



PATIENT

Lady Schmidt

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 yrs

WEIGHT

6.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Vanderbogart

INVOICE

16637

DATE

4/19/23

PRESENTING CLINICAL SIGNS

Anorexia, wgt. loss, ~10% dehydrated, firm round ~40mm mass like object palpated along cranial abdominal midline, pale mm. Current meds: Prednisolone.

Abnormal PE/Chem/CBC/UA Results: Alp 128, Alt 130, Tbil 1.6, Phos 2.3, Plt 112, Wbc 27,84, mono 1.36, rbc 5.47, hgb 9.3, hct 26.73

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 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 3.7 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

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. Mild medial capsule asymmetry was noted. 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 was normal in size. The spleen measured 0.71 cm width at the level of the hilus. No overt splenic masses were noted.

Liver/ Gallbladder

Generalized hepatomegaly was noted exhibiting mild capsule asymmetry. Moderate nonhomogeneous hepatic parenchyma exhibiting mild mixed echogenicity and moderate coarse echotexture was present. Subjective normal hepatic vascular volume was noted. Variably lobar swelling including subjective caudate lobar swelling with potential impingement or mild dorsal displacement of the portal vein. The caudate liver lobe measured approximately 3.5-4.0 cm in diameter. Discrete hepatic nodular changes



PATIENT	were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Lady Schmidt	
SPECIES	Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.
Feline	
BREED	Gastrointestinal
DSH	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 0.24 cm.
SEX	
FS	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall width measured 0.21 cm. The ileocolic wall width measured 0.30 cm.
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
16 yrs	
WEIGHT	Pancreas
6.6 lbs.	The left pancreatic limb was indistinctly prominent in size with capsule asymmetry and nonhomogeneous, subtly hypoechoic parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of significant lymphadenopathy or overtly visualized masses was noted. Moderate volume peritoneal effusion exhibiting mild echogenic effusion changes, suggestive of effusion cellularity, was present. Generalized nonuniform variably echogenic omentum was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Shari Reffi, CVT	<ul style="list-style-type: none"> • Enlarged, nonhomogeneous liver exhibiting variably lobar swelling • Transdiaphragmatic comet tail artifact • Moderate volume peritoneal effusion with generalized nonuniform omentum • Mild chronic renal changes • Overtly normal gastrointestinal tract • Prominent nonhomogeneous left pancreas
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Andover AH	Give no subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, as well as no overt evidence of passive hepatic congestion, or significant gastrointestinal mural disease which may result in an effusion of this nature, significant hepatic pathology with secondary portal hypertension or lymphatic obstruction owing to carcinomatosis, lymphomatosis, or similar is of primary concern. Neoplastic criteria is favored. FIP is considered an extremely unlikely differential diagnosis in light of the patient's age.
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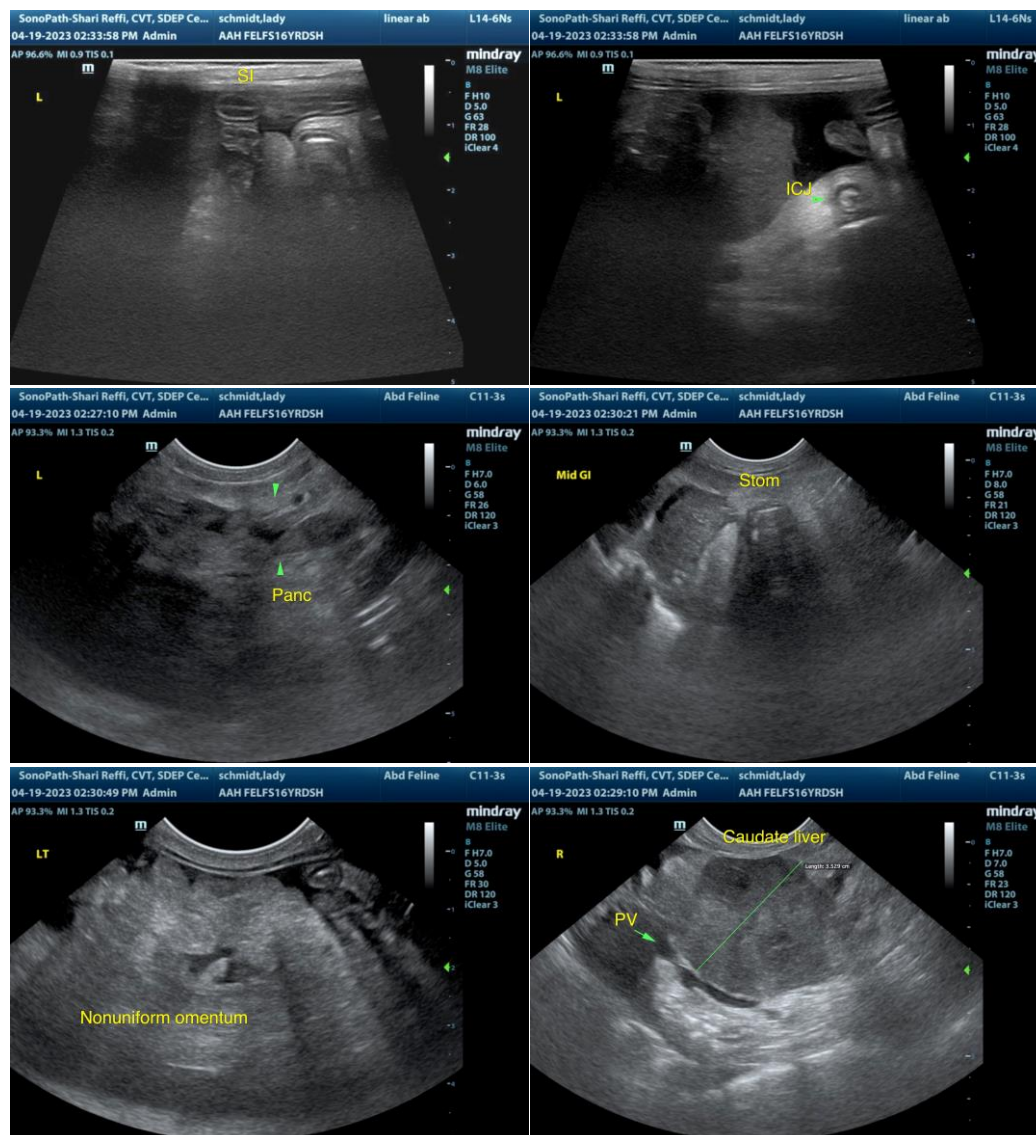
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Further assessment would include abdominocentesis for effusion analysis, cytology, +/- C/S if evidence of inflammatory cells, screening hepatic FNA cytology using a 25-gauge needle and assuming normal clotting status, as well as three view chest radiographs if not done. An extremely guarded to unfavorable prognosis is likely.





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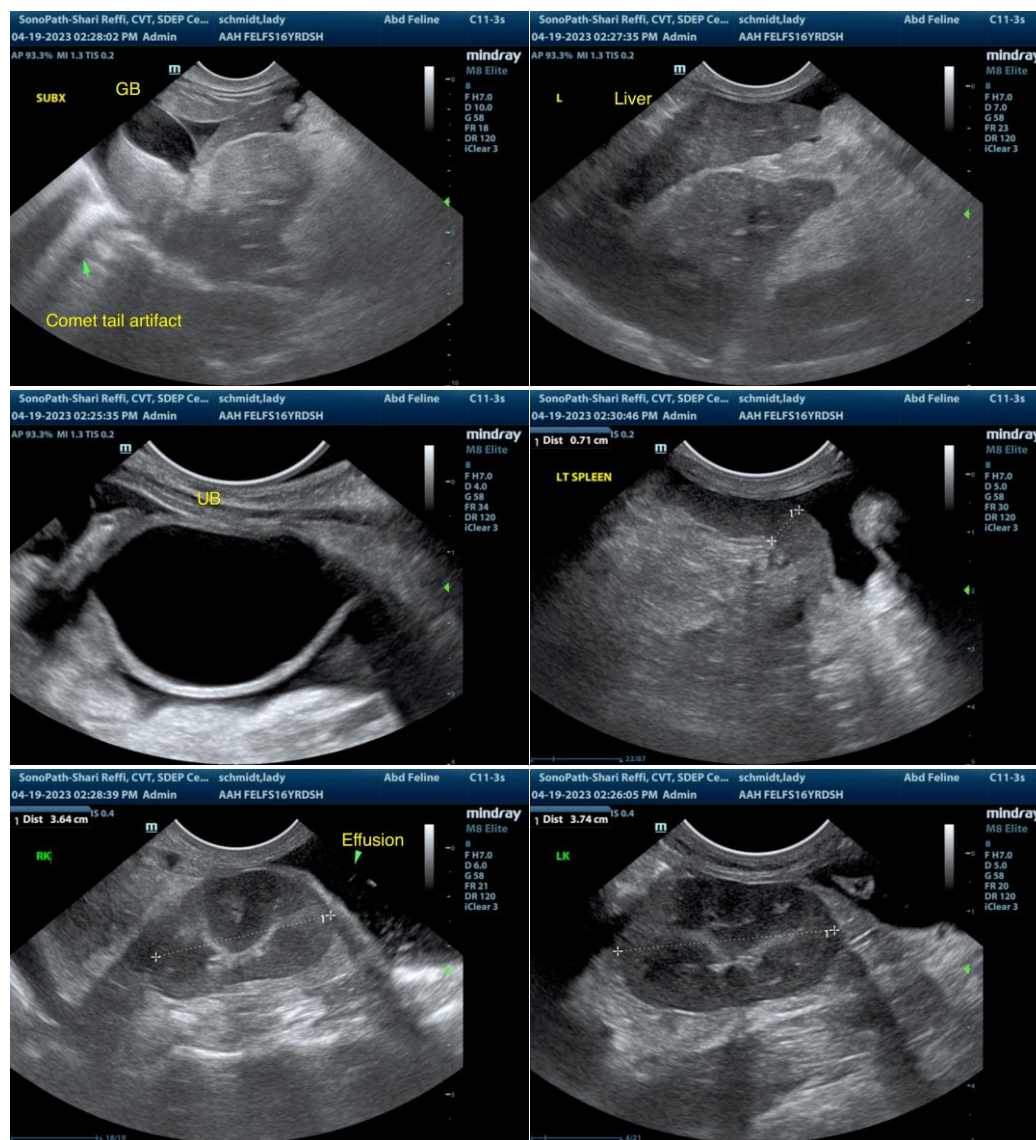
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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