



PATIENT

Adella Coors

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8 yr 8 m

WEIGHT

10.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

15291

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Intermittent fever since 10/4/22. P has been on multiple rounds of abx since then with no improvement - orbax, penicillin, doxycycline.

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/SMDA/TT4: Mild anemia, WBC 23.46, CREA 0.6, BUN 15, ALT 782, TBIL 1.9, AMYL 1513, LIPA 2566.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

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 0.72 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited potential for borderline enlargement with normal 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 containing mild to moderate, non dependent, mildly echogenic, nonorganized gallbladder debris. The proximal to mid-common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The gastric body wall width measured 0.26 cm. Minor retained anechoic pyloric fluid was noted.

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The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. A segment of the small intestine within the subjective mid-abdomen exhibited focal to segmental mild mural hypertrophy with mild decreased mural echogenicity and loss of distinct wall layering, measuring potentially 2.0 cm in length with wall width up to 0.32 cm. By comparison, normal-appearing small intestine measured 0.20 cm wall width.

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

Pancreas

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The left limb of the pancreas was mildly prominent in size exhibiting heterogeneous to subtly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

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Several to multiple mid-abdominal mesenteric and focal minor perisplenic lymph nodes were present. Some of the lymph nodes exhibited maintained width: length ratio (<0.5), with other lymph nodes exhibiting abnormal width: length ratio (>0.5). Evidence of mild perilymphatic reactive mesentery was noted. Examples of mesenteric lymph nodes measured 3.2 cm x 2.7 cm, and 3.7 cm x 1.5 cm.

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ULTRASONOGRAPHIC FINDINGS

- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Focal to segmental mildly thickened small bowel
- Midabdominal to perisplenic variably enlarged hypoechoic mesenteric lymphadenopathy with evidence of perilymphatic reactive mesentery - hyperplasia, lymphadenitis, granulomatous or neoplastic lymphadenopathy, all potentials
- Mildly prominent to heterogeneous left pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25-gauge needle, hepatic and lymphatic FNA cytology +/- C/S is recommended for further assessment.

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Potential diffuse inflammatory / infectious granulomatous or neoplastic disease, are all potentials. Dry form FIP technically is a potential in this case yet considered less likely given the patient's age. CBC pathology review +/- infectious disease serology, if clinically indicated, could be considered. No evidence of post hepatic obstructive criteria. Potential for concurrent low-grade pancreatitis may be present if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL may be considered.

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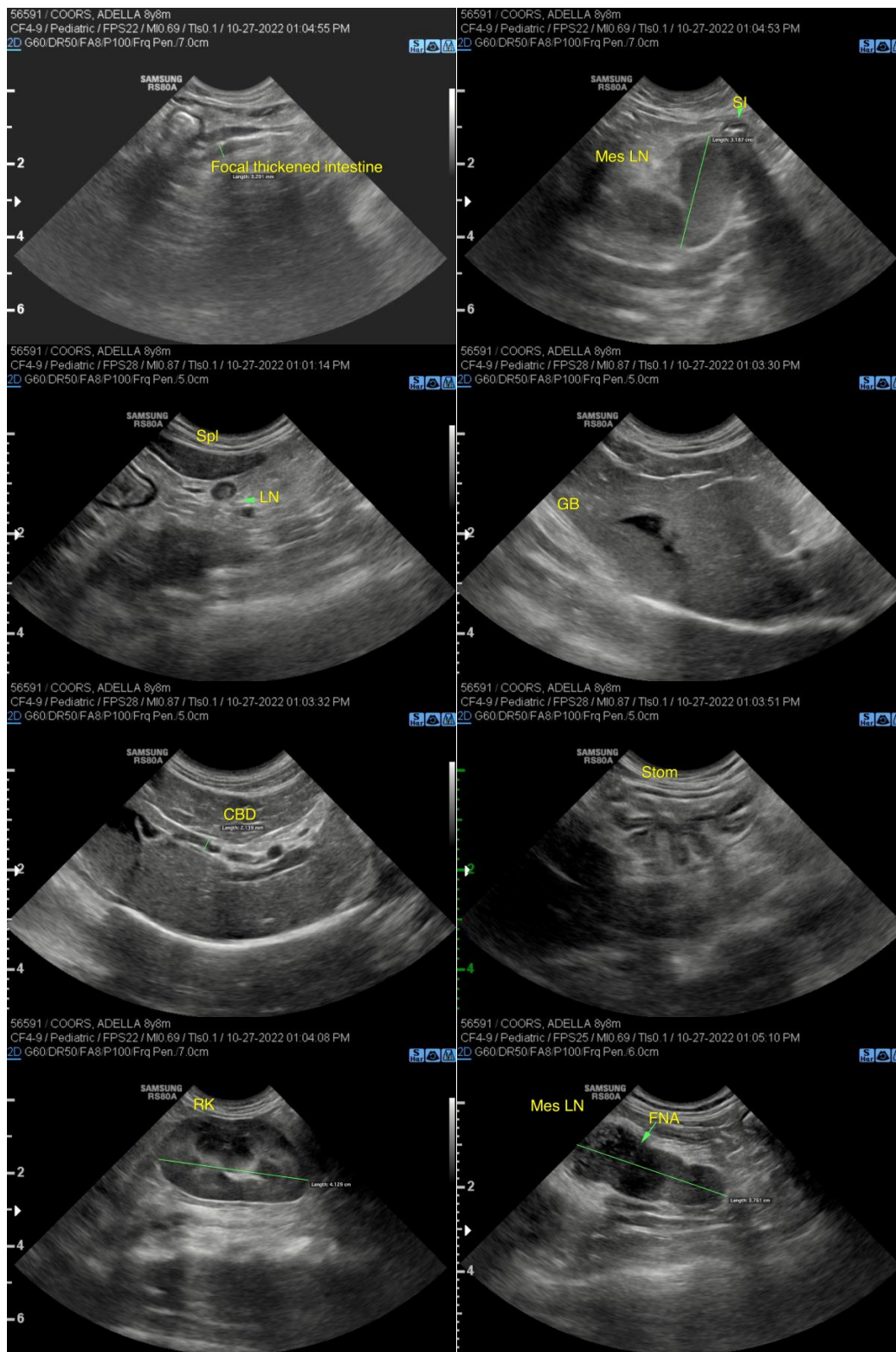
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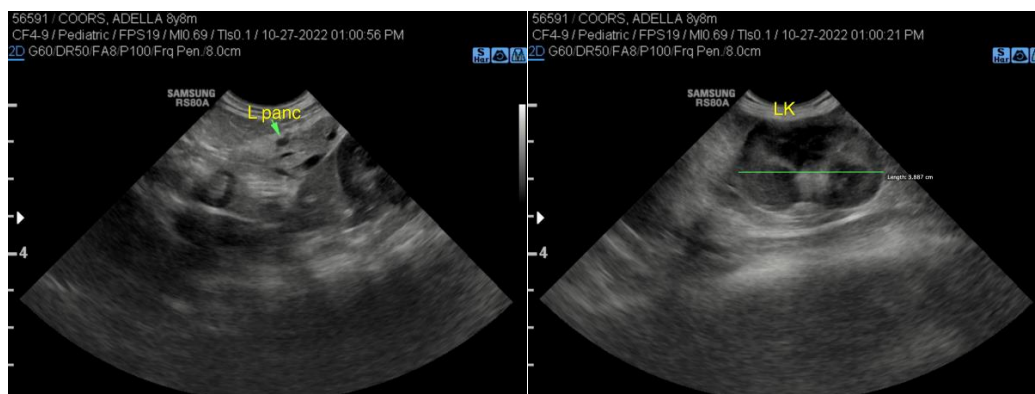
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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