

PATIENT PRESENTING CLINICAL SIGNS

Spartacus Herd
History: Ultrasound for metastasis
Medication: 15u SID, Buprenex

SPECIES
A previous history of spindle cell / soft tissue sarcoma
Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair **Urinary System**

SEX
FS
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

AGE
The area of the aortic trifurcation was free of pathology.

11 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 4.9 cm in length.

WEIGHT

17.5 Pounds

Adrenal Glands

INTERPRETED BY

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

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

Spleen

IMAGING PERFORMED BY

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 width at the level of the hilus.

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Liver/ Gallbladder

Mill Pond VC

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.

REFERRING VET

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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 contained mild to moderate, nonshadowing ingesta/chyme.

DATE

2.9.2022



PATIENT

Spartacus Herd

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.

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

SPECIES

Feline

Pancreas

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.

BREED

Domestic Shorthair

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present. A subjective increased amount of intraabdominal fat was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

11 years

Primary Findings

- Sonographically unremarkable abdomen
- Minor chronic renal changes
- Gastric ingesta - likely post prandial presentation

WEIGHT

17.5 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology Including no evidence of intraabdominal metastasis from spindle cell / soft tissue sarcoma was noted.

INTERPRETED BY

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

Sonographic monitoring based on oncology recommendations is recommended.

IMAGING PERFORMED BY

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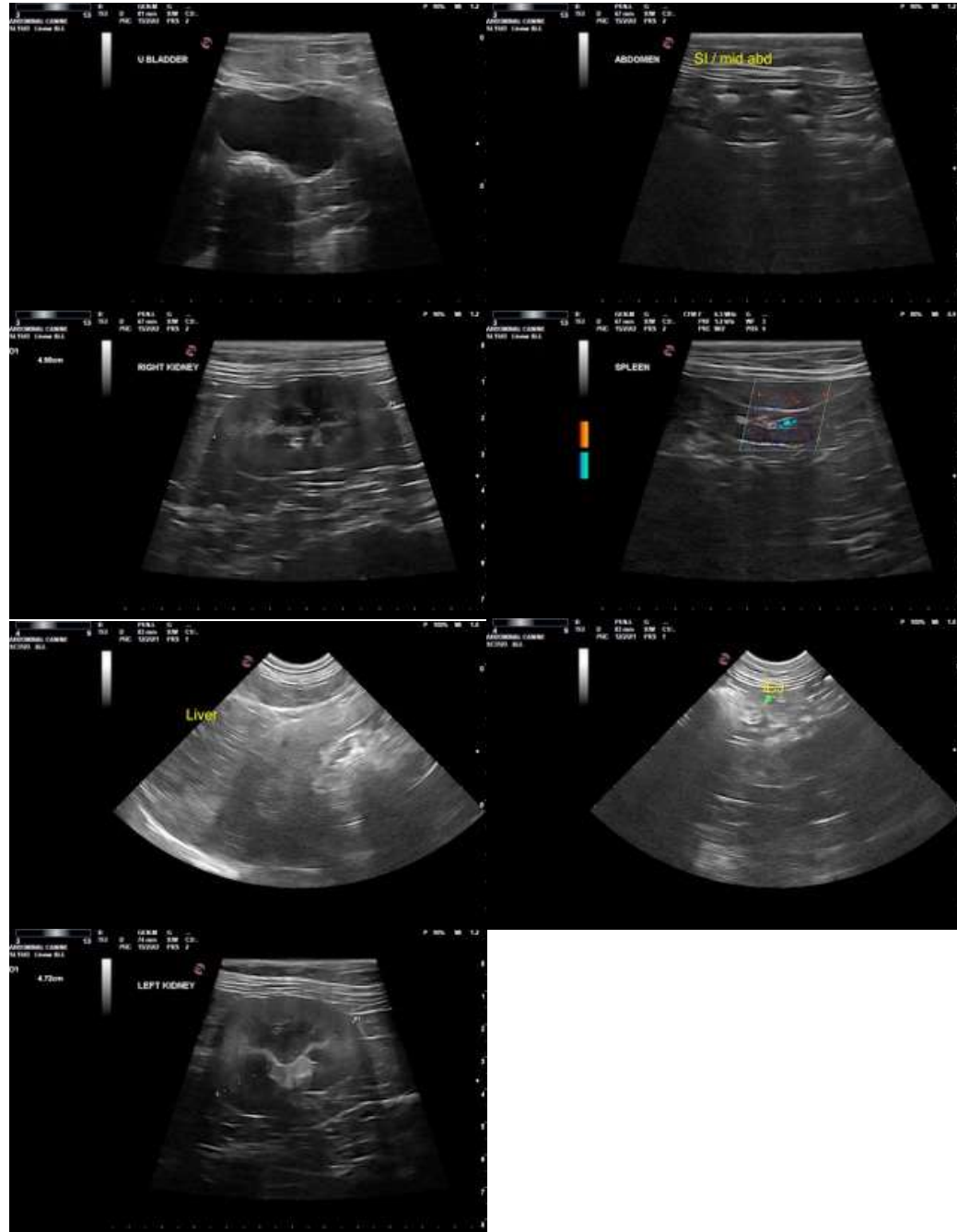
Dr. Kulig

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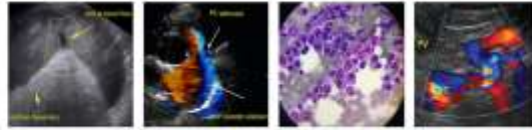
DATE

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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.



PATIENT

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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