



| PATIENT | PRESENTING CLINICAL SIGNS |
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| Vinnie Sarapuchiello | possible abdominal mass palpated and noted on rads |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: mild regenerative anemia, elevated WBC with eosiniphilia, elevated CPK |
| Feline | |
| BREED | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| DSH | Urinary System |
| SEX | 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. |
| MN | |
| AGE | The area of the aortic trifurcation was free of pathology. |
| 10 years | 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 4.7 cm in length. The right kidney measured 4.7 cm in length. |
| WEIGHT | |
| N/A | |
| INTERPRETED BY | Adrenal Glands |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | 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 0.44 cm width. |
| IMAGING PERFORMED BY | Spleen |
| Diane McFadden | The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size. The spleen measured 0.85 cm width at the level of the hilus. No overt splenic neoplastic criteria was noted. |
| HOSPITAL NAME | Liver/ Gallbladder |
| Wantage VH | The liver presented subjective mild enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, echogenic, luminal gallbladder debris, likely secondary to fasting or possible |
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| PATIENT | anorexia in this patient assuming no evidence of cholestasis. No evidence of post hepatic obstructive criteria was noted. The cystic and common bile ducts were normal. |
| Vinnie Sarapuchiello | |
| SPECIES | <i>Gastrointestinal</i> |
| Feline | 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. |
| BREED | The small intestine exhibited segmental to generalized intact yet thickened wall layering owing to segmental to generalized propensity for variably prominent to thickened muscularis layer to the level of the ileocolic junction. The small intestinal wall width measured 0.36 cm. The ileocolic wall measured 0.5 cm width. |
| DSH | |
| SEX | |
| MN | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| AGE | <i>Pancreas</i> |
| 10 years | The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. |
| WEIGHT | <i>Free Abdomen</i> |
| N/A | Marked swollen to hypoechoic midabdominal mesenteric lymphadenopathy was present in the area of the mesenteric root vasculature. An example of a markedly enlarged mesenteric lymph node measured 6.0 cm x 3.0 cm. Concurrent mildly prominent yet hypoechoic to swollen cranial colic and caudal mesenteric lymph nodes were also present. Regional midabdominal to generalized perilymphatic nonuniform hyperechoic omentum was present. Intermittent small pocket of scant peritoneal free fluid was noted. |
| INTERPRETED BY | ULTRASONOGRAPHIC FINDINGS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | <i>Primary Findings</i> |
| IMAGING PERFORMED BY | <ul style="list-style-type: none"> • Midabdominal marked hypoechoic to swollen mesenteric lymphadenopathy with regional perilymphatic to generalized nonuniform hyperechoic mesentery • Concurrent associated mildly prominent hypoechoic to swollen cranial and caudal mesenteric lymphadenopathy • Segmental to generalized thickened small bowel • Nonspecific mild hepatomegaly • Concurrent low-grade to mild pancreatitis • Intermittent scant peritoneal free fluid |
| Diane McFadden | <i>Secondary Findings</i> |
| HOSPITAL NAME | <ul style="list-style-type: none"> • Mild gallbladder debris - suspect incidental |
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PATIENT

- Mild chronic renal changes

Vinnie Sarapuchiello

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

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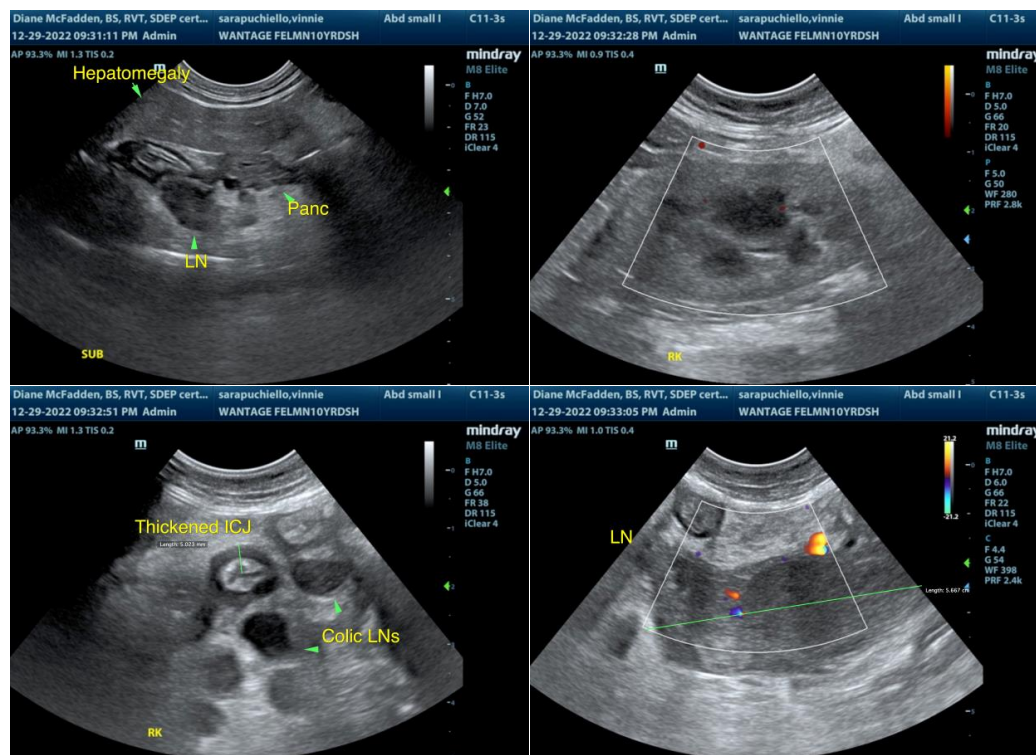
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a further clarification, the marked primarily midabdominal mesenteric yet diffuse intraabdominal lymphadenopathy in conjunction with thickened small intestine, is strongly suggestive of multicentric neoplastic criteria i.e., high-grade lymphoma vs. other round cell neoplasia. Potential for non-neoplastic etiologies such as significant lymphatic and intestinal inflammatory disease, granulomatous etiology (Dry FIP), or other are possible yet thought less likely. Possible early perilymphatic omental seeding, i.e., lymphomatosis and/or early hepatic involvement cannot be excluded.

Assuming normal clotting status, lymphatic FNA cytology +/- C/S if clinically indicated and possible oncology consult is suggested. Three-view chest radiographs are recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A very guarded prognosis, pending sampling, is warranted.





PATIENT

Vinnie Sarapuchiello

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Wantage VH

REFERRING VET

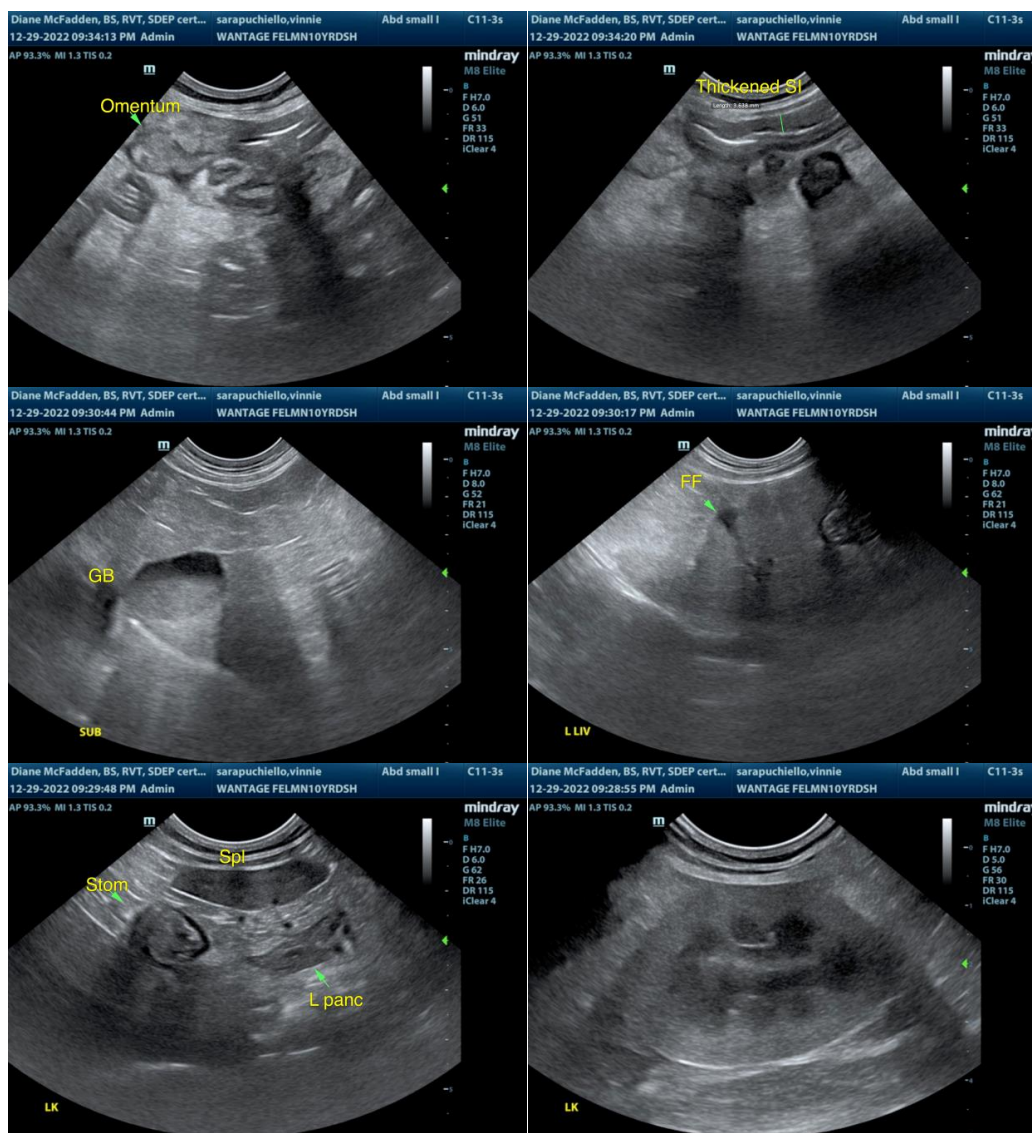
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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