

PATIENT PRESENTING CLINICAL SIGNS

Moshi Wall History of mammary tumors, nodular lymphatic growths. Medication: Pallidia, Prednisolone
 CBC: WBC 19.9 with neutrophilia and eosinophilia, Hematocrit 40, Unremarkable Chemistry Panel T4 2.5

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 were noted.

SEX The area of the iliac trifurcation was free of pathology.

Spayed Female 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 3.6 cm in length. The right kidney measured 3.8 cm in length.

AGE

2009

Adrenal Glands

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm.

7.3 Pounds

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

INTERPRETED BY

R. McKenzie Daniel,
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 (Canine and Feline)

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 0.75 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

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.

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New Britain VC

REFERRING VET

Dr. Bandekar

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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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.

DATE

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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 formed feces in lumen.

Moshi Wall

Pancreas

SPECIES

Feline

The pancreas exhibited mild prominent size with areas of minor capsule asymmetry. Mildly nonhomogenous to hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum was noted.

BREED

DSH

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

SEX

Spayed Female

Other

A brief sonographic assessment of the thoracic cavity revealed overtly normal cardiac structure and function with subjective normal left atrium size. No evidence of left or right heart chamber enlargement or evidence of systolic dysfunction. Ill-defined, subjectively expansive nonhomogenous to nodular thoracic subcutaneous lesion was noted with potential focal areas of extension or invasion into the regional thoracic cavity. Mild volume, subjective anechoic pleural effusion was present. No overt evidence of intrathoracic or cardiac masses were noted.

AGE

2009

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.3 Pounds

- Prominent nonhomogenous to mildly hypoechoic pancreas- patient/age-related variant. Potential for mild to chronic active pancreatitis is possible.
- Mild chronic renal changes
- Ill-defined subjectively expansive thoracic subcutaneous lesion with potential thoracic cavity invasion
- Non-cardiogenic Pleural effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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Spec FPL could be considered for further assessment of the pancreas if previous or current clinical signs of pancreatitis are present. Otherwise, largely geriatric abdomen without evidence of significant visceral pathology, including no overt evidence of intraabdominal primary or metastatic neoplastic criteria.

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FNA cytology of the ill-defined to extensive thoracic subcutaneous lesion for cytology is recommended Likewise, thoracocentesis for pleural effusion analysis, cytology +/- culture and sensitivity is warranted for further assessment. Thoracic CT is likely ideal given this presentation, if possible. Guarded prognosis.

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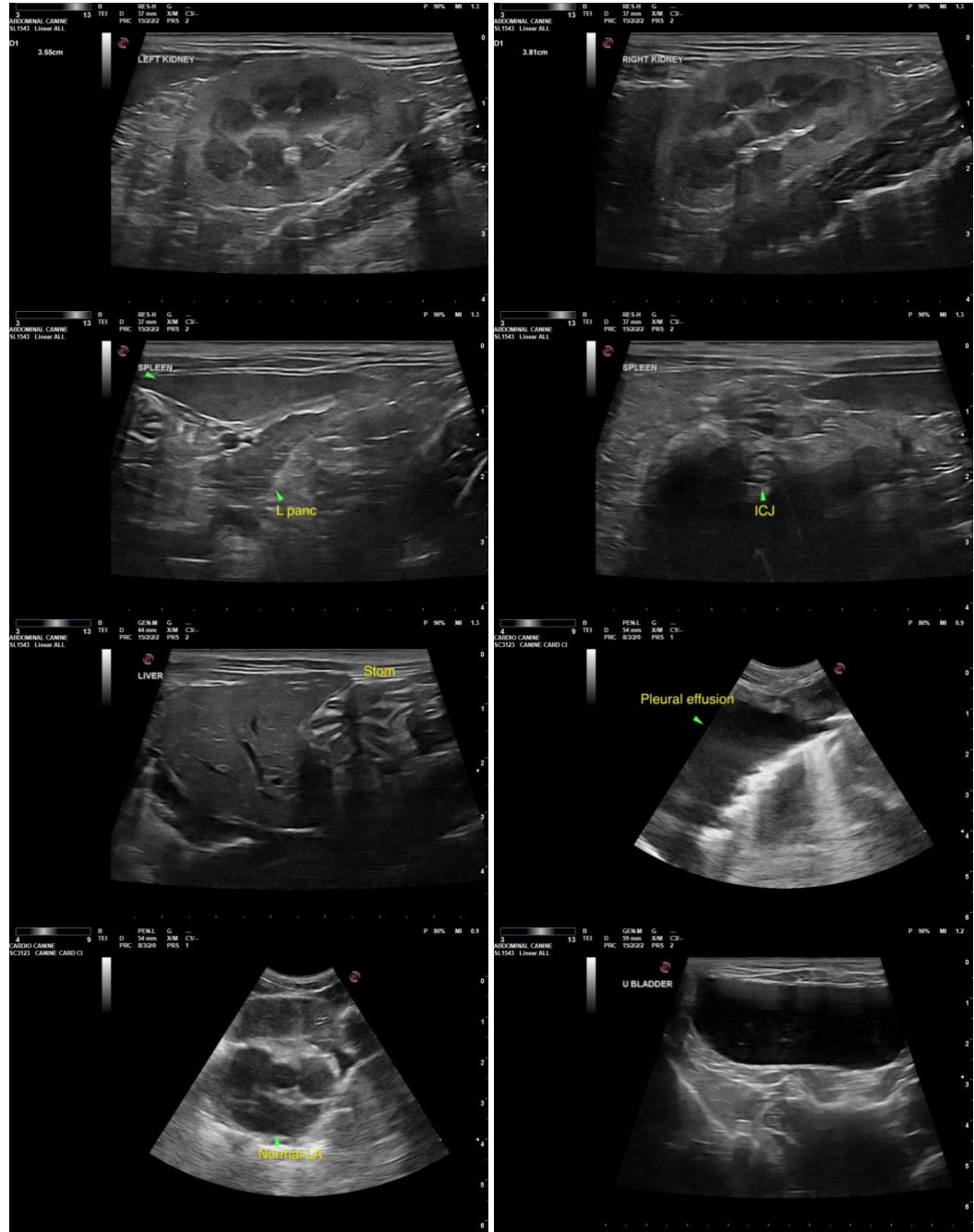
Dr. Bandekar

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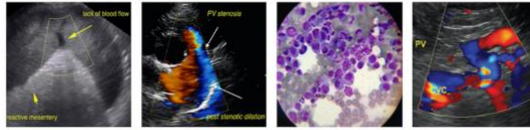
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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