



PATIENT

Roman Goldrich

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Lovell

INVOICE

15459

DATE

11/10/22

PRESENTING CLINICAL SIGNS

Mandibular lymphadenopathy (cytology of mandibular LN=LSA), mid abdominal mass. Request FNA of abdominal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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 4.8 cm in length. The right kidney measured 4.7 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 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

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 0.93 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical 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.

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 gastric body wall width measured 0.24 cm.



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The small intestine presented intact to segmentally prominent wall layering without evidence of overt intestinal masses. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.27 cm width.

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

Pancreas

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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 were evident.

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Free Abdomen

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Multiple intraabdominal lymph nodes were present with the largest lymph node noted in the mid-abdomen measuring approximately 6.9 cm x 4.0 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a hepatic lymph node measured 3.8 cm x 2.5 cm. Concurrent mildly enlarged yet similar appearing medial iliac lymph nodes were present with an example measuring 1.2 cm in diameter. Mild volume peritoneal free fluid was present. Concurrent mild pleural free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

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- Multicentric intraabdominal and medial iliac lymphadenopathy
- Echogenic liver
- Mild chronic renal changes
- Bicavitary effusion - suspect secondary to lymphatic obstruction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment yet in light of previous diagnostics, multicentric lymphoma is likely. Potential for early hepatic and / or segmental intestinal involvement is of concern. Concurrent screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle could be considered for further staging. Oncology consult is suggested. Three view chest radiographs are recommended if not done.

REFERRING VET

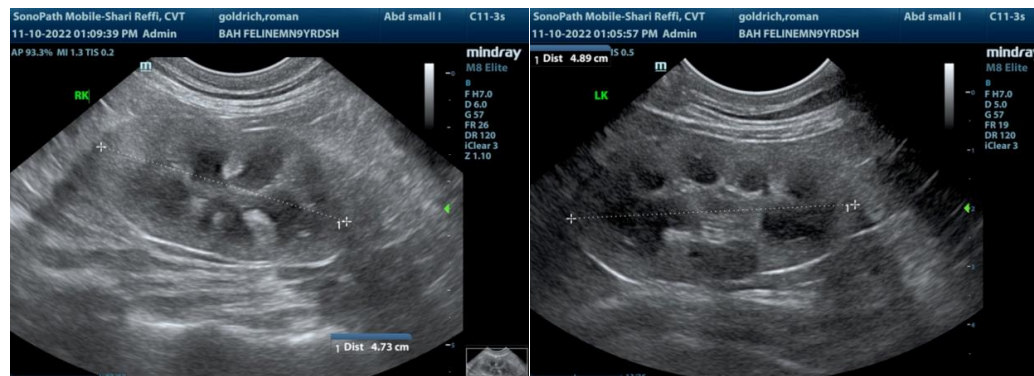
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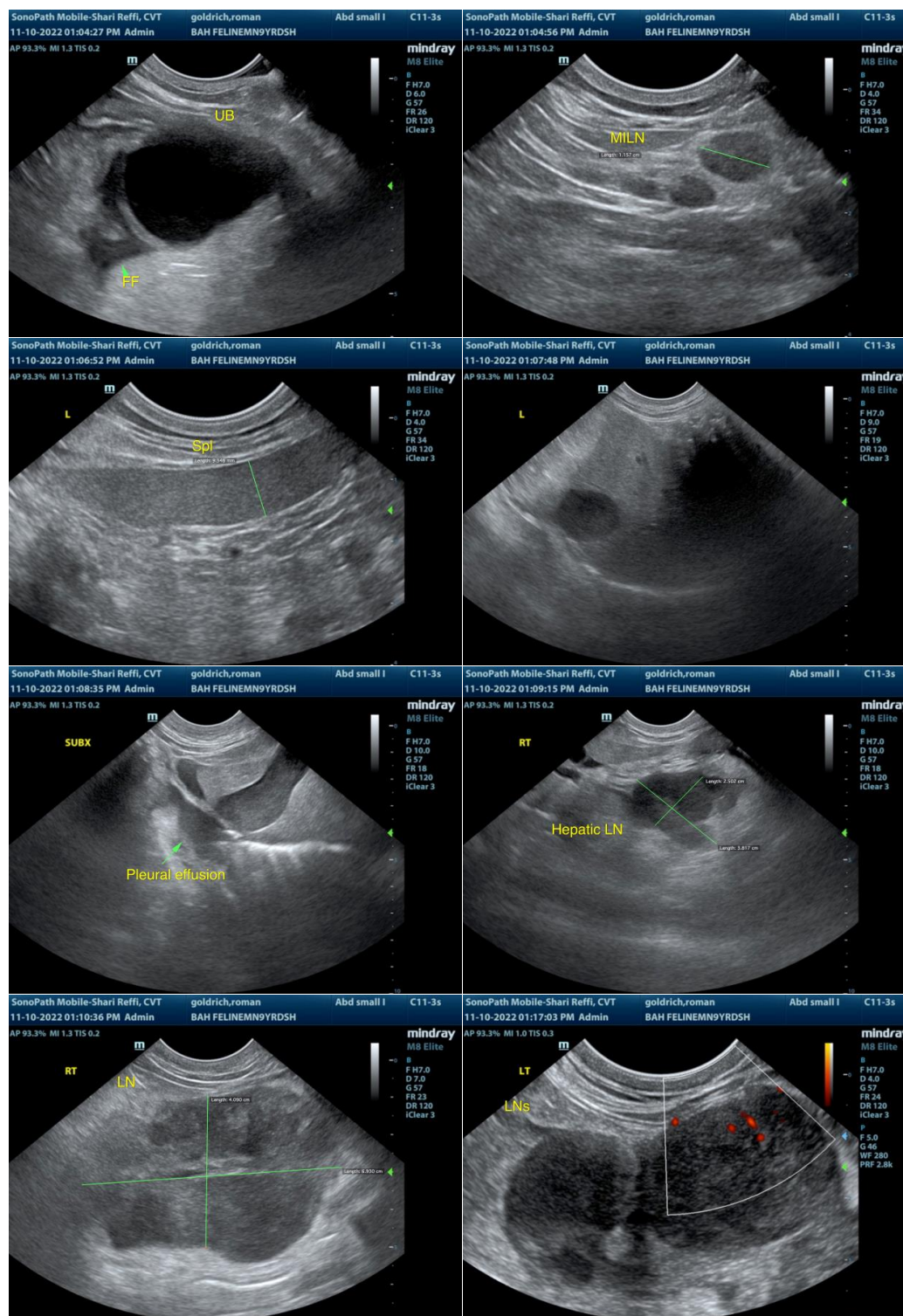
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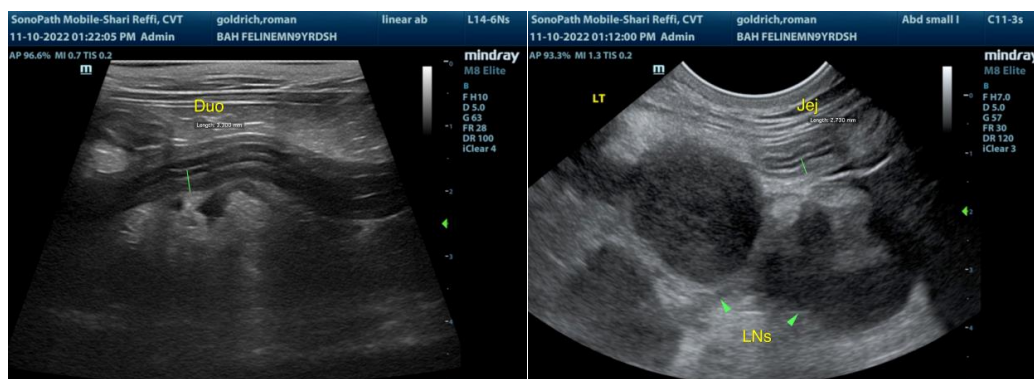
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com