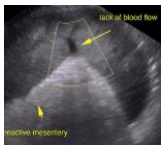
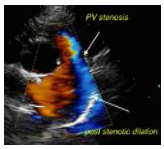
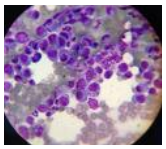
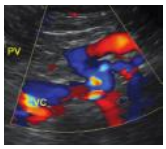
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bijou Mueller

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

18 years

WEIGHT

5.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Animal Hospital on Hudson

REFERRING VET

Dr. Zelinski

INVOICE

10148ag

DATE

03/09/2022

PRESENTING CLINICAL SIGNS

History: Possible mass palpated vs. enlarged lymph node or NSF. Decreased appetite, decreased defecation. Current treatments: Lactulose, SQ fluids twice weekly, Clavamox for UTI.

Abnormal PE/Chem/CBC/UA Results: High WBC 65.30, neutrophillia, elevated monos and eos. U/A: UTI, USG 1.014.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 right kidney presented borderline subnormal in size. The left kidney presented mildly subnormal in size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some moderately 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 2.5 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

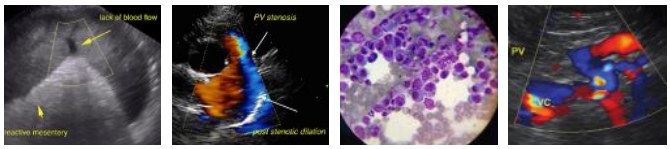
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.65 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size potentially owing to the presence of retained gastric chyme. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained non-shadowing ingesta/chyme. The retained chyme extended into the duodenum with subjective potential for mild oral/aboral movement of the chyme within the duodenum. The duodenum exhibited overall sonographically unremarkable and intact wall layering. The duodenum wall measured 0.20 cm.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bijou Mueller

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

18 years

WEIGHT

5.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Animal Hospital on Hudson

REFERRING VET

Dr. Zelinski

INVOICE

10148ag

DATE

03/09/2022

A segmental mildly thickened mid abdominal intestine exhibited concurrent retained chyme along with a focal hypoechoic lesion appearing to occupy the associated intestinal lumen measuring approximately 2 cm in diameter. The lesion appeared to exhibit subtle distal acoustic shadowing with concurrent gas artifact was present. The adjacent to regional intestine presented intact to indistinct yet mildly thickened wall layering measuring 0.35 – 0.37 cm. Concurrent segments of primarily empty small intestine likely distal to the segmentally thickened intestine with hypoechoic luminal lesion were present, an example measuring 0.22 cm wall width. No overt pathology noted in the area of the ileocolic junction. The ileocolic junction measured 0.3 cm wall width. Minor associated peri intestinal reactive mesentery and intermittent subjectively benign/reactive peri intestinal lymph nodes were present. An example of a lymph node measured 0.5 cm in diameter. No effusion was noted.

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

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.

Free Abdomen

Minor peri intestinal reactive mesentery and intermittent subjectively benign/reactive peri intestinal lymph nodes were present. An example of a lymph node measured 0.5 cm in diameter. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Segmental mildly thickened intestine mid abdomen with nonspecific subjective hypoechoic luminal lesion.
- Retained gastric and segmental intestinal chyme likely proximal-consistent with mild to partial obstructive pattern, primarily empty small intestine likely distal.
- Mild associated peri intestinal reactive mesentery and focal to intermittent subjectively benign mesenteric lymph nodes.

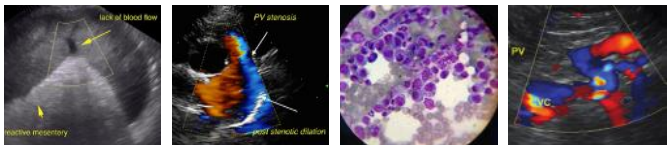
Secondary findings:

- Bilateral moderate chronic renal changes.
- Hepatic parenchymal remodeling.
- Heterogeneous pancreas-age related changes suspected and likely incidental. Potential for low grade to chronic concurrent pancreatitis possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal luminal lesion may be originating from the intestinal wall extending into the lumen with inflammatory neoplastic or granulomatous etiologies possible. Potential for non-shadowing foreign body cannot be excluded. Given this presentation and patient's clinical signs, exploratory laparotomy for further assessment is warranted. Intestinal biopsies are considered essential despite exploratory findings.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bijou Mueller

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

18 years

WEIGHT

5.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Animal Hospital on Hudson

REFERRING VET

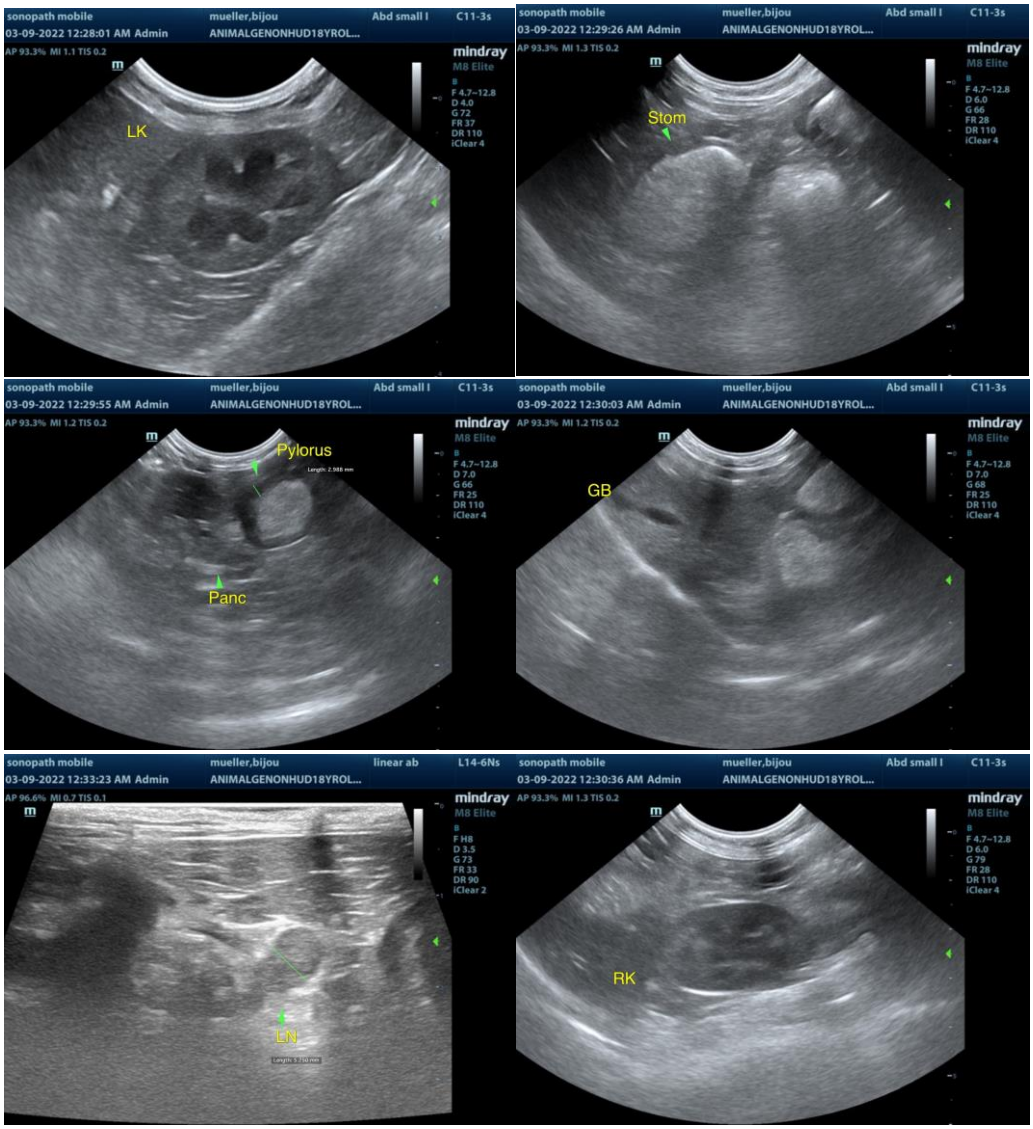
Dr. Zelinski

INVOICE

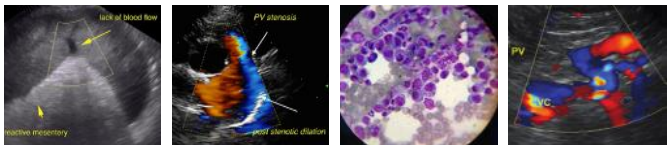
10148ag

DATE

03/09/2022



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bijou Mueller

SPECIES

Feline

BREED

DSH

SEX

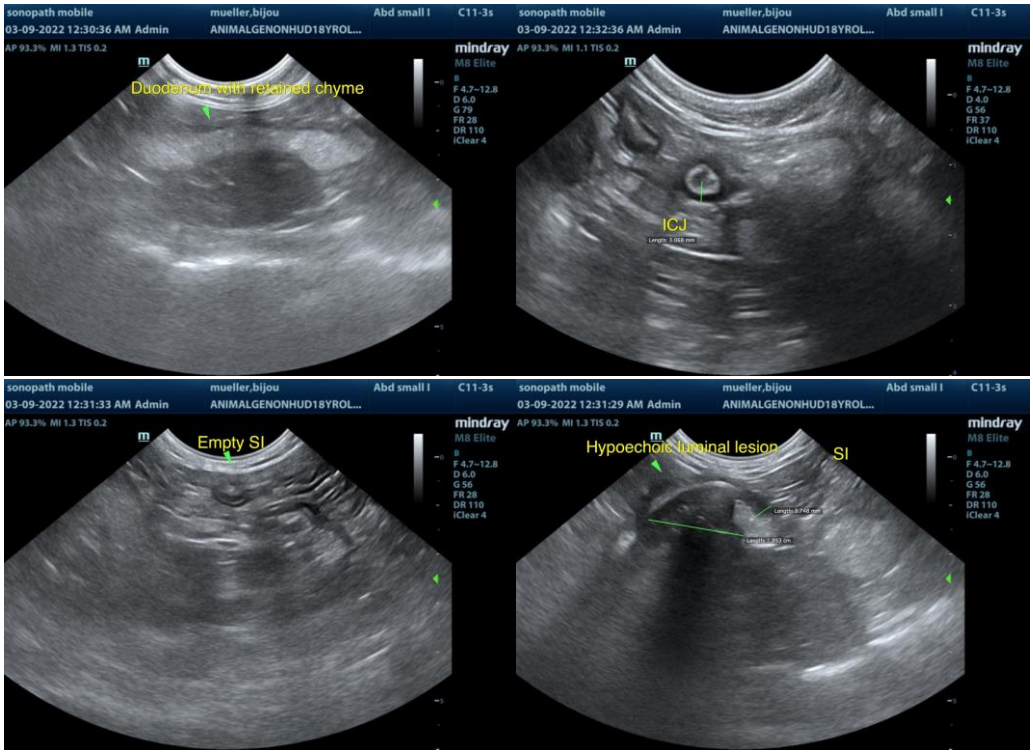
Spayed female

AGE

18 years

WEIGHT

5.6 pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Animal Hospital on Hudson

REFERRING VET

Dr. Zelinski

INVOICE

10148ag

DATE

03/09/2022

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