**PATIENT**

Cocoa Nabozny

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14 Years 7 Months

WEIGHT

8 Pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

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3/1/22

PRESENTING CLINICAL SIGNS

Presents for further evaluation of a cervical mass that is increasing in size. Recheck AUS from Sept 2020.

Abnormal PE/Chem/CBC/UA Results: See attached BW. Cytology pending on possible thyroid mass and liver aspirates. Previous AUS 9/2020 revealed abnormal liver (multiple hyper echoic nodules), age related kidney changes, thickened small intestine (3.1mm) and thickened ileum (4.7mm).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 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. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.32 cm. the right adrenal gland measured 0.31 cm.

Spleen

The spleen exhibited borderline to mild enlargement with mild asymmetrical medial capsule contour. Primarily maintained finely textured homogeneous parenchyma noted with intermittent small, non-expansive hyperechoic parenchymal nodules. The spleen measured 1.0 cm in width.

Liver

The liver was overall normal in size. Generalized parenchymal remodeling noted with multifocal variably sized, non-homogeneous to cystic appearing nodules. Solitary to potential intermittent macronodular to small mass present, exhibiting non-homogeneous parenchyma with subtle secondary hepatic capsule distortion. Example of macronodule to small mass measured 2.5 cm diameter. A moderately sized parenchymal cyst was present adjacent to or dorsal to the gallbladder. The gallbladder and common bile duct were normal.

Gastrointestinal

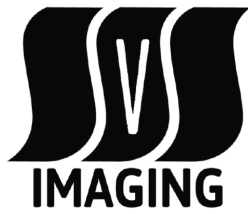
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. gastric body wall measured 0.25 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio secondary to variable yet prominent muscularis layer. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.30 cm. Ileocolic wall measured 0.43 cm. No overt evidence of loss of intestinal wall layering or intestinal masses.

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

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Pancreas

The pancreas was mildly prominent in size with non-homogeneous to mildly hypoechoic parenchyma exhibiting subtle indistinct nodular changes.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Borderline to mild splenomegaly exhibiting intermittent small hyperechoic nodules – splenomegaly suspected to be owing to sedation in this patient, while the small splenic nodules are suggestive of myelolipomas.
- Multifocal variably sized non-homogeneous to cystic hepatic nodules to macronodules/small masses, moderately sized hepatic cyst.
- Heterogeneous to mildly hypoechoic, indistinctly nodular pancreas – chronic to chronic active pancreatitis with areas of nodular hyperplasia or less likely pancreatic neoplastic criteria.
- Intact yet altered small bowel wall layering – suggestive of inflammatory infiltrative enteropathy/IBD or eosinophilic enteritis. Potential for neoplastic infiltrative enteropathy with round cells such as lymphoma cannot be definitively excluded, yet thought less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The hepatic nodules may indicate benign cystic biliary adenomas, although potential for primary versus metastatic neoplasia such as biliary cystadenocarcinoma or metastatic neoplasia from potential cervical mass cannot be definitively excluded. Correlation with pending hepatic cytology recommended.

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If patient is exhibiting gastrointestinal signs or weight loss, further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

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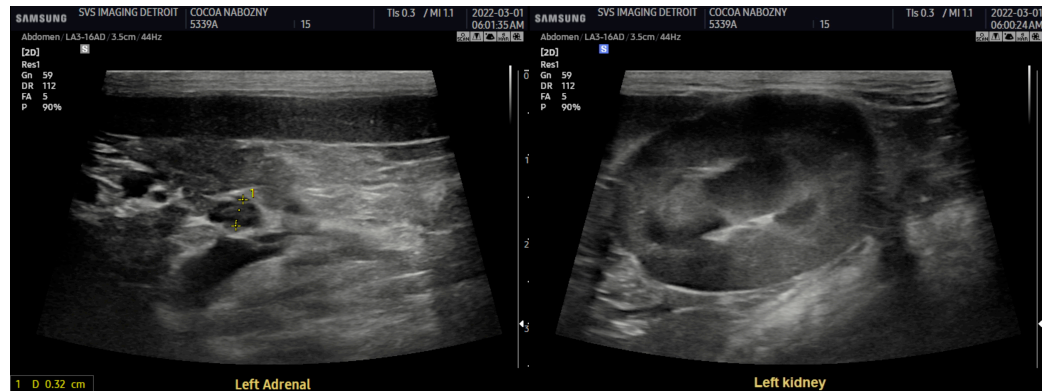
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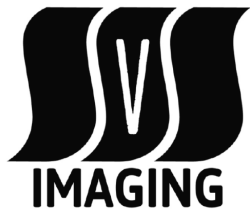
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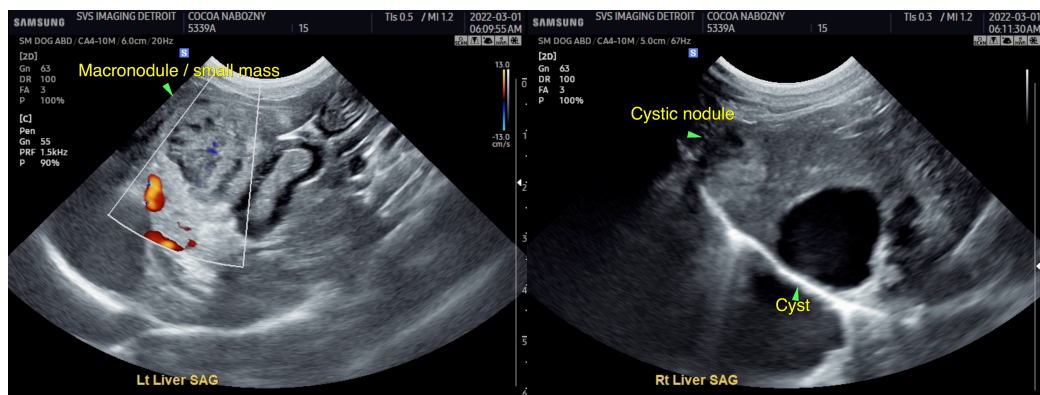
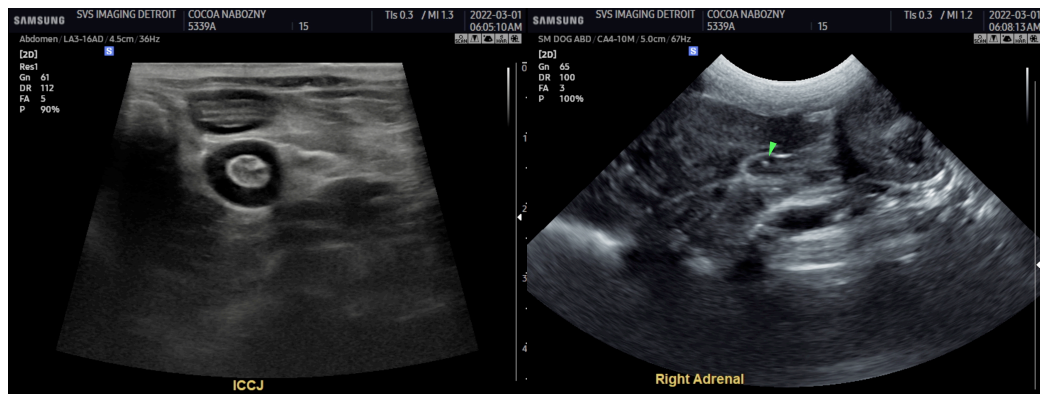
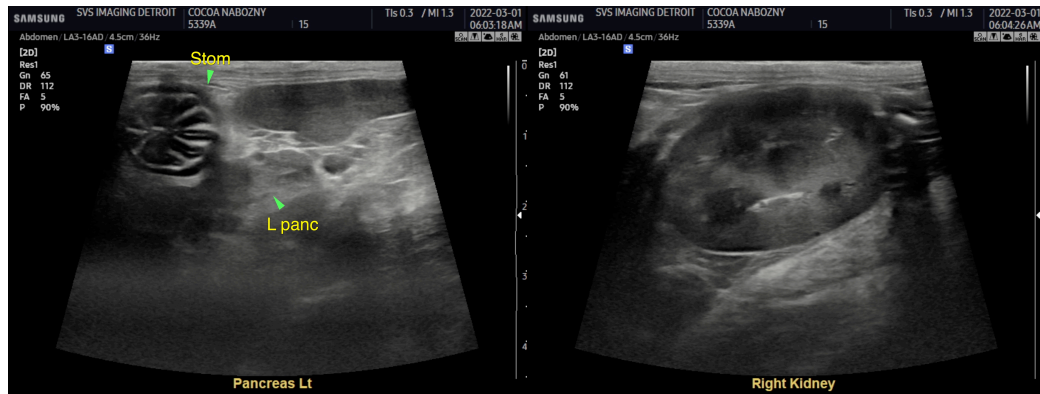
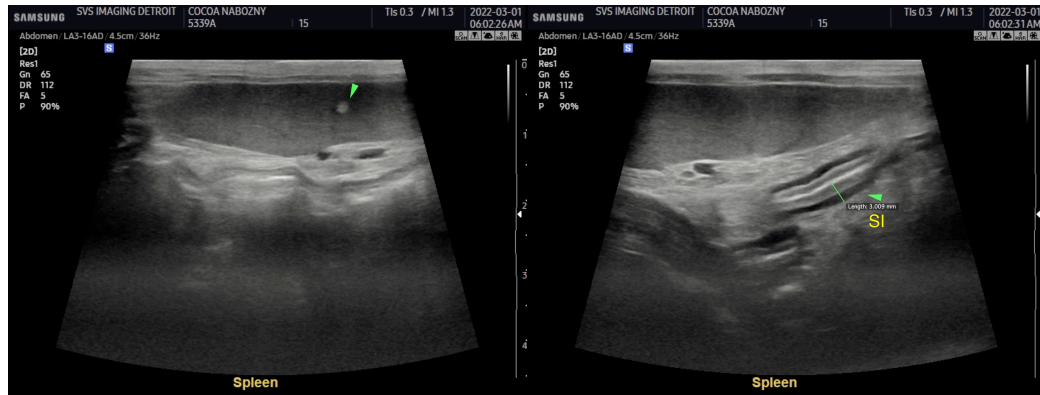
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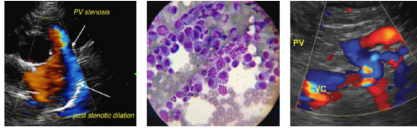
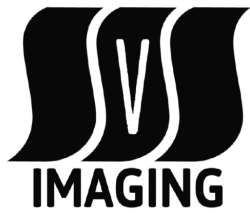
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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