



PATIENT	PRESENTING CLINICAL SIGNS
Asprid Kaplan	Reason for Visit: adr History: 11y 4m old SF DSH presents ADR. O reports over the weekend pet seemed lethargic, unlike herself. Urinated large amount outside of litter box yesterday. Indoor only.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OD and AU. OS: mild dark brown debri, no erythema or swelling present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar Musculoskeletal: BCS = 8/9. Ambulatory x 4
Feline	Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Suspected R cranial abdominal mass-difficult to palpate (was able to feel mass while pet was on her back). Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed: Feline senior profile, Thoracic radiographs, AUS Declined Diagnostics/Treatments: None Findings: 1) CBC: RBC 3.81 (6.54-12.20), 21.2 (30.3-52.3), HGB 5.9 (9.8-16.2), RETIC 510.2 (3.0-50.0), WBC 40.68 (2.87-17.02), NEU 29.22 (2.30-10.29), MONO 4.41 (0.05-0.67), BASO 0.33 (0.01-0.26), PLT 102 (151-600) 2) CHEM: GLU 257 (71-159), BUN 40 (16-36), Ca 7.1 (7.8-11.3), Na 143 (150-165), Cl 102 (112-129) 3) UA (cysto): 4) TT4: WNL 5) FeLV/FIV/HW snap test: Negative 6) Thoracic radiographs (3 views): Consult pending
BREED	
DSH	
SEX	
SF	
AGE	
11 years 4 months	
WEIGHT	
16.34 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
IMAGING PERFORMED BY	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.
Dr. Rivera	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	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 4.0 cm in length. The right kidney measured 4.4cm in length.
DPC VH	
REFERRING VET	Adrenal Glands
Dr. Rivera	The left and right adrenal glands were not definitively visualized.
INVOICE	Spleen
14092	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 0.89 cm width at the level of the hilus.
DATE	
6/14/22	



PATIENT

Liver/ Gallbladder

Asprid Kaplan

The liver exhibited generalized enlargement with multiple, mildly expansive, variably echogenic to nonhomogeneous, intraparenchymal nodules, some of which mildly distorted the hepatic capsule. An example measured 2.1 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

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.

SEX

SF

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.

AGE

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

11 years 4 months

Pancreas

WEIGHT

16.34 lbs.

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.

INTERPRETED BY

Free Abdomen

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

Moderate volume subjective anechoic peritoneal free fluid was present. Generalized mild nonuniform mesentery was noted. Unspecified nonhomogeneous spherical appearing mass was present in the mid abdomen measuring 3.1 cm in diameter. No overt evidence of significant lymphadenopathy yet potential for concurrent mesenteric lymphadenopathy cannot be excluded.

IMAGING PERFORMED BY

ULTRASONOGRAPHIC FINDINGS

Dr. Rivera

Primary Findings

- Unspecified nonhomogeneous to spherical mass mid abdomen
- Multifocal variably expansive to echogenic hepatic intraparenchymal nodules
- Moderate volume peritoneal free fluid and mild nonuniform mesentery

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

Secondary Findings

- Mild chronic renal changes

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6/14/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA along with FNA of the unspecified midabdominal mass is warranted for screening cytology. Multicentric neoplastic criteria is favored with potential for lymphomatosis, carcinomatosis, or similar. Concurrent peritoneal effusion analysis cytology +/- culture and sensitivity if evidence of inflammatory cells could also be considered. Three view chest radiographs are recommended if not done.



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IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

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REFERRING VET

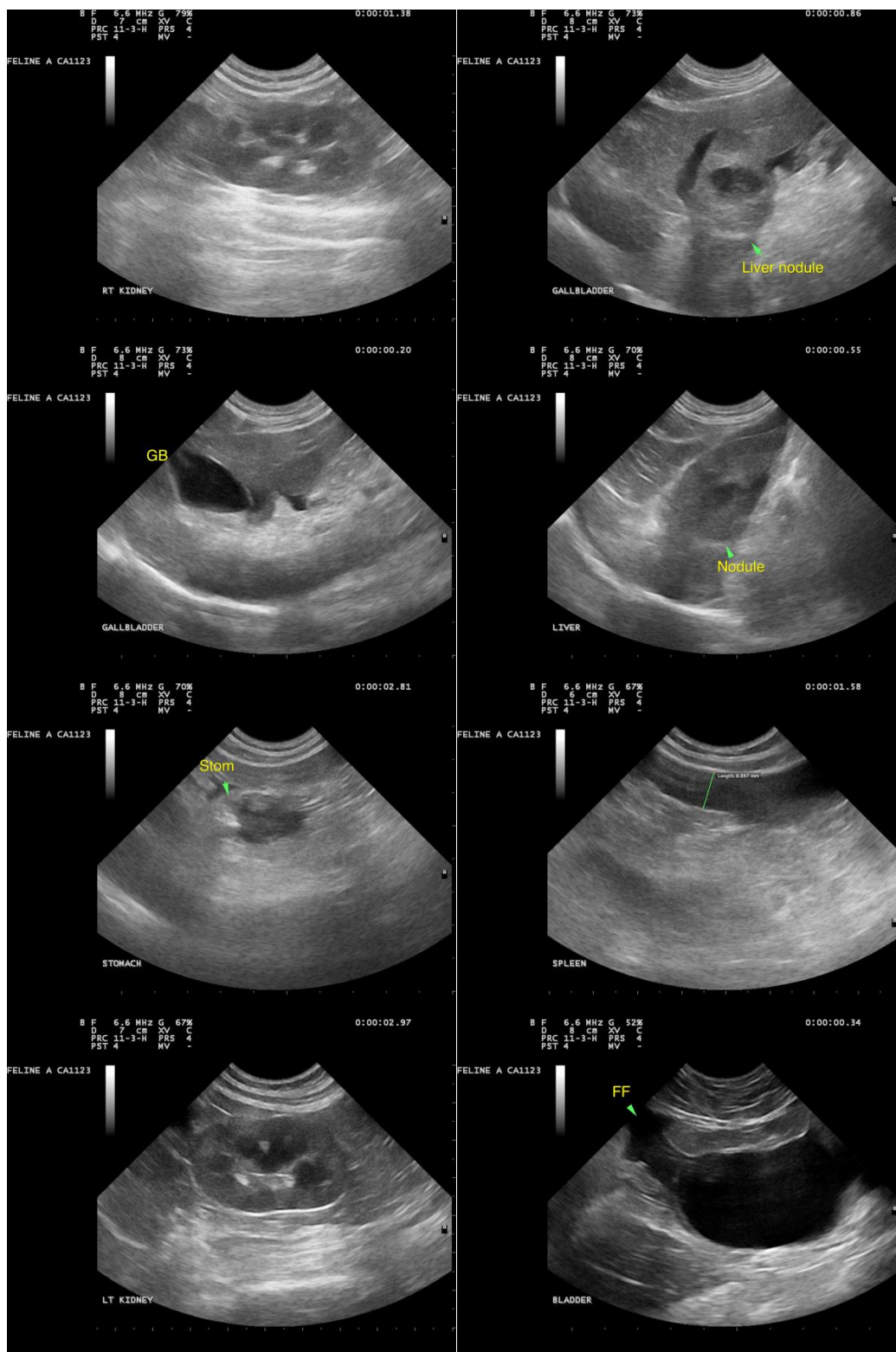
Dr. Rivera

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PATIENT

Aspid Kaplan

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.

SPECIES

Feline

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.

BREED

DSH

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

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