



PATIENT

Mochi Gonzales

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

11 years

WEIGHT

10.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet
Ultrasound

REFERRING VET

Dr. Graves

INVOICE

15404

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Littermate had enlargement of lymph nodes and was discovered to have lymphoma in the jejunum with diffuse thickening of the small intestine. Cytology revealed small cell lymphoma. Patient went downhill pretty quickly, so owner would like to have Mochi evaluated for possibility of abdominal neoplasia. No concerns with Mochi besides bloody stools whenever eats cheese. Mochi has a history of skin issues and is currently on 1.25mg Triamcinolone (receives ¼ of a 5mg tablet) for the skin EOD.

Abnormal PE/Chem/CBC/UA Results: Bloodwork performed 5/4/22: Mild eosinophilia of 1.3 K/uL (ref 0.1-0.79), with hematocrit slightly decreased at 29.4 (ref 29.7-44.5). RBC were WNL at 5.52 M/uL (ref 5.3-10.6) Bloodwork performed 3/5/22: Patient had a mild non-regenerative anemia at 6.63 M/uL (ref 7.12-11.46). BUN slightly dec at 14 mg/dL (ref 16-37) with creatinine WNL at 1.2 mg/dL (ref 0.9-2.3) and normal SDMA of 11 (ref 0-14). TT4: WNL at 1.4 ug/dL. FIV/FelLV neg x2.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 was maintained. Mild nonuniform increased cortex echogenicity with mild loss of corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 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. 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

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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 0.25 cm.

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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. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.28 cm width.

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

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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

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

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Mild age-related to early chronic renal changes
- Sonographically unremarkable gastrointestinal tract / free abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant visceral pathology.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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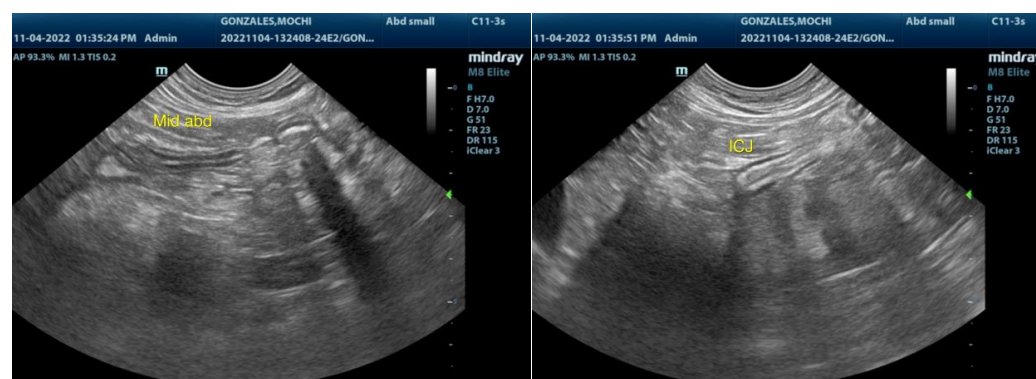
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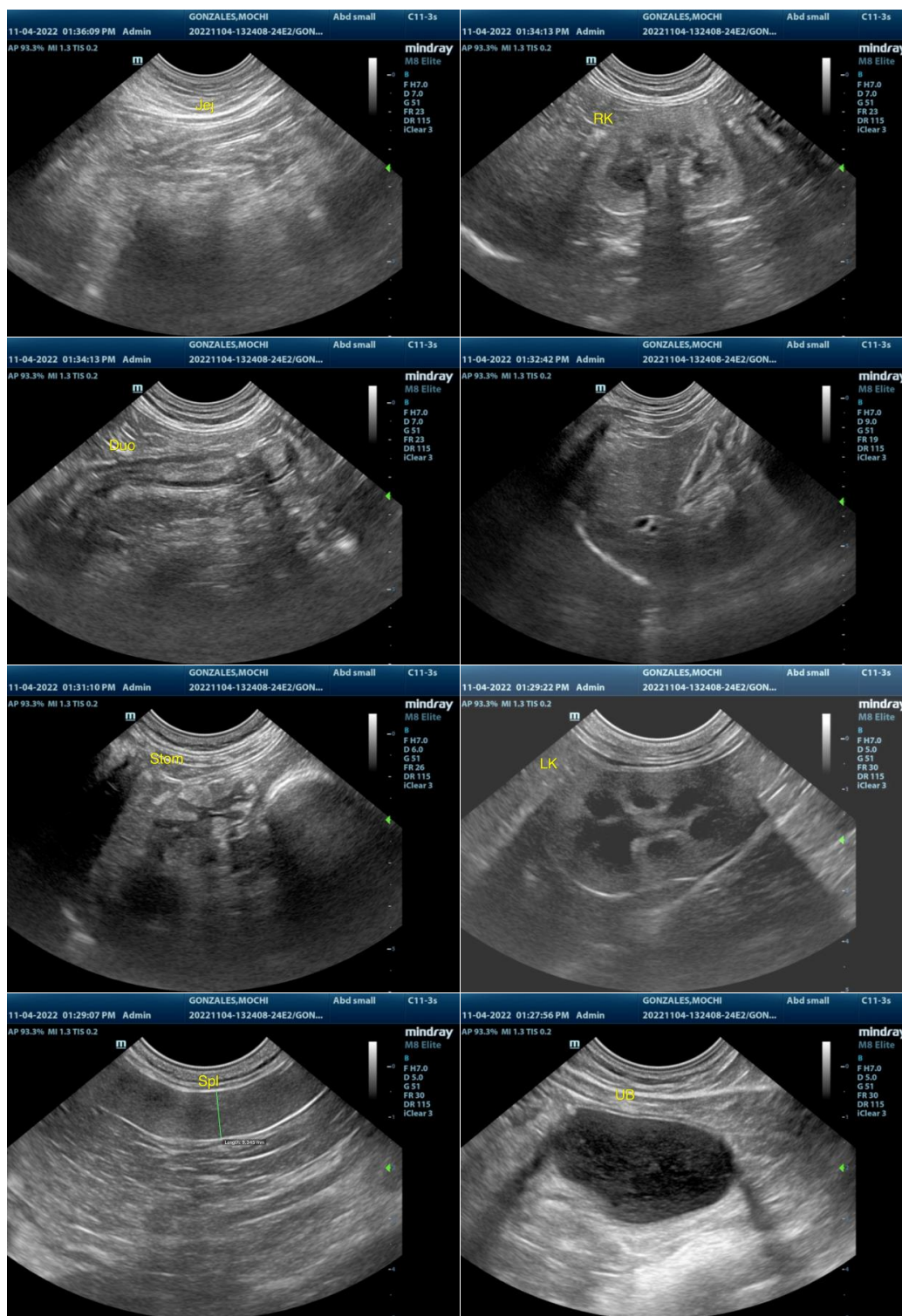
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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