



**PATIENT PRESENTING CLINICAL SIGNS**

Bootsie Dreier

History: E/D normal but losing weight, Abnormal PE/Chem/CBC/UA Results: BCS 4/9 Muscle waste. Firm irregular mass mid abdomen. 5% dehydrated. Enlarged L mandibular lymph node. BW : 3/31/22 CBC: RBC: 5.7 (L) 5.92-9.93 HGB: 9.2(L) 9.3-15.9 HCT: 27 (L) 29-48% Platelet 84 (L) 200-500 Neutrophils: 8,820 (H) 2500-8500 CHEM: TB: 0.8 (H) 0.1-0.4 Others WNL T4: 0.9 (N) 0.8-4.0

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

**SEX**

Spayed Female

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 3.2 cm in length. The right kidney measured 3.3 cm in length.

**AGE**

10 Years

**WEIGHT**

7.75 Pounds

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands, although not definitively visualized.

**Spleen**

The spleen exhibited mild generalized enlargement with mildly bulbous to asymmetrical medial capsule contour. Maintained finely textured homogeneous parenchyma with subjective decreased splenic parenchyma echogenicity noted. The spleen measured 1.2 cm in width at the level of the hilus.

**Liver**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**INTERPRETED BY**

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

The gallbladder and cystic duct presented mildly dilated in size with primarily anechoic content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm width.

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. Kwasnik

**Gastrointestinal**

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 measured 0.25 cm.

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The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis to mucosa ratio with subjective propensity for mildly prominent submucosa and muscularis layer yet without evidence of overt small intestinal mural hypertrophy. The jejunum wall measured 0.27 cm.

**DATE**

4/1/22

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



**PATIENT**

**Pancreas**

Bootsie Dreier

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.

**SPECIES**

**Free Abdomen**

Feline

A moderately sized hypoechoic to mixed echogenic mid abdominal mass was noted, measuring approximately 3.0 cm x 3.0 cm. Concurrent regional hypoechoic to nonhomogeneous variable mesenteric lymphadenopathy was present. An example of mesenteric lymph node size measured 3.2 cm x 1.2 cm. Reactive mesentery was noted around the enlarged lymph nodes and around the mid abdominal mass with mild volume peritoneal free fluid.

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DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Hepatosplenomegaly
- Mid abdominal mass with concurrent mesenteric lymphadenopathy
- Probable enteropathy
- Associated perilymphatic/periintestinal generalized reactive mesentery and mild volume peritoneal free fluid

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, multicentric neoplasia, involving the intraabdominal lymph nodes, potential spleen and liver +/- intestinal tract is considered probable. Nonneoplastic etiologies for the sonographic abnormalities such as diffuse inflammatory disease, lymphadenitis/granulomatous lymphadenitis (dry form FIP) or other, possible yet thought less likely. Effusion (in this case) is suspected to be secondary to lymphatic obstruction versus inflammatory effusion.

Assuming normal clotting status, ultrasound guided FNA of the mid abdominal mass and spleen/liver, using a 25-gauge needle is recommended for cytology and potential for oncology consult. Very guarded to potential unfavorable prognosis, pending additional diagnostics.

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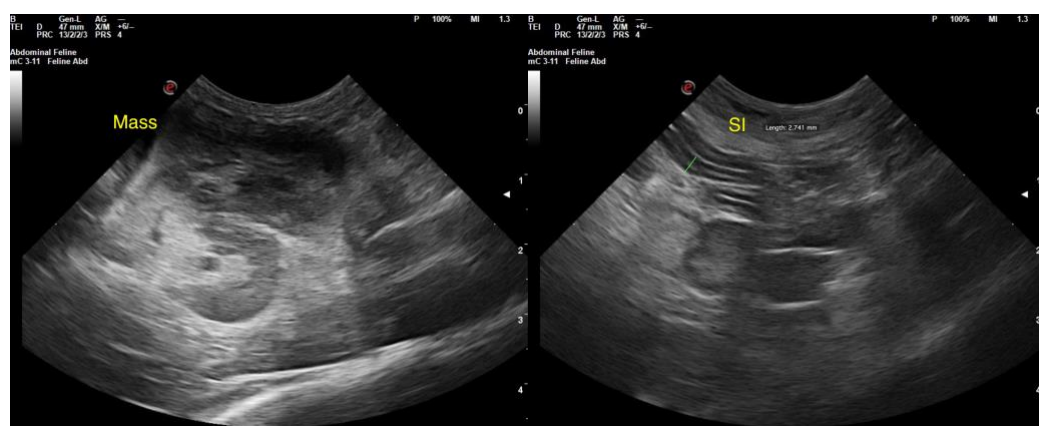
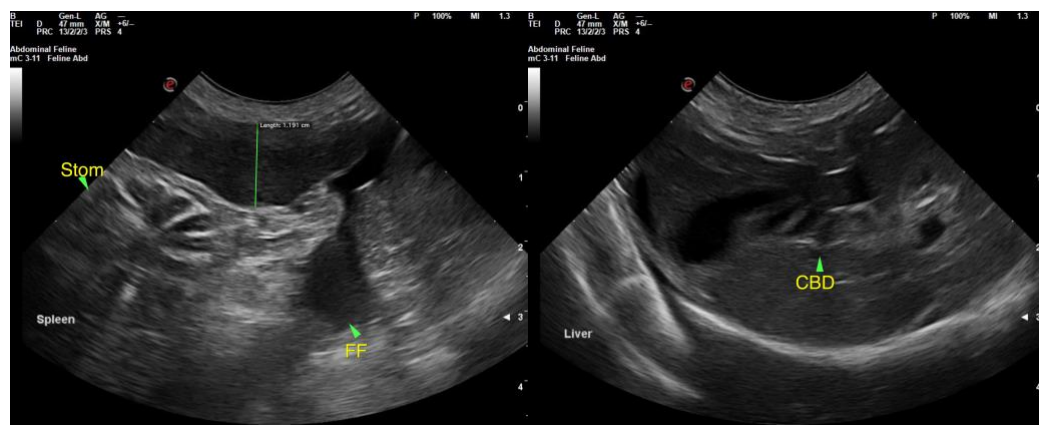
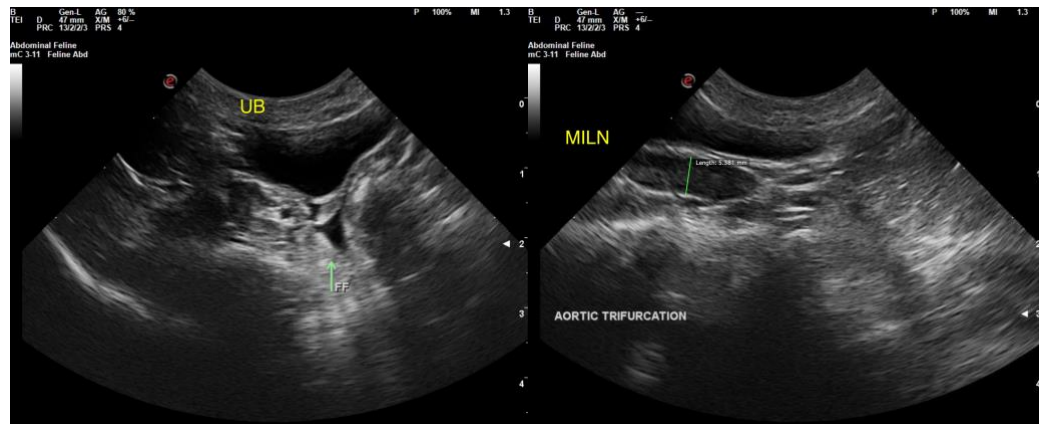
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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