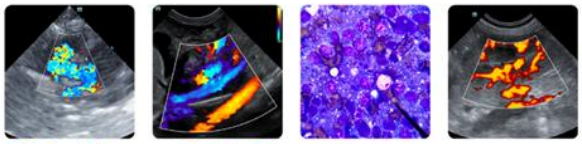


PATIENT

Dean Zyskowska

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9mo

WEIGHT

9.34lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island Veterinary Srerrvice

REFERRING VET

Gabriella Iannuzzi

INVOICE
22933

DATE
11/11/2025

PRESENTING CLINICAL SIGNS

On 11/8 O thought abdominal distention and brought in for evaluation brief a/t fast performed and BW performed (sent out) BW revealed WBC 30.2 (3.5-16), Lym 22,348 (1200-8000), Baso 302 (0-150), Phos 8.8 (2.4-8.2), Triglyc 165 (25-160) On 11/10 performed CBC with path review and FeLV/FIV negative E/dr/u/def normally No c/s/v/d UTD on vaccinations On HW/F/T prevention No CM CBC review: Red cell density is adequate with no hemotrophic parasites or red cell morphologic abnormalities noted. Platelet density appears adequate with mild clumping. WBC differential is verified. A lymphocytosis is present; the majority of the lymphocytes are small to intermediate in size and appear well differentiated. Findings could be supportive of a physiologic (i.e., epinephrine-induced) and/or reactive lymphocytosis. Ddx include persistent antigenic stimulation from an underlying infectious/inflammatory process. However, if persistent and unexplained, bone marrow aspiration and a search for lymphadenopathy and/or organomegaly as well as testing to rule out viral infection should be considered.

Abnormal PE/Chem/CBC/UA Results: 11/8 Superchem/CBC: WBC 30.2 (3.5-16), Lym 22,348 (1200-8000), Baso 302 (0-150), Phos 8.8 (2.4-8.2), Triglyc 165 (25-160) T4 2.4 (0.8-4.0) 11/10 FelV/FIV/HW snap: negative for all CSU FIP PCR, Flow cytometry, PARR, and Ehrlichia, neorickettsia, anaplasmosis, Wolbachia PCR: all pending UA: pending CBC review: above

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 no evidence of urine/lumen sediment, mineral, or calculi. 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 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 3.1 cm in length. The right kidney measured 3.7 cm in length.

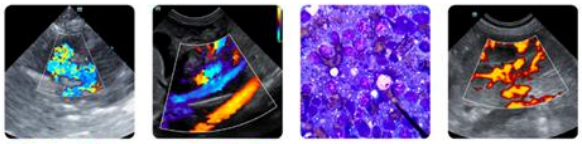
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.3 cm width.

Spleen

The spleen exhibited mild enlargement (1.1 cm width) and 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.



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Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The cystic and common bile duct exhibited mild non-obstructive dilation not visualized to level of the duodenum. The gallbladder, cystic duct, and common bile duct contained anechoic content with no evidence of mucus or obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented borderline mild thickened wall with overall maintained wall layer detail. The segmental to generalized small intestine exhibited mild increased mucosa echogenicity to mucosal speckling. Concurrent, generally mild non-shadowing ingesta was present without obstructive pattern to the level of the colon. The small intestinal wall measured 0.26 cm in width.

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

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.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent primarily mild irregular non-homogenous mesenteric lymphadenopathy was present; an example measured 1.1 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild splenomegaly.
- Gastrointestinal ingesta with nonspecific intestinal increased mucosa echogenicity
- Intermittent primarily mild irregular non-homogenous mesenteric lymphadenopathy
- Mild non-obstructive cystic and proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic +/- hepatic FNA for screening cytology is warranted for further assessment. The increased intestinal mucosa echogenicity is nonspecific given no reported gastrointestinal signs. Correlation with most recent meal ingestion recommended. If gastrointestinal signs are non-reported or arise, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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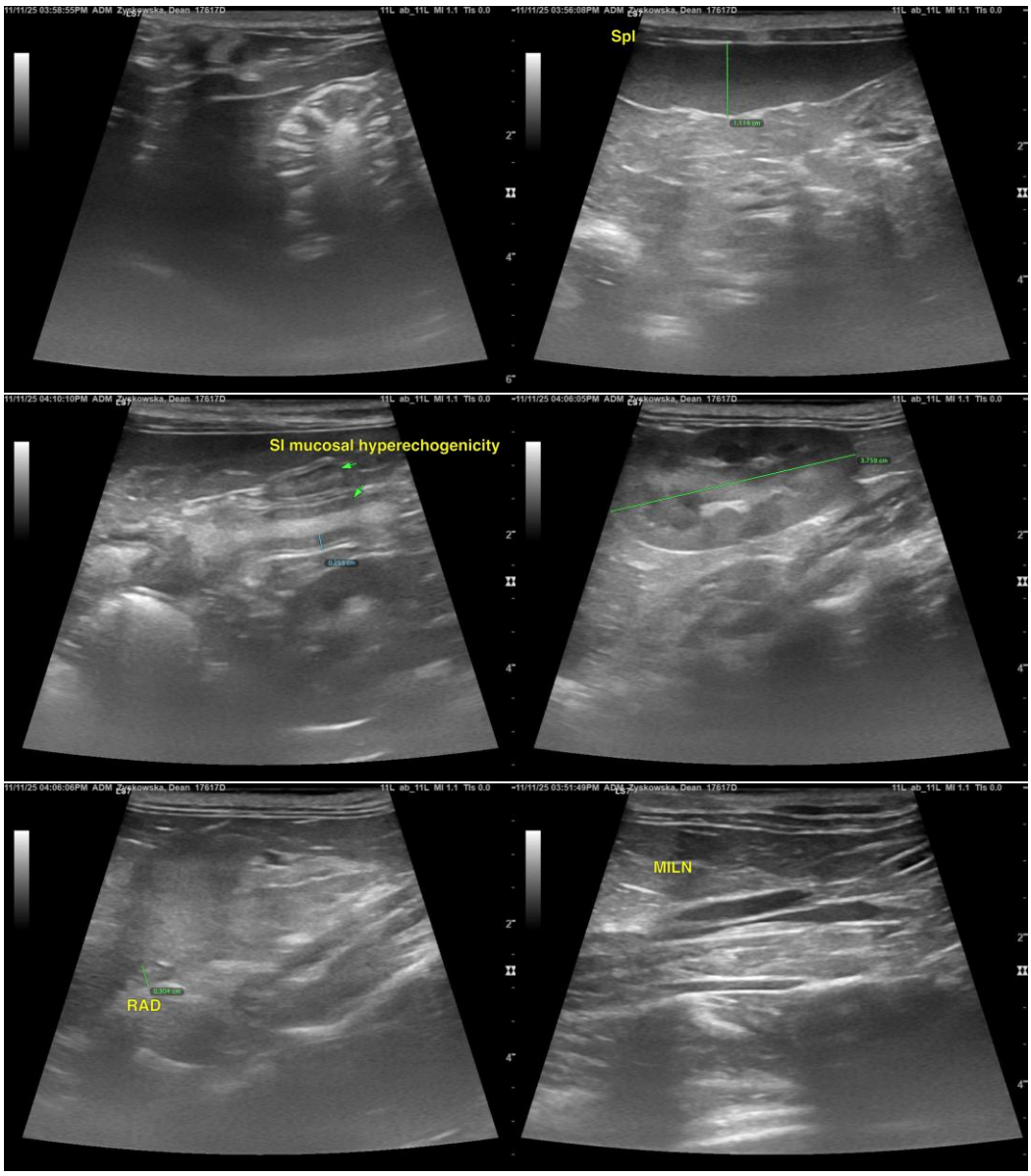
The current degree of mesenteric lymphadenopathy likely precludes FNA cytology, yet sonographic monitoring of the lymph nodes for evidence of progression is indicated. Correlation with pending diagnostics recommended.



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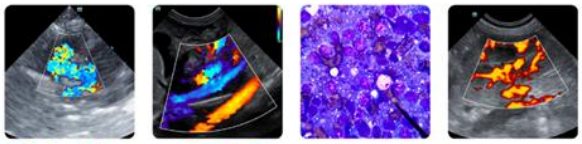

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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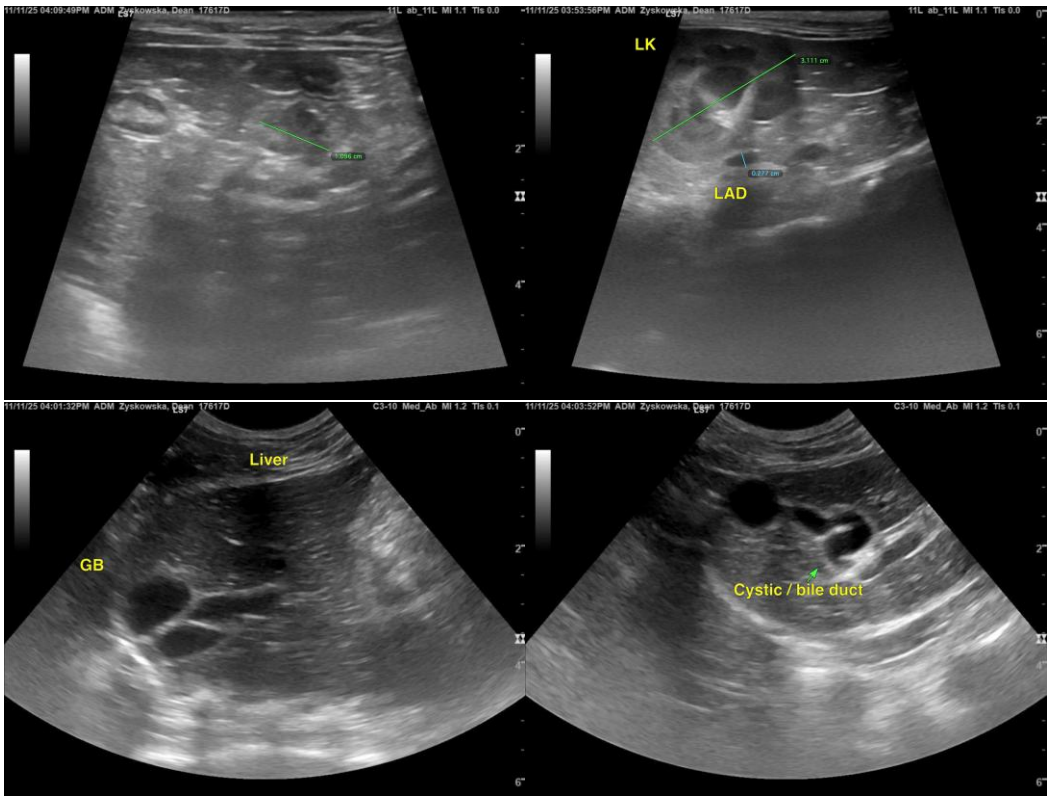

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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