



PATIENT PRESENTING CLINICAL SIGNS

Lady Lefebvre History: Hypotension; weight loss, diarrhea. Suspect abdominal mass on radiographs; no mass noted on palpation. Neutropenia (71.3) ; anemia (HCT 23.7); hypophosphatemia (2.8).

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **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 was noted.

BREED

DSH

SEX

Spayed female

AGE

15 years

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia observed in the left kidney. The left kidney measured 4.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

WEIGHT

2.33 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was not definitively visualized yet appeared to be free of pathology.

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver/ Gallbladder

HOSPITAL NAME

New England Animal
 Emergency Center

The liver exhibited subjective potential for mild enlargement yet maintained symmetrical capsule contour and uniform normoechoic hepatic parenchyma. No hepatic masses or nodules were noted. The gallbladder was non-distended in size containing nonorganized nonmineralized luminal mucus extending to the cystic biliary duct and proximal common bile duct with minor nonobstructive proximal bile duct dilation. The proximal bile duct measured 0.40 cm in width.

REFERRING VET

Dr. Fernandez

Gastrointestinal

The stomach exhibited unremarkable wall layering with mild gastric distention containing retained anechoic fluid and chyme.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer yet without evidence of mural hypertrophy, loss of intestinal wall layering or intestinal masses. Generalized retained small intestine fluid and chyme was observed extending to the level of the ileocolic junction.

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Normal visible colon wall layers were present with apparent formed to semi formed progressively shadowing feces in lumen.

Pancreas



PATIENT

Lady Lefebvre

The pancreas exhibited mild prominent size yet symmetrical contour and subtle hypoechoic to non-homogeneous parenchyma with generalized mild pancreatic duct dilation. The pancreatic duct measured 0.40 cm in width.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy was noted. Generalized mild reactive mesentery and intermittent small pocket of scant free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with minor left kidney pyelectasia.
- Generalized gastrointestinal retained fluid/chyme and ileus pattern, potential for inefficient peristalsis.
- Subjective mild nonspecific hepatomegaly.
- Nonobstructive gallbladder and proximal common bile duct mucus.
- Suspect chronic to chronic active pancreatitis.

WEIGHT

2.33 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

INTERPRETED BY

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

The generalized gastrointestinal inefficient peristalsis pattern without overt evidence of mechanical obstruction may indicate chronic inflammatory enteropathy while the possibility of neoplastic infiltrative enteropathy with round cells given the patient's weight loss and diarrhea may be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full thickness intestinal biopsies are likely required for definitive diagnosis. No overt evidence of gastrointestinal masses or lymphadenopathy.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Empirical IBD/chronic pancreatitis treatment protocol with possible intestinal prokinetic agents may prove beneficial. Three view chest radiographs and thorough neurological/musculoskeletal exam is suggested to rule out concurrent occult disease which may be contributing factors to the patient's weight loss.

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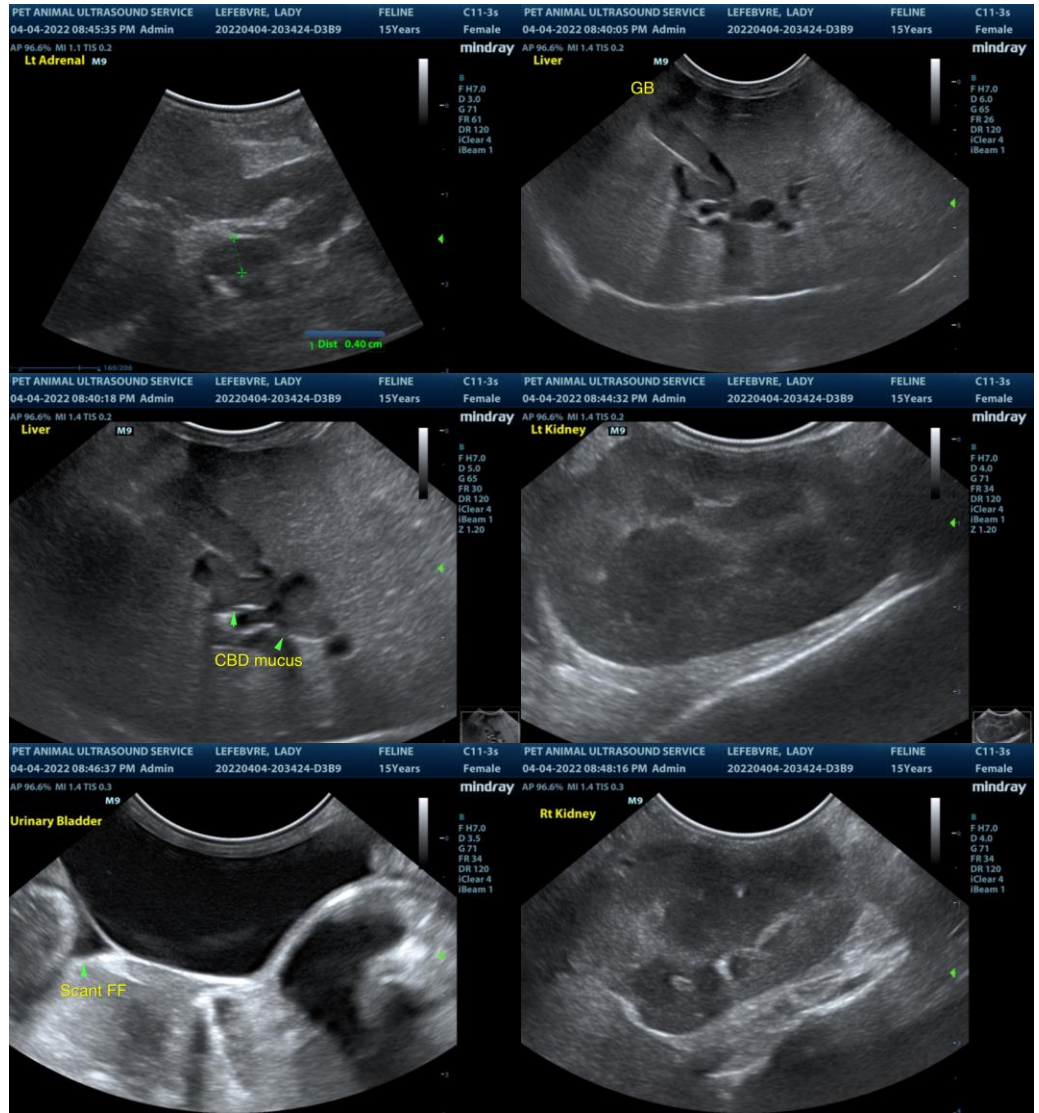
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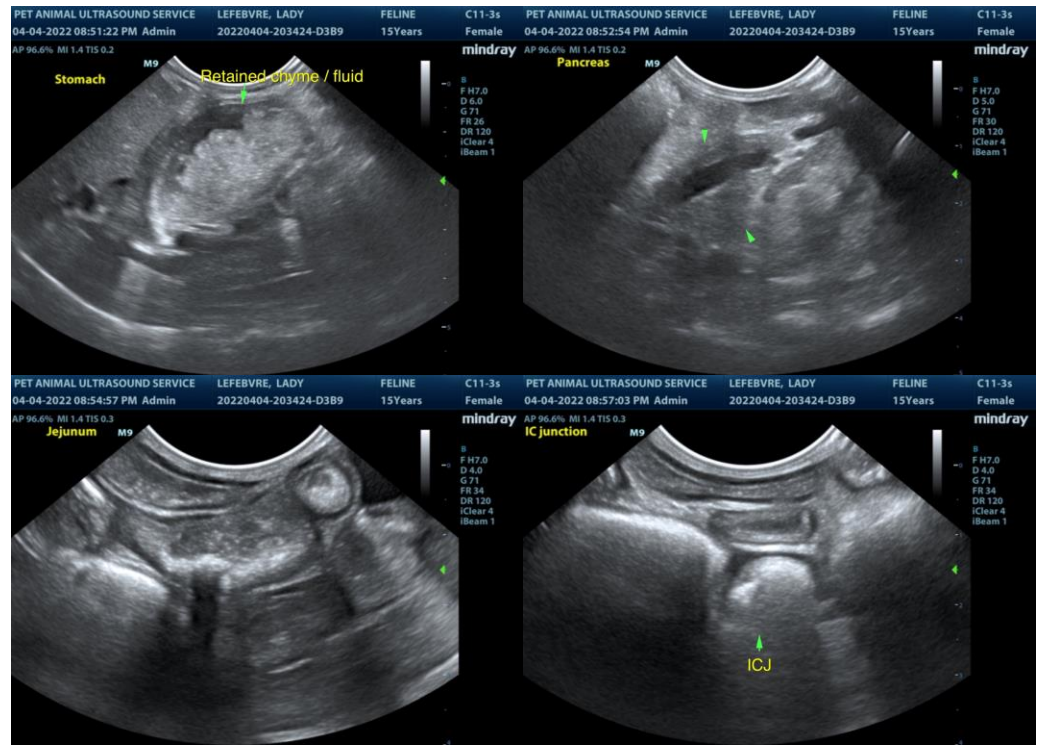
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AGE

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WEIGHT

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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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