



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mia Manna	Patient presented for labored breathing, anorexia, and lethargy. Current meds: Depo injection, B12, SQ LRS. Episodes of open-mouth breathing.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALT 243, AST 119, ALT 99, BUN 36, mild monocytosis (WBC 13.1).
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. This is likely consistent with cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
Fs	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
15 years	
<b>WEIGHT</b>	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 3.3 cm in length. The right kidney measured 3.7 cm in length.
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<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology was noted In the area of the left or right adrenal glands, although not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Kelly Vazquez	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Northvale 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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Stefanie Simon	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta exhibiting subtle progressive distal acoustic shadowing was present.
<b>INVOICE</b>	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.
13485	
<b>DATE</b>	
3/15/22	



**PATIENT**

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

Mia Manna

**Pancreas**

**SPECIES**

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.

Feline

**BREED**

**Thorax**

DSH

Brief sonographic assessment of the thoracic cavity revealed a moderately sized to ill-defined and nodular mass, measuring potentially 7.0-8.0 cm in diameter. Concurrent moderate volume pleural free fluid exhibiting mild cellular component was noted. Although indistinctly visualized, no overt evidence of significant structural or functional cardiomyopathy was noted.

**SEX**

Fs

**AGE**

15 years

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes
- Hepatopathy - subjectively benign
- Nodular ill-defined thoracic mass
- Moderate volume pleural free fluid

**WEIGHT**

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**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of abdominal visceral pathology as an obvious cause of the patient's clinical signs or potential metastatic thoracic disease was noted. This suggests primary thoracic or pulmonary mass consistent with neoplastic criteria and concurrent noncardiogenic pleural effusion.

**IMAGING PERFORMED BY**

Kelly Vazquez

Pleural effusion analysis, cytology +/- culture and sensitivity, as well as sampling of the mass, assuming normal clotting status and using a 25-gauge needle, could be considered for further clarification. However, an unfavorable prognosis, given this presentation in conjunction with the patient's clinical signs, is likely indicated.

**HOSPITAL NAME**

Northvale VC

**REFERRING VET**

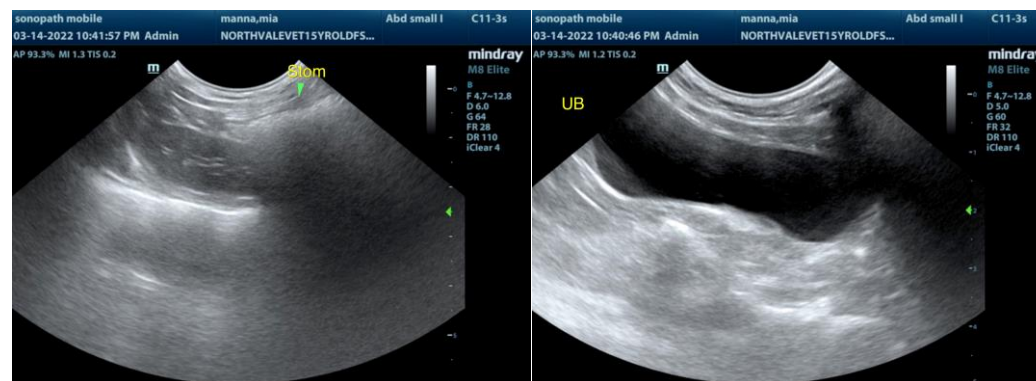
Dr. Stefanie Simon

**INVOICE**

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**DATE**

3/15/22





**PATIENT**

Mia Manna

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Fs

**AGE**

15 years

**WEIGHT**

-

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

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**REFERRING VET**

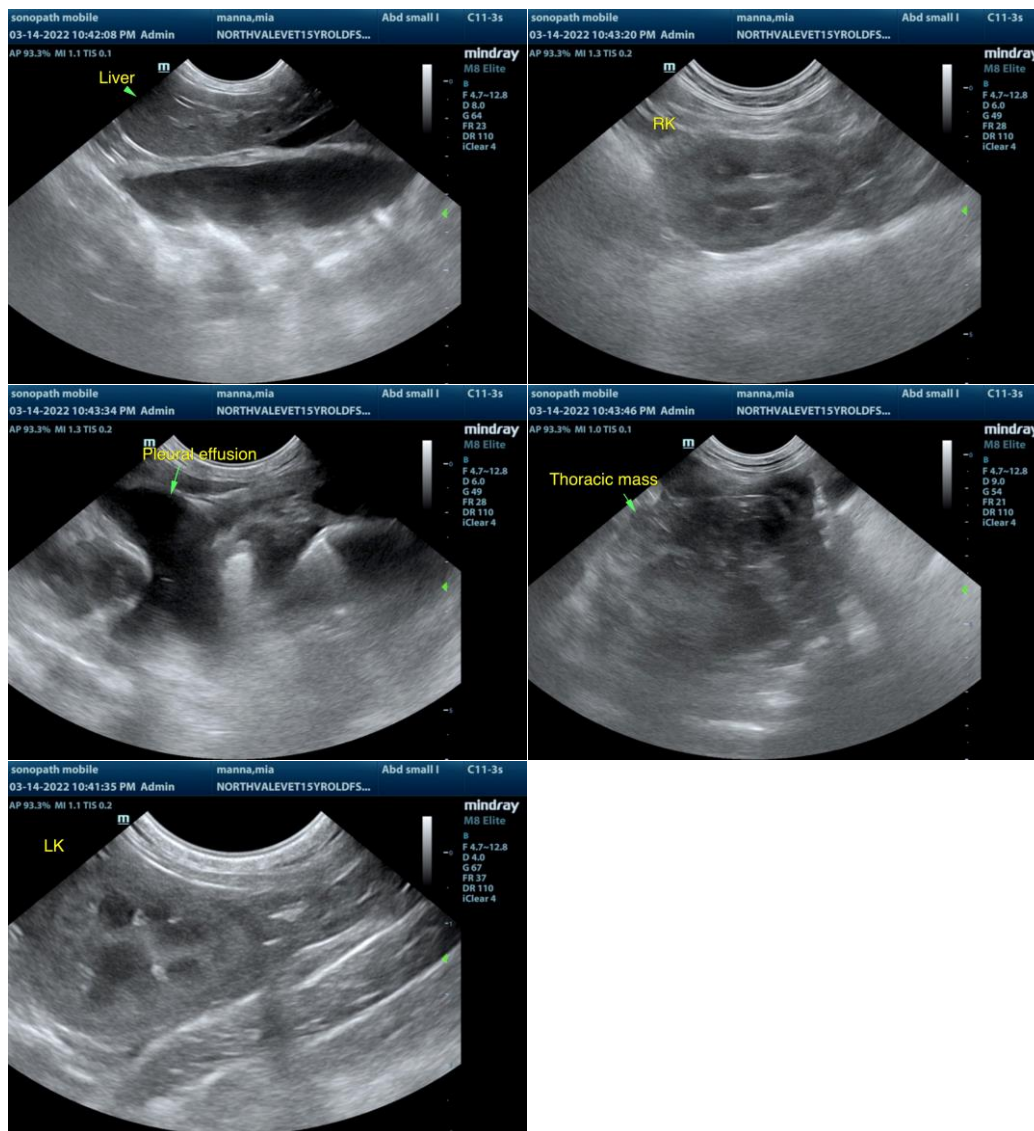
Dr. Stefanie Simon

**INVOICE**

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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.

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info@SonoPath.com