



**PATIENT PRESENTING CLINICAL SIGNS**

Lilly Wunn

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

8

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brita Kiffney

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

Dr. Brita Kiffney

**INVOICE**

20937

**DATE**

2/2/23

History: mass on R thigh has returned. P was treated for mast cell disease with splenectomy 6/3/21. After this procedure all dermal MCTs regressed (not surgically excised). This mass showed up about a month ago, same spot as one of the MCTs from prior. Confirmed MC with in-house FNA. Discussed case w/Dr Herrera- recc restaging w/AUS, liver cytology, and chest rads then proceed with mass removal. Discussed palliative removal of mass even if we find mets (it is itchy)- will need to confirm w/o day of. Scheduled for staging and mass removal same day, use of Imagyst to get liver sample processed prior to anesthesia. P has been diagnosed with presumptive IBD (vs SCL vs metastatic mast cell disease)- AUS 02/2022 showed diffuse intestinal wall thickening, limited ingredient diet trial successful to resolve vomiting and allow for intentional weight gain. P has hx of crystalluria/cystitis, crystalluria has returned on new diet and a crystal-limiting limited ingredient diet has been recommended (z/d, ultamino, HA).  
Abnormal PE/Chem/CBC/UA Results: cytology from fna of liver- no mast cells

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present, which may indicate minor cellular debris/protein, crystalline debris, lipid or mucus, 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.

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 pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 cm in length. No evidence of renal neoplastic/metastatic criteria.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm.

**Spleen**

The spleen was not present owing to previous splenectomy. No evidence of pathology in the area of the previous spleen.

**Liver**

The liver was subjectively normal in size and contour, exhibiting normal uniform hepatic parenchyma echogenicity with mild coarse parenchyma echotexture. No visualized hepatic masses or nodules noted.

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

**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.

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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. Small intestinal wall width measured 0.24 cm.

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

**BREED**

***Pancreas***

DSH

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 was evident.

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***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Mild age-related kidneys
- Minor urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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DVM, DABVP  
(Canine and Feline)

No sonographic evidence of significant visceral pathology with largely mild age-related changes present. No evidence of intraabdominal primary or metastatic neoplastic criteria. No contraindications to surgery if elected. Sonographic monitoring of the abdominal cavity based on oncology recommendations is suggested.

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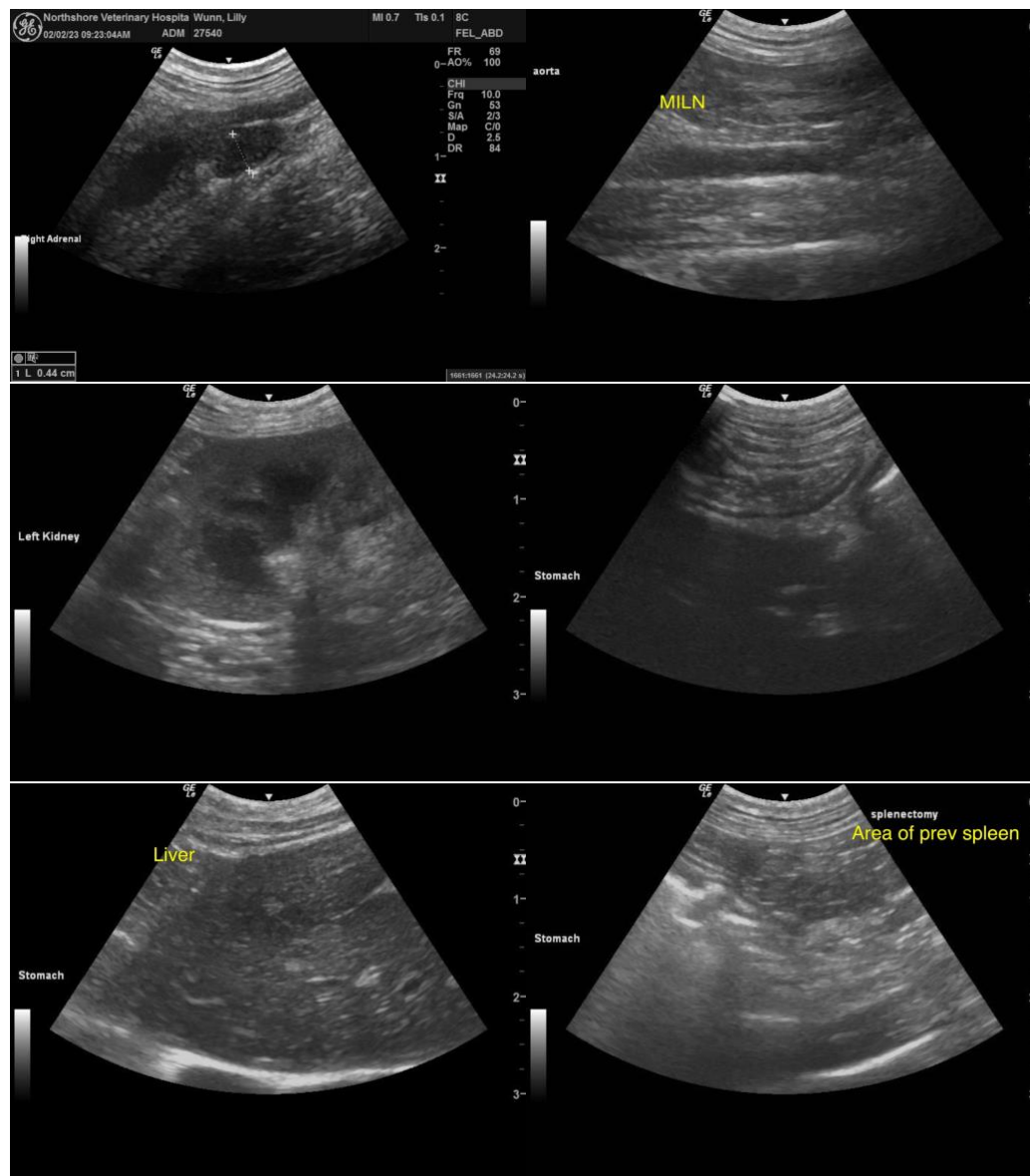
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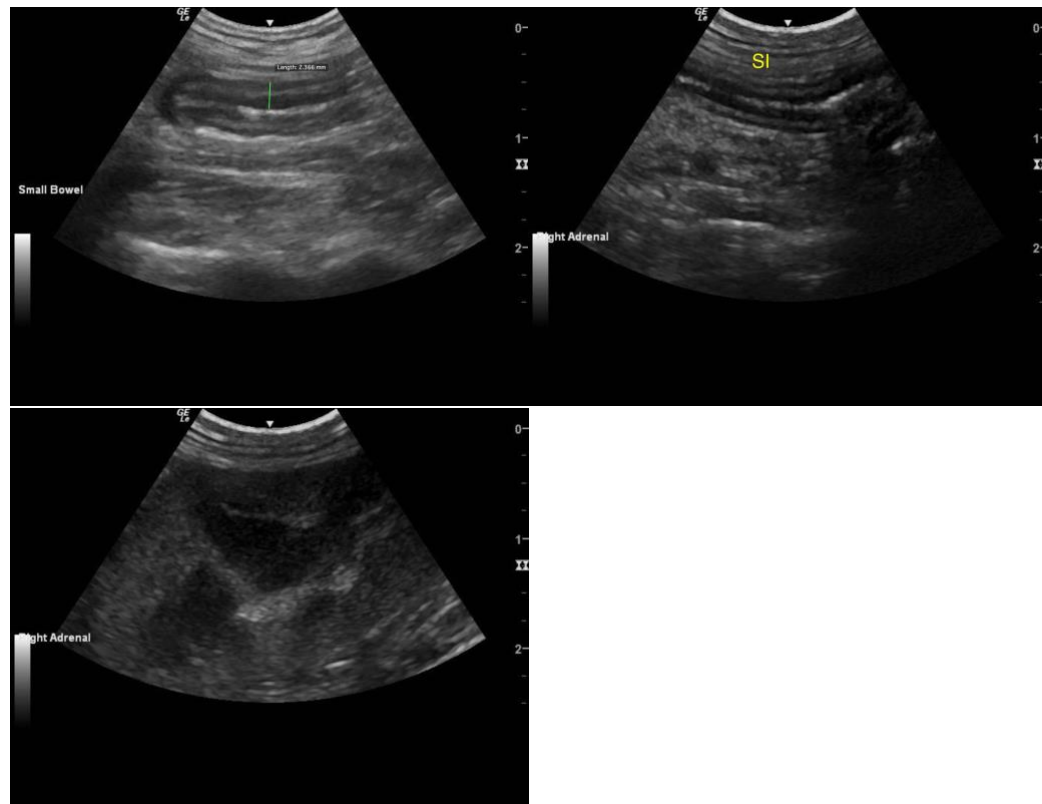
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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