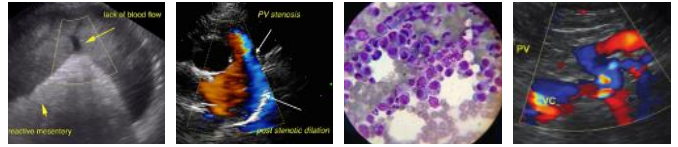


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Trooper Licari	Hx of hyperthyroidism Rx: methimazole, vomiting, diarrhea, geriatric patient. Abnormal PE/Chem/CBC/UA Results: Bcs 3/9, poor coat, 5-8% dehydrated, mid abdomen small mass (Possible a lymph node) thickness of the small intestine, CBC: LYM: 0.41 (L) 0.73-7.86 CHEM: BG: 151 (H) 63-133 T4: Pending.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<i>Urinary System</i>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present 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.
DSH	
<b>SEX</b>	No evidence of pathology in the area of the aortic trifurcation.
CM	
<b>AGE</b>	Normal size and margination was present in the left kidney. The right kidney was mildly subnormal in size compared to the left yet within normal limits for the species. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.2 cm in length.
>10 Years	
<b>WEIGHT</b>	<i>Adrenal Glands</i>
7.10 lbs	Both adrenal glands were mildly prominent in size exhibiting hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland measured 0.52 cm width.
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited mild generalized enlargement with maintained finely textured and homogenous parenchyma and mild folding of the caudal spleen. 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 1.2 cm diameter.
<b>IMAGING PERFORMED BY</b>	<i>Liver / Gallbladder</i>
Jose	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>HOSPITAL NAME</b>	<i>Gastrointestinal</i>
Animal Clinic of Queens	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. The gastric body wall width measured 0.25 cm.
<b>REFERRING VET</b>	
Dr. Suciu	
<b>INVOICE</b>	
51003	The small intestine exhibited intact wall layering with generalized propensity for mildly prominent muscularis layer and secondary mild altered muscularis/mucosa ratio. No evidence of loss of intestinal wall layering or overt intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall width measured up to 0.31 cm. The ileocolic wall width measured 0.33 cm.
<b>DATE</b>	
3-18-22	



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

Trooper Licari

***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SPECIES**

Feline

***Free Abdomen***

Intermittent to several prominent to hypoechoic mildly swollen mesenteric lymph nodes present in the mid and caudal abdomen. An example of a mesenteric lymph node measured 1.7 x 1.0 cm exhibiting borderline to mild abnormal width to length ratio equal to or mildly greater than 0.5. No evidence of perilymphatic reactive mesentery.

**BREED**

DSH

No overt peritoneal effusion was present.

**SEX**

CM

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**AGE**

>10 Years

- Mild to moderate chronic renal changes.
- Enteropathy exhibiting intact yet altered wall layering - consistent with infiltrative enteropathy, inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis) versus neoplastic infiltrative enteropathy with round cells (lymphoma, mast cell neoplasia, or other) possible.
- Intermittent prominent to hypoechoic mesenteric lymph nodes - hyperplasia, reactive lymphadenitis owing to inflammatory enteropathy or early neoplastic lymphadenopathy possible.
- Mild splenomegaly with caudal folding - hyperplasia, hematopoiesis, incidental splenitis, infiltrative neoplasia possible.

**WEIGHT**

7.10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of  
Queens

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, ultrasound guided splenic and lymph node FNA if accessible warranted for screening cytology.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**REFERRING VET**

Dr. Suci

Pending additional diagnostics and t4 levels, full thickness intestinal +/- lymphatic biopsies may be required for a definitive diagnosis to differentiate inflammatory versus neoplastic infiltrative enteropathy, both of which may present sonographically similar.

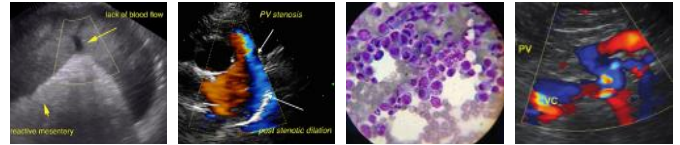
Empirically, IBD protocol, which may include cobalamin supplementation, high colony count probiotic, hydrolyzed diet trial, and prednisolone at lowest effective dose to control clinical signs with assessment of clinical response could be considered.

**INVOICE**

51003

**DATE**

3-18-22



**PATIENT**

Trooper Licari

**SPECIES**

Feline

**BREED**

DSH

**SEX**

CM

**AGE**

>10 Years

**WEIGHT**

7.10 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

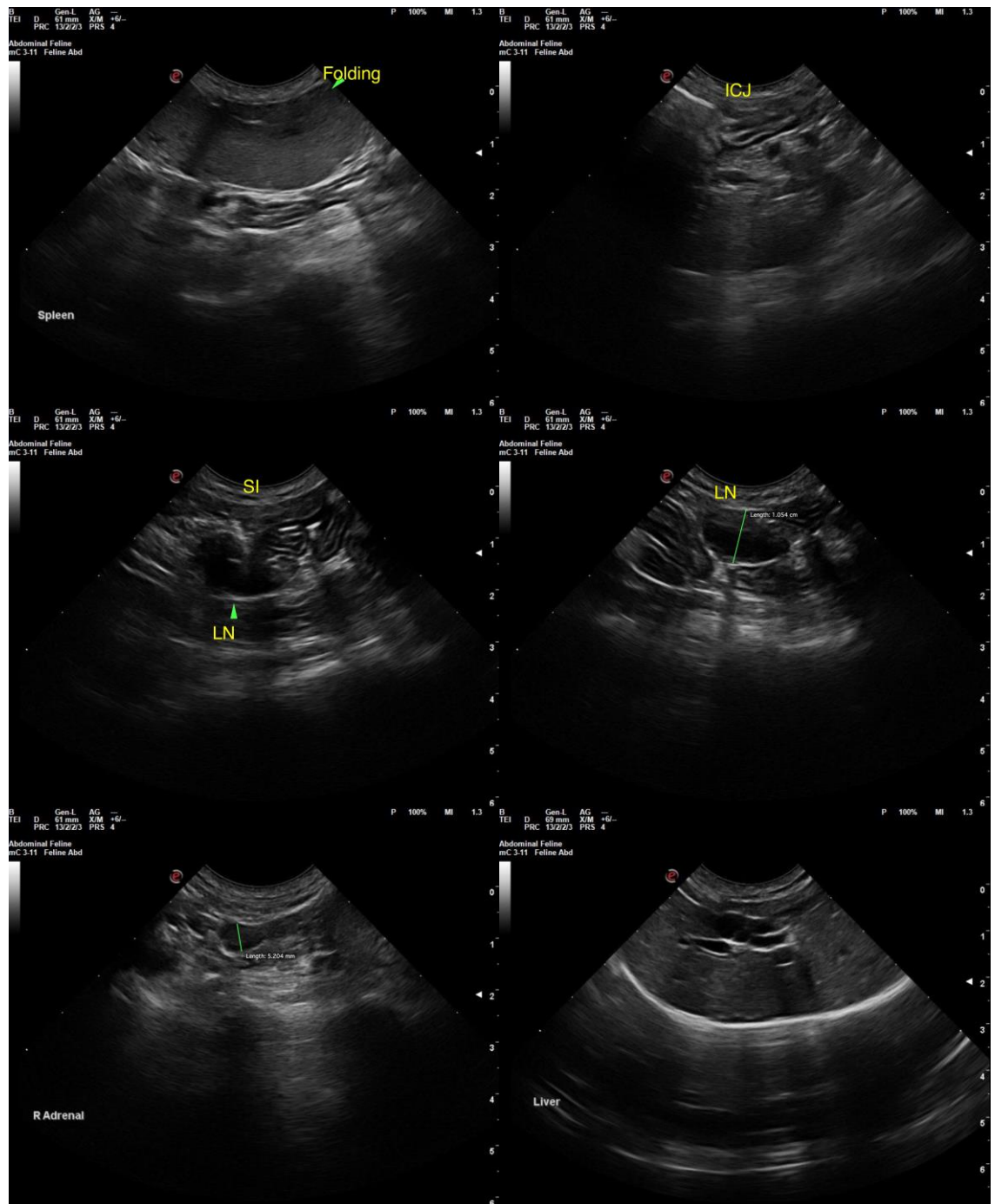
Dr. Suci

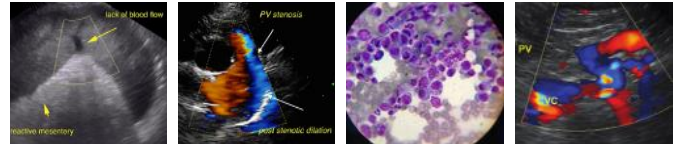
**INVOICE**

51003

**DATE**

3-18-22





**PATIENT**

Trooper Licari

**SPECIES**

Feline

**BREED**

DSH

**SEX**

CM

**AGE**

>10 Years

**WEIGHT**

7.10 lbs

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**REFERRING VET**

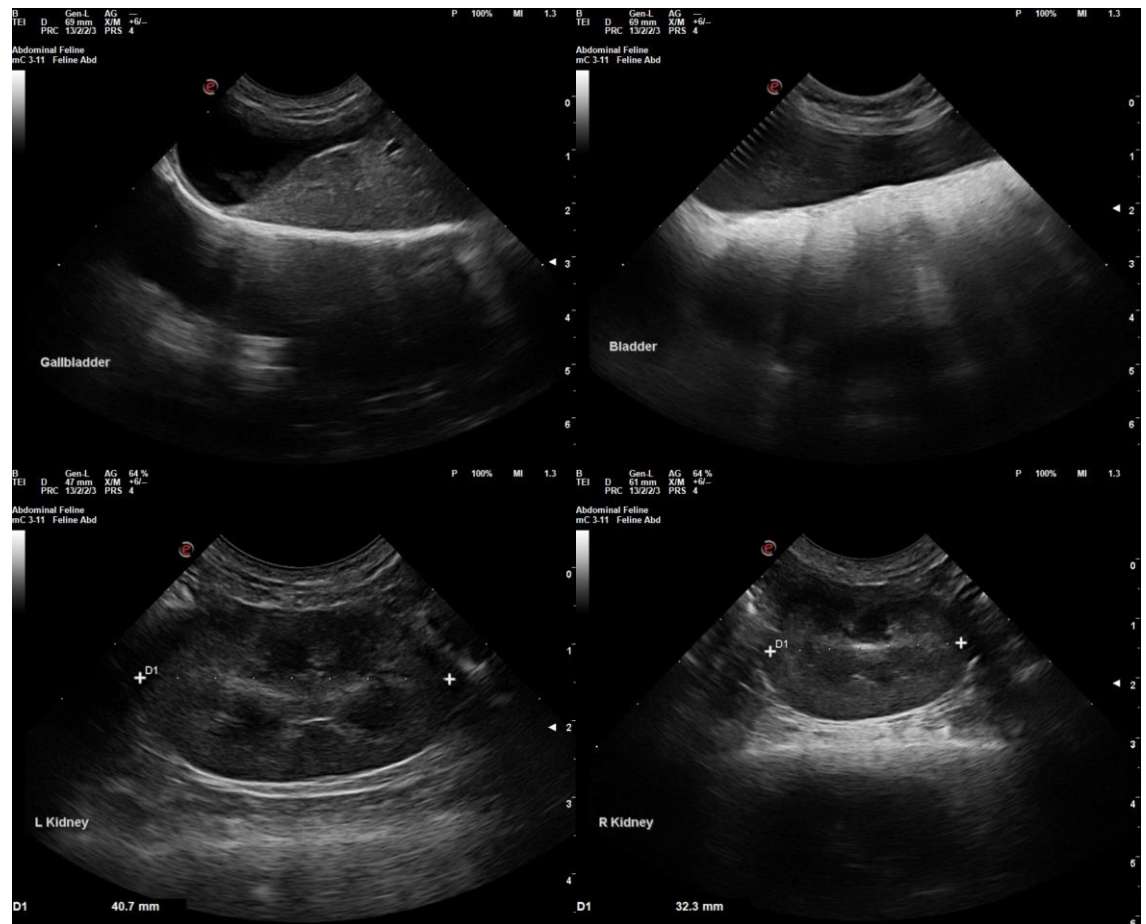
Dr. Suci

**INVOICE**

51003

**DATE**

3-18-22



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)  
info@SonoPath.com