



PATIENT	PRESENTING CLINICAL SIGNS
Rubia Rodriguez	Bloodwork results showed high blood cell count, Dr. Kim suspected cancer so we recommended an ultrasound.
SPECIES	***The submitted study contained 22 still images and 7 videos for review.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
DSH	The urinary bladder was mildly distended with normal tone. The 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 mild particulate to hyperechoic dependent to non-dependent sediment to potential mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	
F	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and mild loss of corticomedullary definition were present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.
AGE	
10yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	<i>Adrenal Glands</i>
6.2	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.
INTERPRETED BY	<i>Spleen</i>
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. The spleen measured 0.7 cm in width at the level of the hilus.
IMAGING PERFORMED BY	<i>Liver/Gallbladder</i>
Dr. Paul Kim	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 normal to mildly subnormal in size, likely owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.
HOSPITAL NAME	<i>Gastrointestinal</i>
Ridgefield Park Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.
REFERRING VET	
Dr. Paul Kim	
INVOICE	
14132ag	
DATE	
06/13/2023	



PATIENT

Rubia Rodriguez

The small intestine presented intact mildly prominent wall layering. Small intestine wall measured 0.29 cm in width. Segmental moderate non-shadowing intestinal ingesta/chyme was present.

The colon exhibited potential of mild distention with formed fecal matter.

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

Intermittent mildly swollen homogenous mid abdominal mesenteric lymph nodes were present, an example measured 1.6 cm x 0.66 cm.

SEX

F

Intermittent scant pocket of peritoneal free fluid was present in the caudal abdomen adjacent to the urinary bladder and descending colon.

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

- Non-specific subtle renal medullary rim sign.
- Mildly non-homogenous liver.
- Moderate gastric ingesta-suggestive of food.
- Subjective intact yet mildly prominent small bowel wall with segmental intestinal ingesta/chyme.
- Non-specific mesenteric lymphadenopathy-hyperplasia, minor reactive lymphadenitis suspected, early lymphatic neoplastic criteria cannot be excluded.
- Scant caudal abdominal peritoneal free fluid.
- Urinary bladder sediment/mineral.

WEIGHT

6.2

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

IMAGING PERFORMED BY

Dr. Paul Kim

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if GI signs of weigh loss are present. No definitive evidence of visualized intra-abdominal masses or overt neoplastic criteria.

HOSPITAL NAME

Ridgefield Park
Animal Hospital

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A CBC pathology review is suggested.

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HOSPITAL NAME

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REFERRING VET

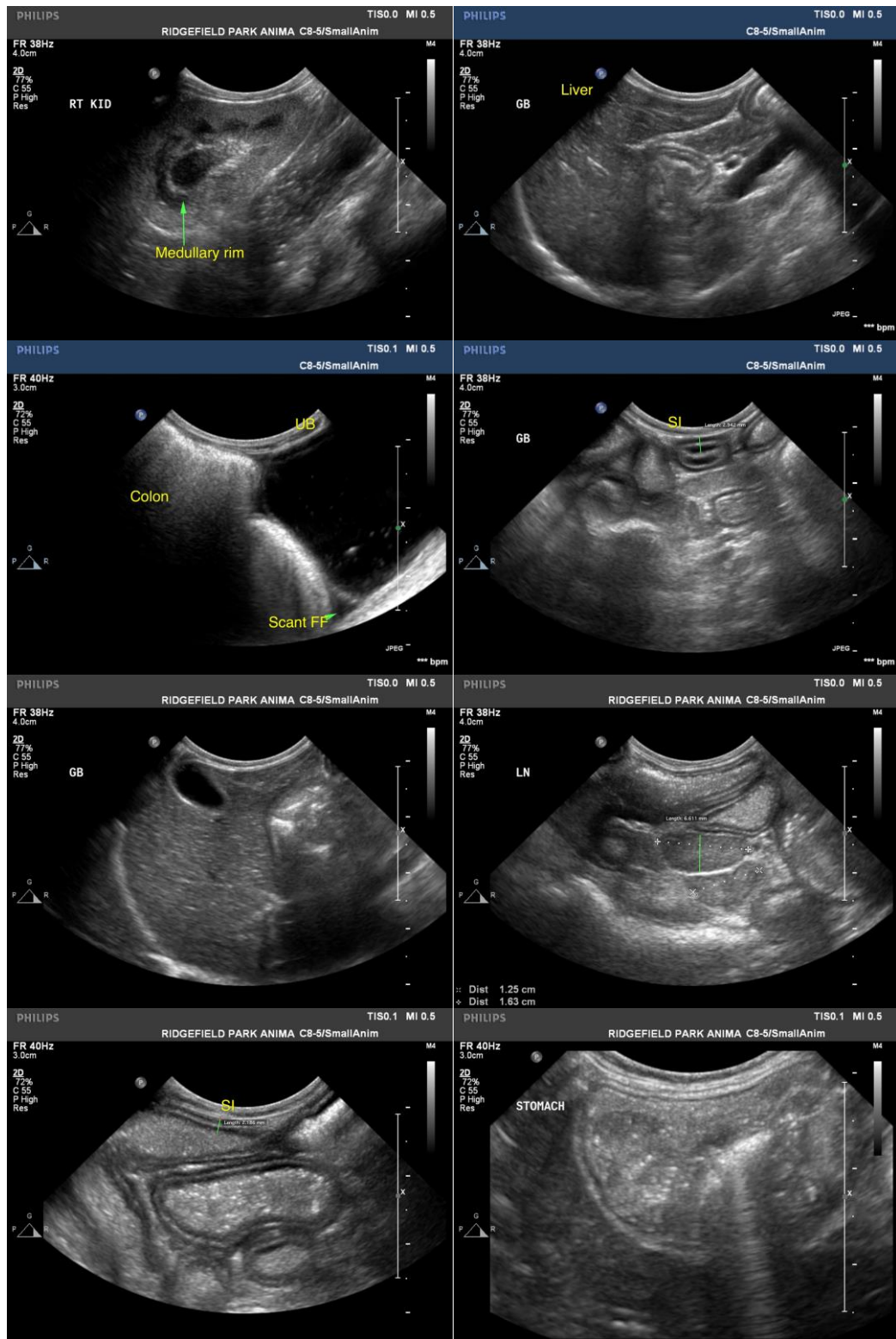
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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