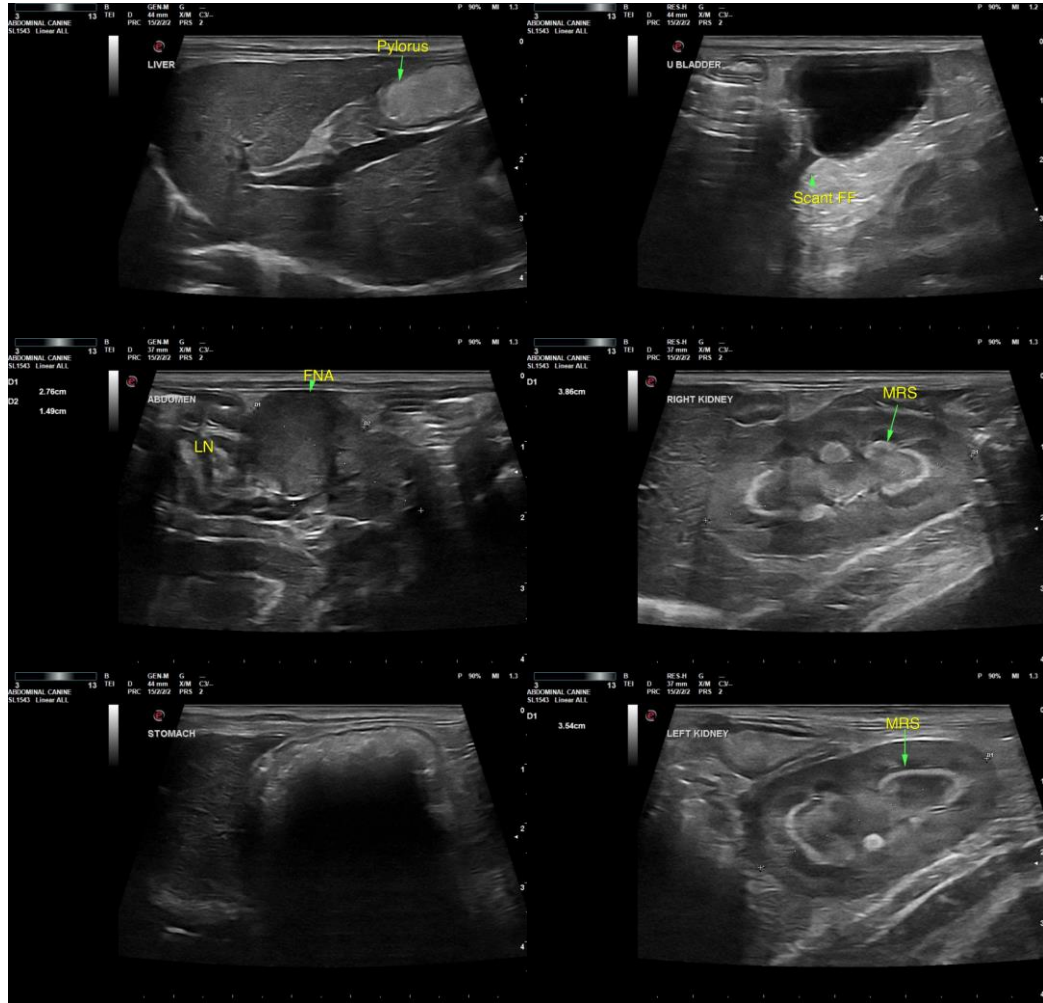
Dr. Schlofer

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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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