



**PATIENT**

Loluli Szilagyi

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14 YO

**WEIGHT**

11.10 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

ANimal Clinic of  
Queens

**REFERRING VET**

Dr. Mucera

**INVOICE**

14084

**DATE**

6/14/22

**PRESENTING CLINICAL SIGNS**

No eating or drinking for the past few days.

Abnormal PE/Chem/CBC/UA Results: Possible mass mid abdomen, muscle waste, loss weight, OD mature cataract. BW 6/13/2022 CHEM: Total Bilirubin: 26.1 (H) 0.1-0.4 CPK: 557 (H) 56-529 CBC: WBC: 16.7 (H) 3.5-16.0 Hemoglobin: 8.0 (L) 9.3-15.9 HCT: 25 (L) 29-48 Platelet: 586 (H) 200-500 Neutrophils: 16643 (H) 2500-8500 Lymphocytes: 935 (L) 1200-8000 Monocytes: 748 (H) 0-600

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 4.2 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was not definitively visualized.

**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.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement with intermittent multiple, mildly expansive nodules to small masses exhibiting central hypoechogenicity present. An example measured 2.7 cm in diameter. The gallbladder was non-distended in size with thin walls containing primarily anechoic content with mild nonmineralized luminal debris. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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 width measured 0.25 cm.

The small intestine revealed a large, expansive mass exhibiting markedly thickened walls, decreased mural echogenicity, and loss of discernable wall layering in the mid-abdomen. The intestinal mass measured approximately 5.5 cm x 3.2 cm. Intestinal wall width within the mass measured up to 1.5 cm. Normal appearing small intestine was also present, exhibiting intact wall layering and a maintained 1:3 muscularis / mucosa ratio. Evidence of reactive mesentery around the intestinal mass was noted.

Normal visible colon wall layers were present with apparent formed 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 were evident.

***Free Abdomen***

Intermittent minor isoechoic mesenteric lymphadenopathy was noted. Subtle evidence of perihepatic free fluid was noted.

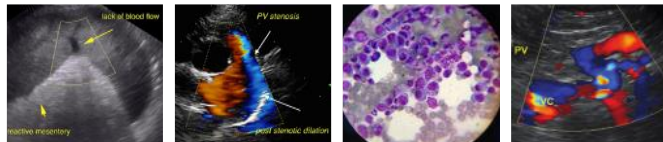
**ULTRASONOGRAPHIC FINDINGS**

- Large midabdominal intestinal mass - suspect involving ileocolic junction
- Multiple expansive centrally hypoechoic hepatic intraparenchymal nodules to small masses

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, the large intestinal mass along with concurrent expansive hepatic intraparenchymal nodules to small masses are consistent with multicentric neoplastic disease.

Assuming normal clotting status, ultrasound-guided FNA of the intestinal mass, as well as hepatic nodule for screening cytology and potential oncology consultation and immediate chemotherapeutic intervention could be considered. Unfortunately, this case appears to be nonsurgical. Three view chest radiographs are suggested if not done.



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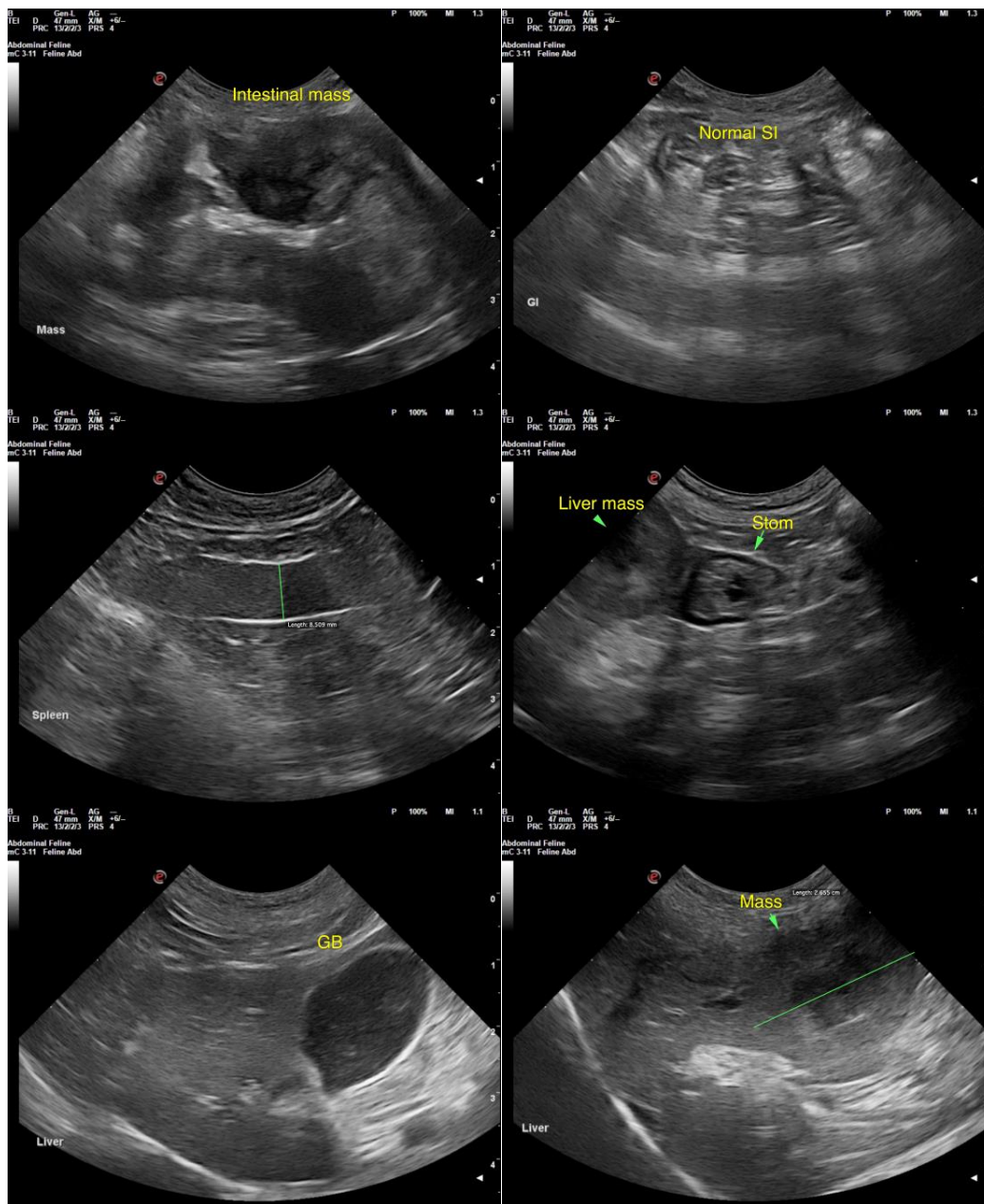
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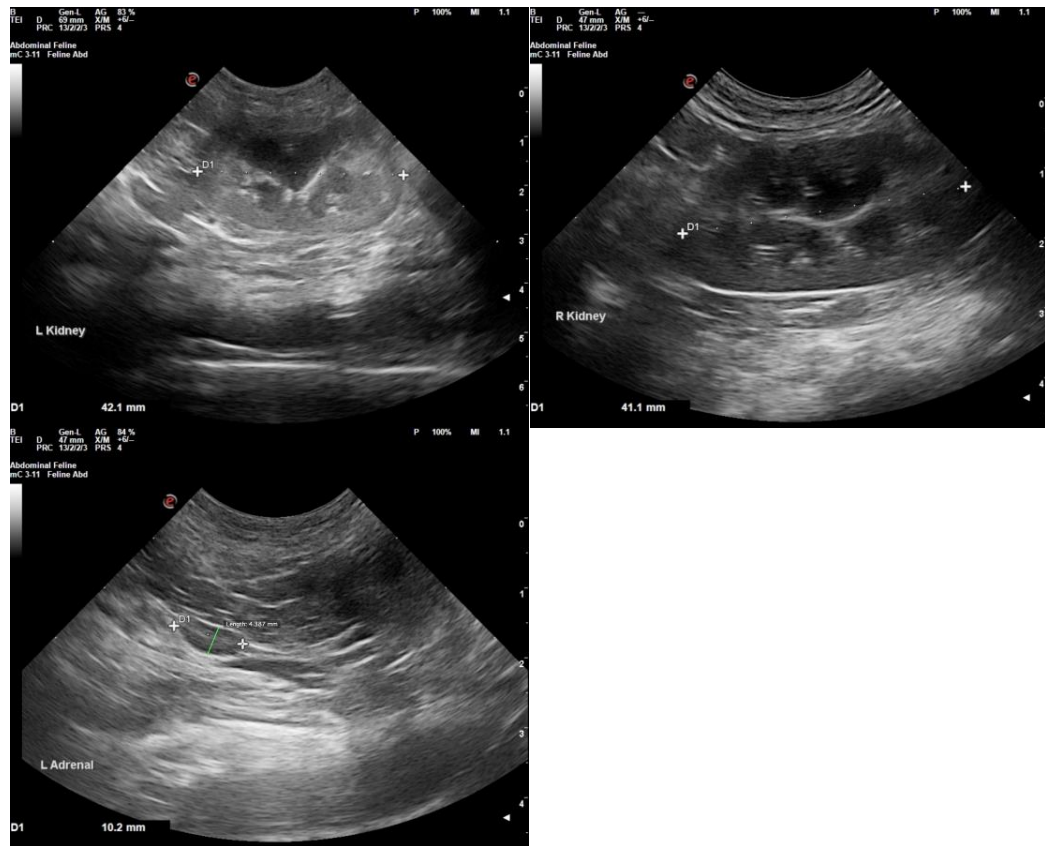
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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