



PATIENT PRESENTING CLINICAL SIGNS

Rin Vazquez Cough, possible lung mass on radiographs Convenia inj

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART, THORAX & ABDOMEN

Feline Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

BREED

DSH

SEX

FS

AGE

2010

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 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 3.9 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

10.6

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

INTERPRETED BY

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

Spleen

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. The spleen measured 0.85 cm width at the level of the hilus. No evidence of splenic neoplastic criteria was noted.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic neoplastic criteria was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

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REFERRING VET

Dr. DiBuono

Gastrointestinal

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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.

DATE

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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.



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

Rin Vazquez **Pancreas**

SPECIES 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 were evident.

Feline

Free Abdomen

BREED No evidence of intraabdominal masses, omental lymphadenopathy or peritoneal effusion was present.

DSH

Heart

SEX

Brief sonographic assessment of the heart revealed overtly normal cardiac structure and function without evidence of left or right heart chamber enlargement. No evidence of pericardial free fluid was noted.

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Thorax

2010

Sonographic assessment of the caudal thorax revealed areas of sonographically unremarkable lung exhibiting normal curvilinear lung interface and mild reverberation artifact consistent with normal aerated lung. Several small to focally prominent peripheral pulmonary nodules were present in the caudal thorax, as well as potentially immediately cranial to the diaphragm and cranial liver. An example of a peripheral pulmonary nodule measured 1.6 cm subjectively. Normal aerated lung with potential mild increased reverberation artifact was noted deep to the peripheral pulmonary nodules. No evidence of pleural effusion was noted.

WEIGHT

10.6

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen - no evidence of primary neoplastic criteria
- Intermittent variably sized peripheral pulmonary nodules caudal thorax

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 Rebekah Jakum, CVT
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A definitive caudodorsal pulmonary mass lesion was not definitively visualized potentially owing to an intrapulmonary lesion surrounded by aerated lung. General considerations for the intermittent peripheral pulmonary nodules may include benign lesions such as abscess, hematoma, or granuloma. However, neoplastic peripheral pulmonary nodules may be considered a primary differential diagnosis in this case in conjunction with radiographic assessment.

REFERRING VET

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If accessible, ultrasound-guided FNA of a small peripheral pulmonary nodule could be considered for screening cytology. Thoracic CT is likely ideal if possible, given this presentation.

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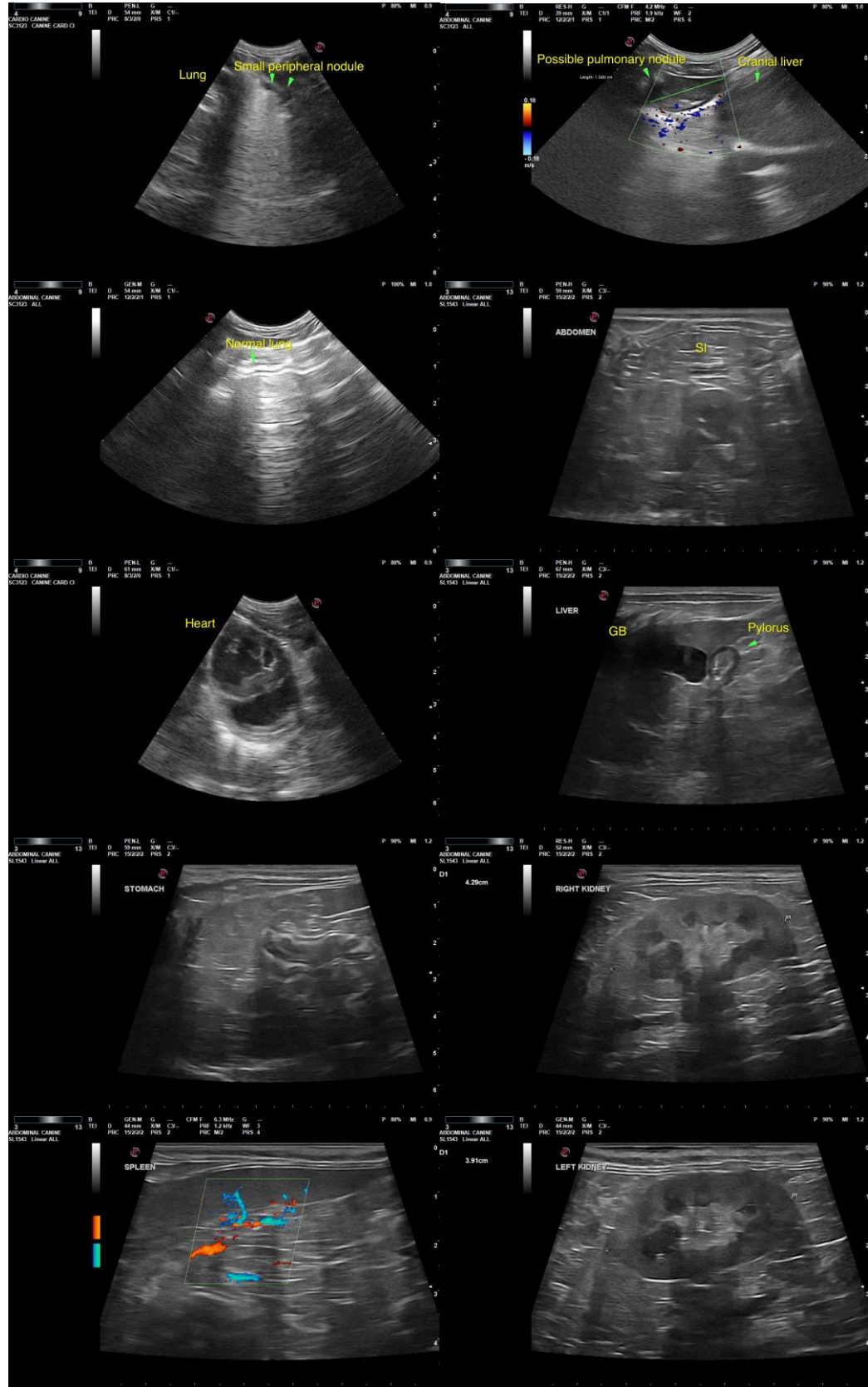
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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