



PATIENT

Chloe Nack

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

11

WEIGHT

7

PRESENTING CLINICAL SIGNS

Anorexia last few weeks. Isolating in house. History of hyperthyroidism.
Abnormal PE/Chem/CBC/UA Results: BUN= 22, Creat= 0.6, ALT= 47. T4= 3.2.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with no sediment or calculi. Suspect dorsal urinary bladder wall homogeneous to hypoechoic mural lesions with potential for impinging pericyclic lymph nodes. An example of a urinary bladder mural lesion or impinging lymph node measured 2.4 cm x 0.63 cm. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 4.2 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.45 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited borderline enlargement measuring 1.0 cm width at the level of the mid-spleen. The spleen exhibited subtle asymmetrical medial capsule contour with maintained finely textured and homogenous parenchyma. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited mild to possible moderate enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

Subjective mildly proliferative, irregular to hypoechoic mural lesion noted in the area of the caudal gastric body measuring approximately 1.4 cm x 0.85 cm. The remainder of the visualized gastric wall was overtly normal exhibiting intact wall layering. Normal gastric body wall width measured 0.20 cm. The stomach was empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material was noted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

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The visualized segments of the small intestine appeared to exhibit intact wall layering with maintained 1:3 muscularis/mucosa ratio. An example of a small intestinal wall width measured 0.20 cm. No evidence of small intestinal mechanical / metabolic ileus was noted.

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Pancreas

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

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The left pancreatic limb was mildly prominent in size exhibiting minor capsule asymmetry with nonhomogeneous mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

No evidence of peritoneal effusion was present. Potential for intermittent discrete perigastric to omental hypoechoic mesenteric lymphadenopathy is noted. No definitively visualized omental masses were present.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly exhibiting parenchyma hypoechogenicity
- Borderline splenomegaly
- Suspect urinary bladder homogeneous to hypoechoic mural lesions, potential for impinging pericycystic lymphadenopathy
- Mild proliferative to irregular caudal gastric mural lesion
- Mildly prominent nonhomogeneous left pancreas
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for multicentric round cell neoplasia involving the stomach, suspected dorsal urinary bladder wall, liver, +/- spleen and intermittent mesenteric lymph nodes is warranted.

IMAGING PERFORMED BY

Dr. Christensen

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the liver, caudal gastric body, proliferative mural lesion, spleen, +/- accessible mesenteric lymph node is warranted for further clarification and potential for oncology consult. Biopsies may be required for a definitive diagnosis.

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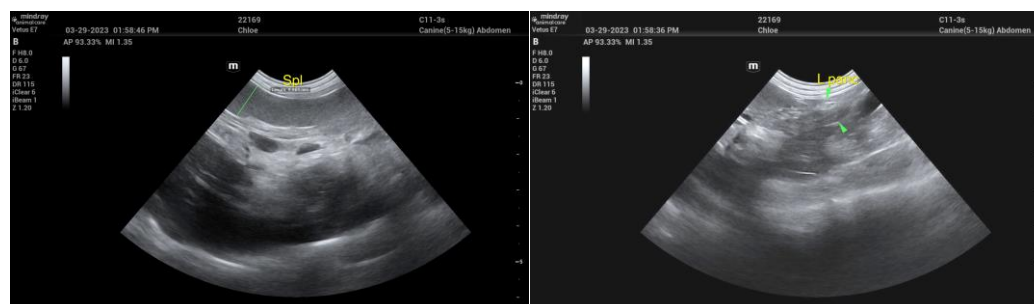
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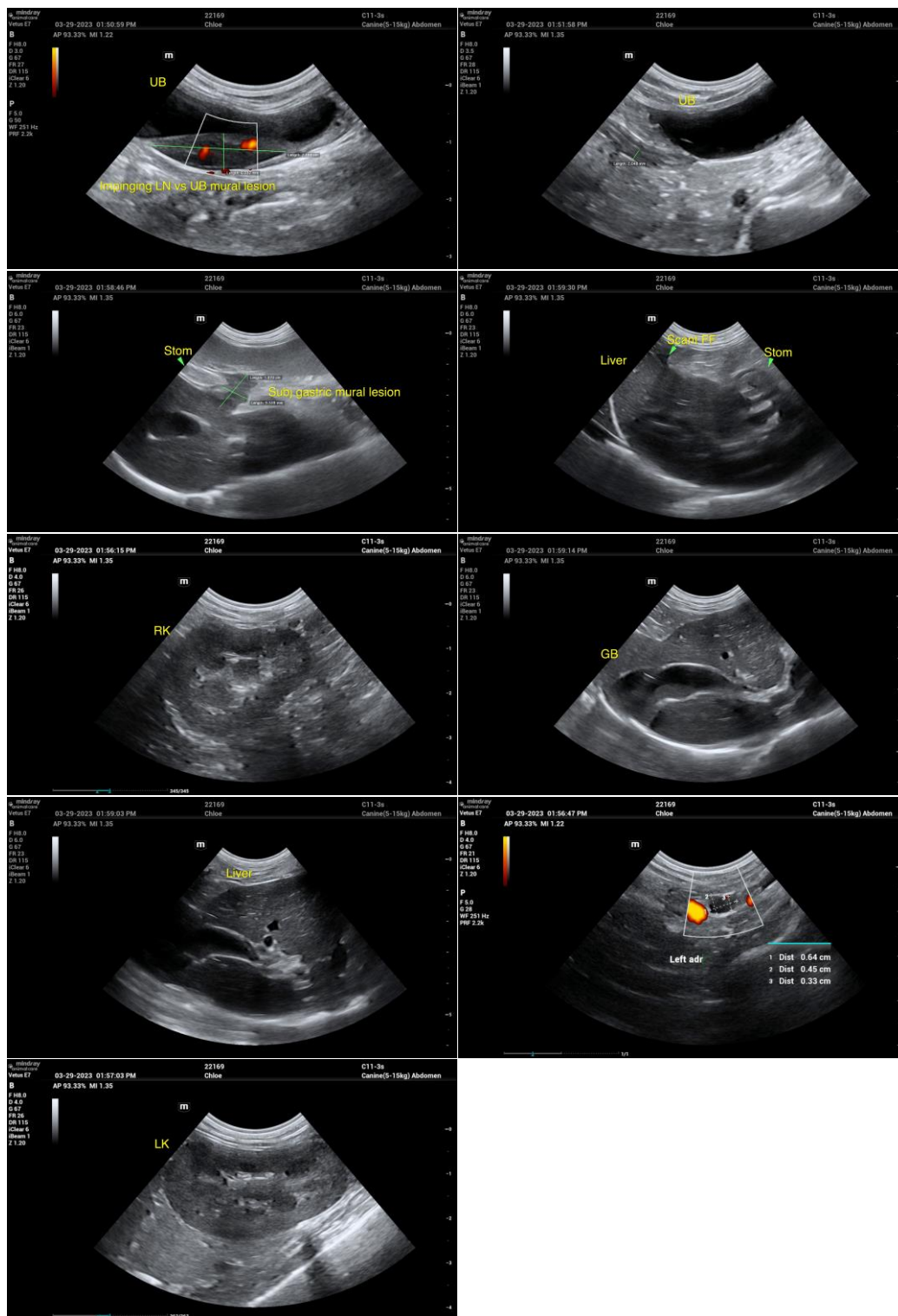
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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