



PATIENT PRESENTING CLINICAL SIGNS

Jinxy Collazo History: LOSING WEIGHT SUSPECTED CRANIAL ABDOMINAL MASS
Abnormal PE/Chem/CBC/UA Results: URINE SPGR - 1.028 BLOOD WORK- PENDING

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED 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 mild to moderate nondependent particulate to hyperechoic or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DSH

SEX Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. 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 4.3 cm in length. The right kidney measured 4.4 cm in length.

FS

AGE

14

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

12.3

No overt pathology in the area of the left or right adrenal glands.

Spleen

INTERPRETED BY

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 0.83 cm width at the level of the hilus.

Liver

IMAGING PERFORMED BY

Dr. Sharkaway

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.

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

Gastrointestinal

REFERRING VET

Dr. Sharkaway

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting mild progressive distal acoustic shadowing without signs of obstruction or foreign material.

INVOICE

10853ag

The small intestine presented intact yet prominent wall layering owing to mild altered muscularis/mucosa ratio secondary to propensity for generalized prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.34 cm in width. The ileocolic wall measured 0.48 cm in width. No overt evidence of loss of intestinal wall layering or intestinal masses was noted.

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



PATIENT

Pancreas

Jinxy Collazo

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.

SPECIES

Free Abdomen

Feline

A very small pocket of scant peritoneal free fluid was present around the caudal liver.

BREED

A solitary to potential multifocal to conglomerated enlarged mid abdominal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 4.3 cm length and 2.7 cm width.

DSH

SEX

FS

ULTRASONOGRAPHIC FINDINGS

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- Enteropathy exhibited prominent yet intact wall layering-consistent with infiltrative enteropathy, inflammatory vs neoplastic enteropathy possible
- Mid abdominal marked hypoechoic mesenteric lymphadenopathy with adjacent reactive mesentery
- Bilateral chronic interstitial nephrosis renal pattern
- Mild gallbladder debris-likely incidental
- Urinary bladder sediment

WEIGHT

12.3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although sampling is required for further assessment the mid abdominal mesenteric lymphadenopathy meets neoplastic criteria. Significant lymphadenitis is possible. An ultrasound guided FNA of the mesenteric lymph node is recommended for screening cytology. Potential for oncology consult if neoplastic process is confirmed. Full thickness intestinal and lymphatic biopsies are likely required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Dr. Sharkaway

Three view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor to the patient's weight loss.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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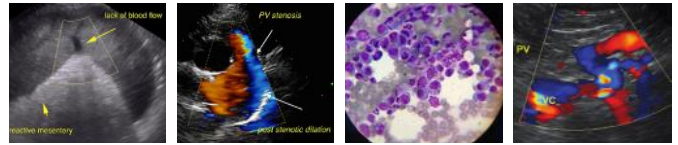
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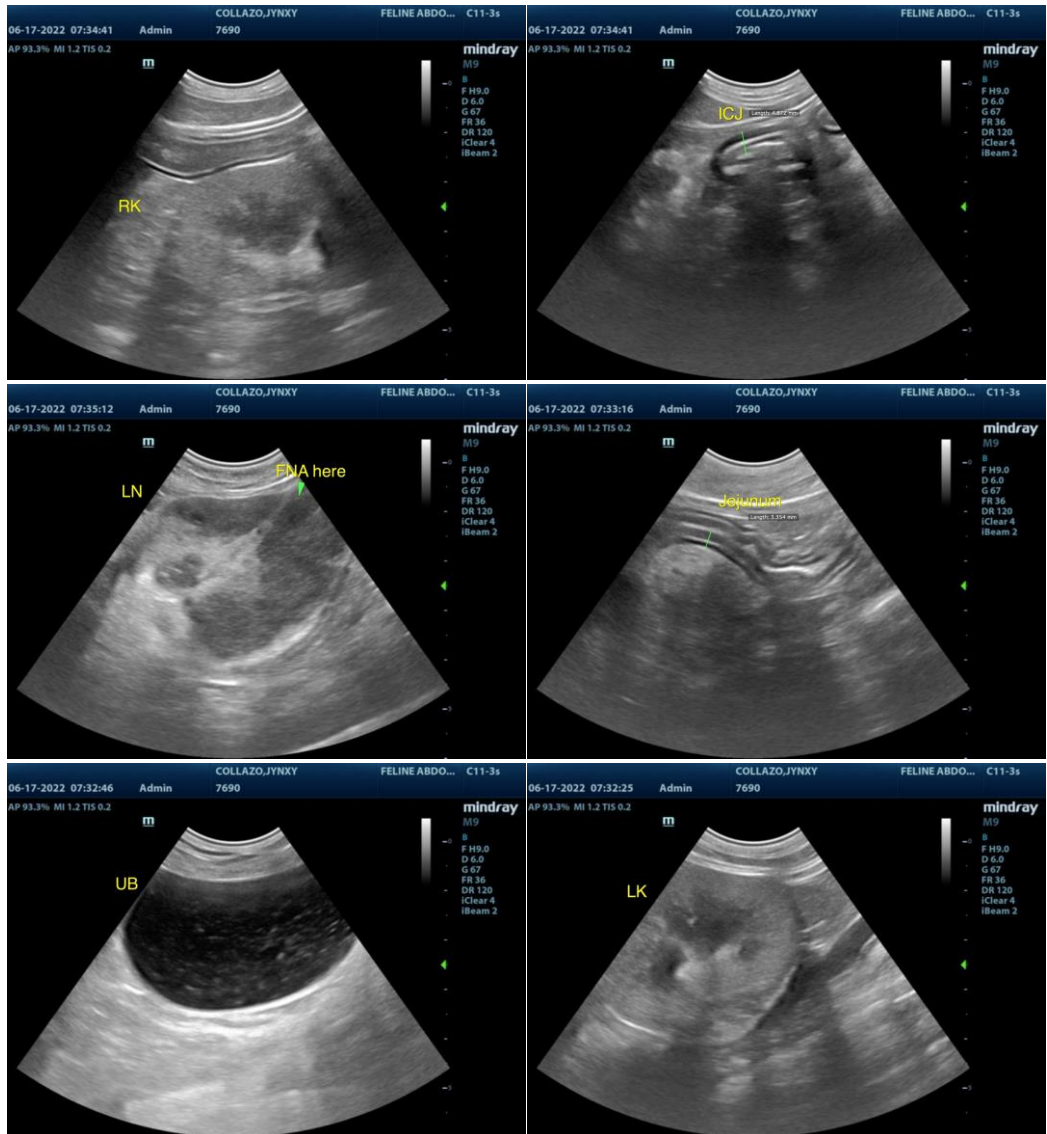
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Sharkaway

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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