



**PATIENT**

Nio Yi

**PRESENTING CLINICAL SIGNS**

Patient was spayed 2 months ago, presented to hospital for inappetence and constipation as well as bilateral mammary tumors.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder exhibited normal size with possible mild dorsal urinary bladder displacement owing to medial iliac lymphadenopathy. 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.

**SEX**

FS

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. Minor bilateral pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.2 cm in length.

**AGE**

9yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

9.9lb

The left and right adrenal glands were not definitively visualized.

**Spleen**

**INTERPRETED BY**

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

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.

**Liver/Gallbladder**

**IMAGING PERFORMED BY**

Dr. Kim

The liver was mildly enlarged with areas of capsule asymmetry secondary to multiple variably sized to expansive non-homogenous to hypoechoic nodules. An example of a liver nodule measured 1-2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Ridgefield Park  
Animal Hospital

**Gastrointestinal**

**REFERRING VET**

Dr. Chun

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 small intestine was indistinctly visualized. No obstructive pattern observed.

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

**INVOICE**

13302ag

**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 was evident.

**DATE**

03/27/2023

**Free Abdomen**



<b>PATIENT</b>	Mild volume peritoneal effusion was present.
Nio Yi	Transdiaphragmatic view of the caudal thorax revealed possible concurrent mild pleural effusion.
<b>SPECIES</b>	A large irregular non-homogenous ill defined mass was present in the mid to caudal abdomen measuring ~ 8-9 cm in diameter.
Feline	Multifocal enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a lymph node measured 3.5 cm in diameter.
<b>BREED</b>	
DSH	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>SEX</b>	<ul style="list-style-type: none"> <li>• Large ill defined irregular non-homogenous intra-abdominal mass.</li> <li>• Associated multifocal hypoechoic to swollen mesenteric lymphadenopathy.</li> <li>• Multifocal variably sized to expansive hepatic nodules.</li> <li>• Mild volume peritoneal effusion with possible pleural effusion.</li> </ul>
FS	
<b>AGE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
9yr	Unfortunately, primary concern for multicentric non-specific neoplasia i.e., round cell neoplasia, carcinoma or other involving the omentum, lymph nodes and liver is warranted. Minor potential for FIP possible. This presentation may indicate metastatic disease from bilateral mammary tumors although multicentric neoplasia appears to be present.
<b>WEIGHT</b>	
9.9lb	Screening FNA cytology could be considered for further clarification and possible oncology consult for immediate chemotherapeutic intervention. This case is non-surgical, and an unfavorable prognosis is likely indicated.

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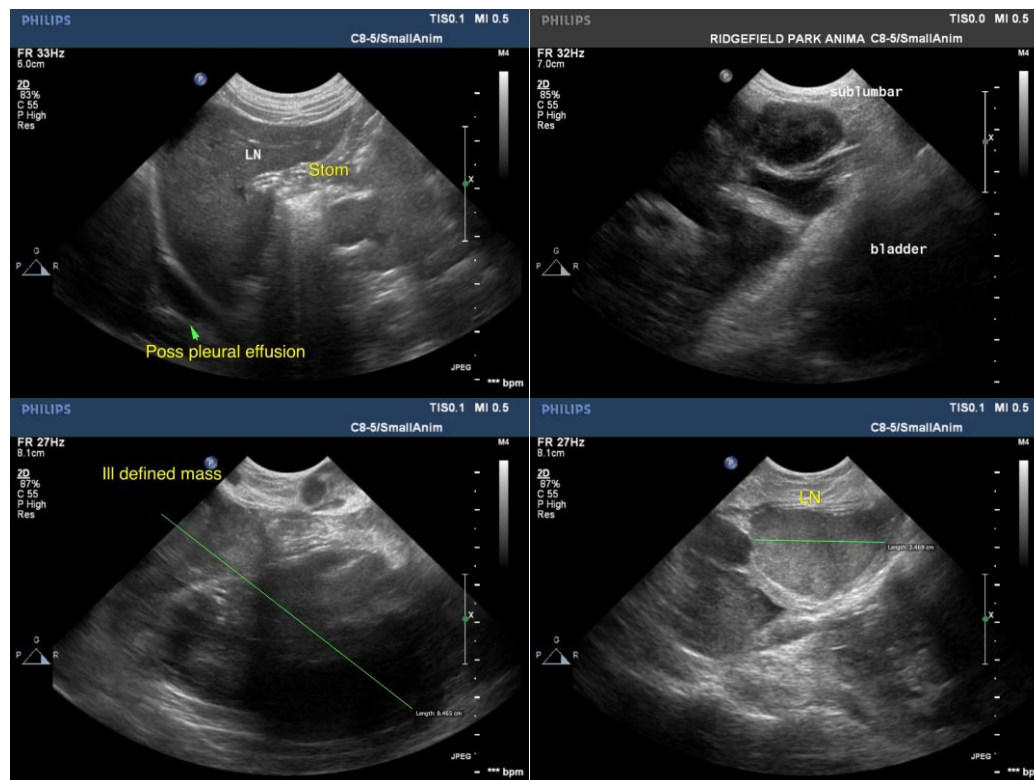
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**PATIENT**

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**SPECIES**

Feline

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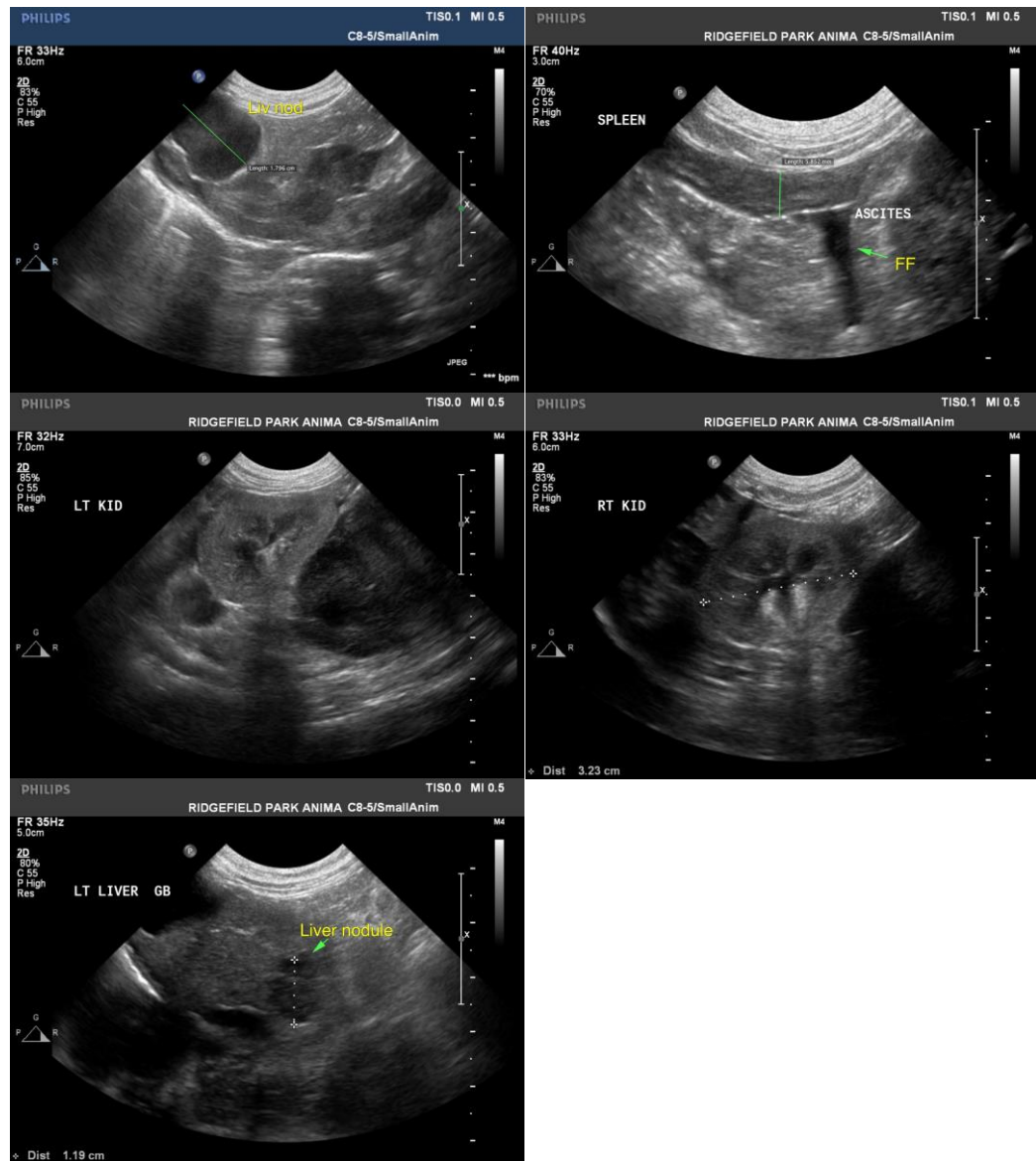
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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