



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Peanut Dufour Vomiting, 2# weight loss since June, gallop heart rhythm.
Medication: Cerenia, Carafate, EN

SPECIES Unremarkable CBC, BUN 17, Creatinine 1.4, Unremarkable liver parameters, Spec fPL pending, T4 2.3
Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED DSH **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.

SEX MN The area of the aortic trifurcation was free of pathology.

AGE 2011 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 4.2 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT 13.6

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was free of overt pathology.

Spleen

The spleen exhibited mild generalized enlargement with asymmetrical capsule contour primarily secondary to multifocal variably expansive uniform hyperechoic splenic macronodules. An example measured 2.4 cm in diameter. The nodules distorted both the lateral and medial splenic capsule without evidence of parenchymal escape. The spleen measured 1.4 cm width at the level of the hilus.

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. Gregory

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering primarily in the area of the antrum and pylorus. Mild retained primarily anechoic pyloric fluid was noted without evidence of mechanical pyloric outflow obstruction. The pylorus wall width measured 0.28 cm.



PATIENT

Peanut Dufour

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with minor segmental jejunal ileus. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall width measured 0.24 cm.

SPECIES

Feline

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

Pancreas

BREED

DSH

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SEX

MN

Free Abdomen

No evidence of omental masses, overt lymphadenopathy, or evidence of peritoneal free fluid was noted.

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Heart

Brief subjective echocardiogram revealed normal LV contractility with evidence of mild LV myocardial remodeling exhibited by mild nonuniform increased endocardium echogenicity. No evidence of left or right heart chamber enlargement was noted. No evidence of pericardial effusion or overt cardiac tumors. No obvious evidence of pericardial, i.e., pulmonary, pathology in the visible window.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- Irregular splenomegaly with multifocal variably expansive hypoechoic splenic macronodules - suggestive of neoplastic criteria
- Mild gastritis pattern with mild retained pyloric fluid
- Chronic pancreatitis pattern - possible pancreatic fibrosis
- Mild chronic renal changes
- Overtly normal cardiac structure and function with subjective LV myocardial remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and with Benadryl pretreatment, screening splenic FNA cytology is recommended with potential for oncology consult. High concern for splenic round cell neoplasia, i.e., lymphoma, mast cell neoplasia, or other. Correlation with pancreatic appearance with pending Spec fPL is recommended.

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Concurrent assessment of cobalamin and folate levels, as well as three-view chest radiographs to rule out occult pathology as a contributing factor to the patient weight loss, and as-needed GI support / gastritis protocol, pending additional diagnostic, would be appropriate.

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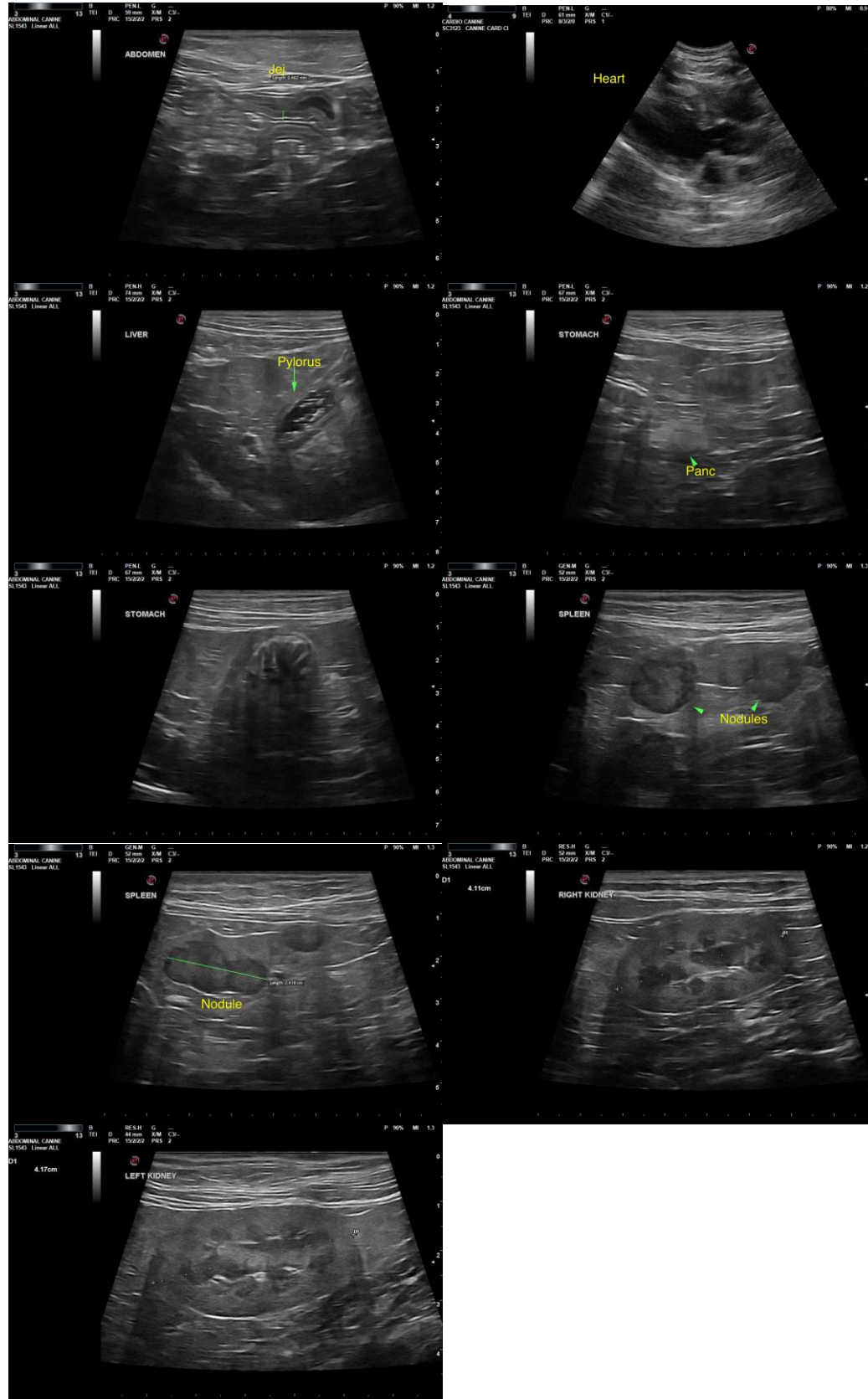
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SPECIES

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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.

BREED

DSH

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.

SEX

MN

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