



PATIENT

PRESENTING CLINICAL SIGNS

Gordon Geiler

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 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.

DSH

SEX

Normal renal size with asymmetrical margination was present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild left kidney medullary mineral was present. The discernable left kidney measured 3.3 cm in length. The left kidney was contained in a large anechoic cyst like cavity containing anechoic fluid. The cavity measured ~ 5.5-6.0 cm in diameter.

MN

AGE

16yr

The right kidney was not definitively visualized.

WEIGHT

The area of the aortic trifurcation was free of pathology.

6

Adrenal Glands

The left adrenal glands were not definitively visualized.

INTERPRETED BY

Spleen

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

The spleen was not definitively visualized.

IMAGING PERFORMED BY

Liver/Gallbladder

Hope Brossman

The liver exhibited possible mild generalized enlargement with symmetrical capsule contour and normal parenchyma echogenicity. Lobar biliary tree mineralization was present. 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 with mild echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

HOSPITAL NAME

Animal Mansion VH

Gastrointestinal

REFERRING VET

Dr. Parker

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.25 cm in width.

INVOICE

The visualized segments of the small intestine presented intact wall layering with subjective 1:3 muscularis/mucosa ratio. The small intestinal wall measured 0.20 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

13011ag

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

DATE

Pancreas

02/18/2023

No obvious pathology associated with the left pancreatic limb.



PATIENT

Free Abdomen

Gordon Geiler

No omental masses or peritoneal effusion was present.

SPECIES

Feline

Enlarged, hypoechoic mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured – cm length and – cm width. An example of lymph node size was 1.6 cm x 1.4 cm.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Left perinephric pseudocyst with moderate to marked chronic degenerative left kidney changes
- Lobar to diffuse hepatic biliary tree mineralization-incident
- Mild gallbladder debris
- Subjective intact GI wall layering
- Hypoechoic to swollen non-homogenous mid abdominal mesenteric lymphadenopathy

AGE

16yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Percutaneous drainage of the perinephric pseudocyst with fluid analysis is warranted. This procedure could potentially be repeated as necessary as the fluid within the pseudocyst typically recurs. The mesenteric lymphadenopathy is suggestive of neoplastic criteria given hypoechoic echogenicity and abnormal width: length ratio (>0.5). Screening lymphatic FNA cytology is warranted for further clarification and potential for oncology consultation. Non-neoplastic lymphadenopathy i.e., hyperplasia or lymphadenitis possible although thought less likely.

WEIGHT

6

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

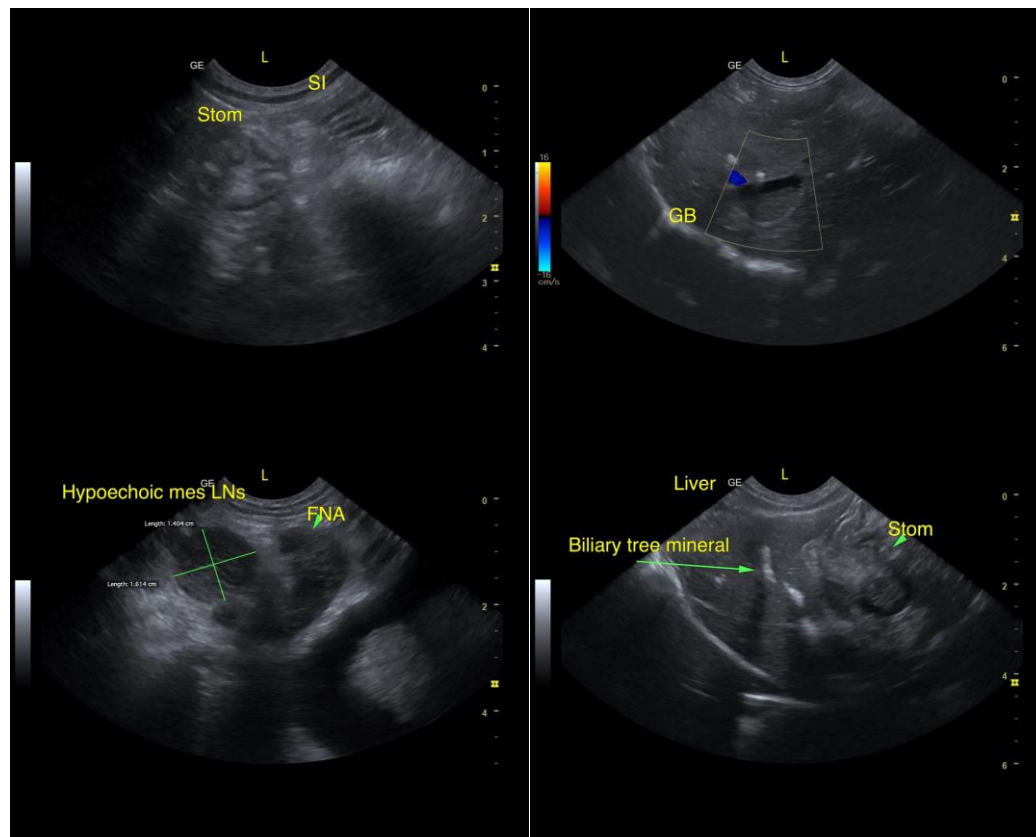
Dr. Parker

INVOICE

13011ag

DATE

02/18/2023





PATIENT

Gordon Geiler

SPECIES

Feline

BREED

DSH

SEX

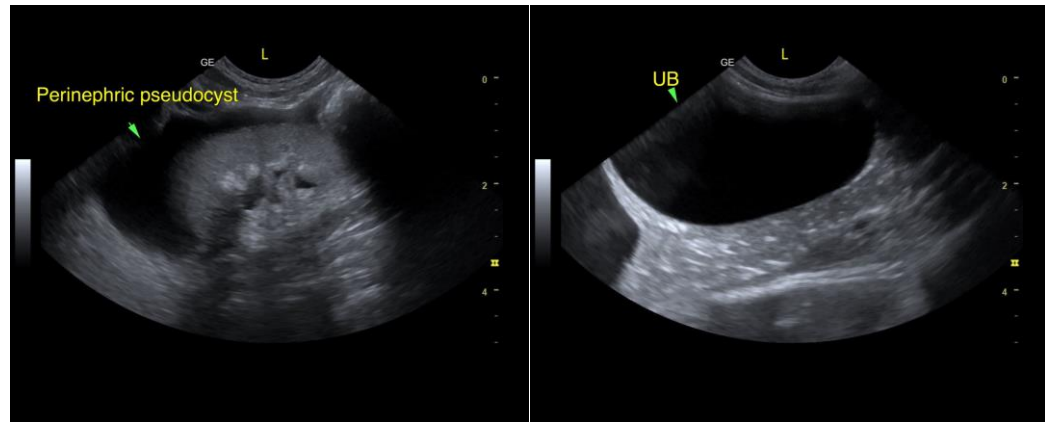
MN

AGE

16yr

WEIGHT

6



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)
mac.daniel@sonopath.com

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Parker

INVOICE

13011ag

DATE

02/18/2023