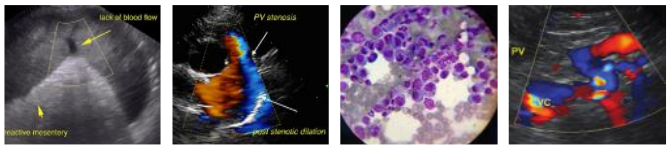
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

050523 Licari

SPECIES

Feline

BREED

DSH

SEX

M

AGE

7+yr

WEIGHT

7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr Tudor Suciu

INVOICE

13724ag

DATE

05/05/2023

PRESENTING CLINICAL SIGNS

"050523" Licari is an adult/geriatric stray cat fed in the back yard. Appetite has been poor lately and he lost weight. No other history

Abnormal PE/Chem/CBC/UA Results: Poor body condition (BCS 2/9), severe dehydration (7-8%). Oral/labial/gingival ulcerations (R/O chemical vs electrical burns). Thickening of the small intestine palpated. No petechiae seen. Normal WBC (17.82), with mild neutrophilia (16.61) Anemia - low RBC (4.21), low hemoglobin (7.9), low hematocrit (23.2%) Low platelets (27) High BUN (56.7), low creatinine (0.5) High phosphorus (6.7) Low calcium 8.0 (8.8-11.9), low ionized Ca 0.99 (1.21-1.51) Low sodium 142 (148-163) High globulin 6.3 (2.8-4.8) High glucose (144) High cholesterol (291) High Total Bilirubin 0.8 (0.0-0.5). Rest LES WNL

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.

Enlarged renal size with symmetrical margination was present in both kidneys. Uniform hyperechoic cortex parenchyma with increased medullary echogenicity was present bilaterally. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.5 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width.

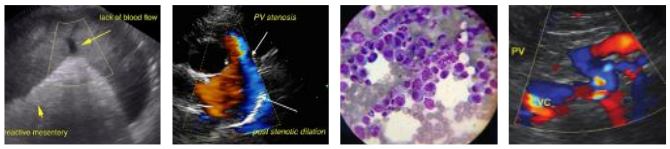
Spleen

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. 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.

Liver/Gallbladder

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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal



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

PATIENT

050523 Licari

SPECIES

Feline

BREED

DSH

SEX

M

AGE

7+yr

WEIGHT

7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr Tudor Suciu

INVOICE

13724ag

DATE

05/05/2023

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 in width.

The small intestine presented generalized intact wall layering with mild altered muscularis/mucosa ratio owing to generally mild prominent muscularis layer/mildly prominent to hyperechoic submucosa layer. An indistinct mildly irregular intestinal mural mass/lesion was present in the area of the ileocolic junction measuring ~ 3.0 cm in diameter. The mass lesion exhibited mild irregular mural hypertrophy with isoechoic mildly non-homogenous mural echogenicity. The jejunum wall measured 0.26 cm width.

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

Pancreas

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.

Free Abdomen

No omental masses or peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy with associated mesenteric lymphadenopathy- chronic IBD or other inflammatory enteropathy, potential for neoplastic infiltrative enteropathy with mesenteric lymph node hyperplasia, reactive lymphadenitis or early neoplastic lymphadenopathy.
- Indistinct segmental mural mass/lesion possibly at the level of the ileocolic junction
- Hepatomegaly-inflammatory hepatopathy i.e., cholangiohepatitis, potential for infiltrative hepatic neoplasia.
- Non-distended gallbladder with mild sludge.
- Bilateral renomegaly with increased corticomedullary echogenicity-nonspecific chronic renal changes vs interstitial or other nephritis, possible emerging renal neoplasia.

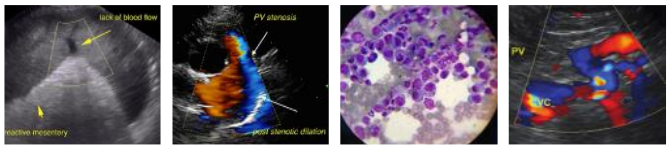
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic triad disease could be a consideration although concern for multicentric neoplastic criteria is warranted. Dry form FIP is considered a less likely potential in this case.

Assuming normal clotting status and using a 25g needle, a hepatic +/- mesenteric lymph node FNA for screening cytology is warranted for further assessment.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assessment of retroviral status is suggested if not done. A full thickness intestinal biopsy is required for a definitive diagnosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

050523 Licari

SPECIES

Feline

BREED

DSH

SEX

M

AGE

7+yr

WEIGHT

7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

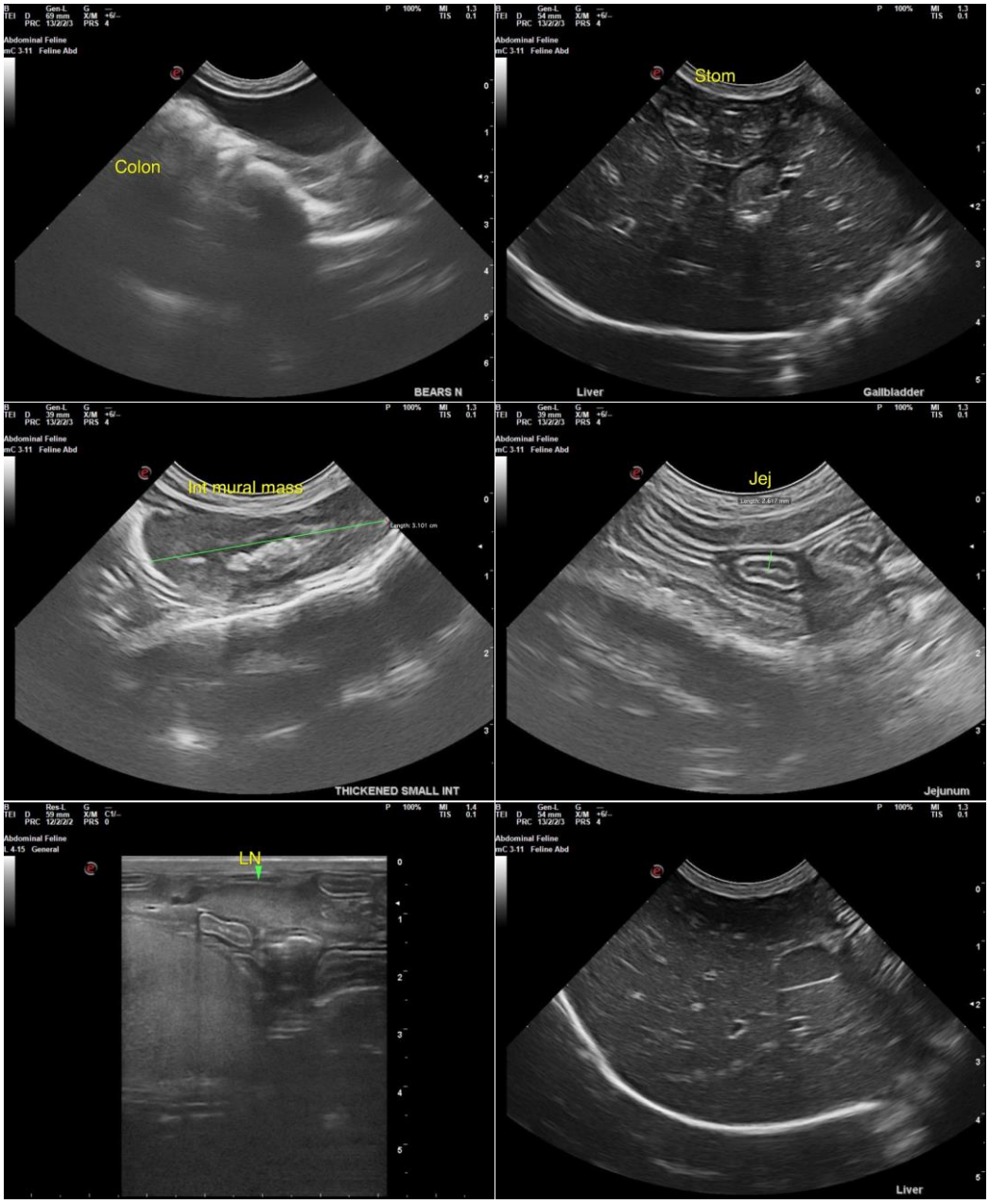
Dr Tudor Suciu

INVOICE

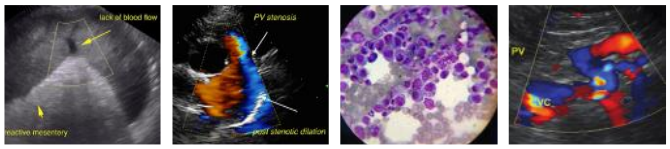
13724ag

DATE

05/05/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

050523 Licari

SPECIES

Feline

BREED

DSH

SEX

M

AGE

7+yr

WEIGHT

7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

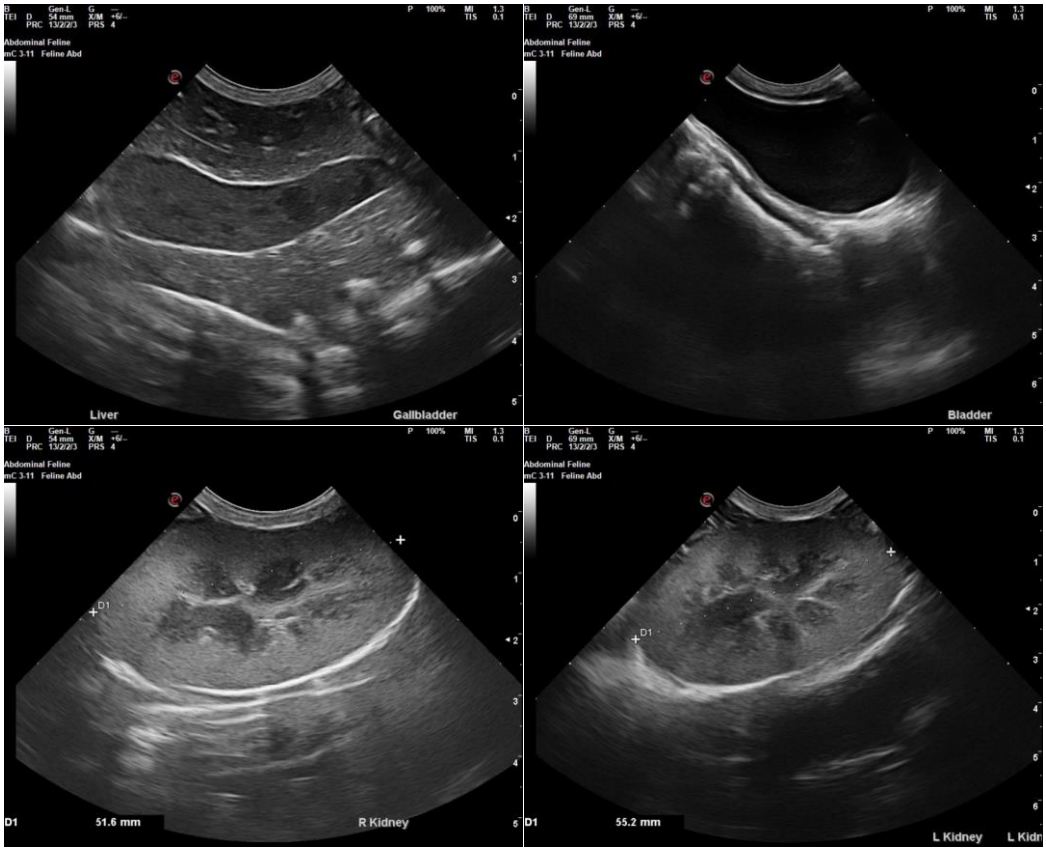
Dr Tudor Suciu

INVOICE

13724ag

DATE

05/05/2023



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)
mac.daniel@sonopath.com