



**PATIENT PRESENTING CLINICAL SIGNS**

Curley Kaplan

**SPECIES**

Feline

**BREED**

Selkirk Rex

**SEX**

Spayed Female

History: Reason for Visit: CHECK MOUTH History: P IS A 17Y3M OLD F/S SELKIRK REX PRESENTING TODAY FOR CHECK MOUTH O NOTICED BLOOD GOING ON COUPLE WEEKS. O WAS UNSURE WHERE BLOOD WAS COMING FROM REALIZED TODAY COMING FROM MOUTH. NORMAL APPETITE. C/S/V/D: SNEEZES ALL THE TIME PER O NORMAL FOR P  
Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade III-IV/VI murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU. AD- TECA done AS:pruritic, thick crust (probably from transdermal methimazole) on ear pinna. Mild light green mucoid nasal discharge. No cough on tracheal palpation. Sneezing in the exam room. Oral cavity: Moderate dental tartar, no active bleeding present. Light pk MM Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N 1) CBC: RBC 4.76 (6.54-12.20), Hematocrit 19.5 (30.3-52.3), HGB 6.5 (9.8-16.2), NEU 11.45 (2.30-10.29) 2) CHEM: BUN 42 (16-36), K 3.0 (3.5-5.8) 3) TT4: 5.9 (0.8-4.7) 4) pT/PTT: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

**Urinary System**

17 Years 3 Months

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 were noted. Aortic trifurcation was normal.

**WEIGHT**

7.21 Pounds

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.2 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Dr. Rivera

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm.

**HOSPITAL NAME**

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The right adrenal gland was indistinctly visualized yet subjectively normal in size, position and shape. The right adrenal gland subjectively measured 0.48 cm in width.

No obvious evidence of adrenal neoplastic criteria.

**REFERRING VET**

Dr. Rivera

**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 0.65 cm in width.

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**Liver**

**DATE**

6/21/22

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without



**PATIENT**

signs of congestion. A cystic appearing mild nonhomogeneous nodule was present in the mid caudoventral liver, measuring 2.6 cm in diameter.

Curley Kaplan

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

**SPECIES**

***Gastrointestinal***

Feline

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta/chyme was present. The gastric body wall measured 0.24 cm.

**BREED**

The visualized segments of small intestine were sonographically normal, exhibiting intact wall layering with maintained 1:3 muscularis to mucosa ratio. The small intestinal wall measured 0.25 cm.

Selkirk Rex

**SEX**

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

Spayed Female

***Pancreas***

**AGE**

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.

17 Years 3 Months

***Free Abdomen***

**WEIGHT**

No omental masses, lymphadenopathy or peritoneal free fluid was present.

7.21 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

- Bilateral chronic renal changes
- Hepatic parenchymal remodeling with solitary cystic appearing nonhomogeneous nodule-nodule is most likely consistent with benign cystic biliary adenoma, potential for neoplastic criteria is thought less likely

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

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Rivera

Overall, largely geriatric abdomen without evidence of overt or significant abdominal visceral pathology.

**HOSPITAL NAME**

Ultrasound guided FNA of the cystic appearing liver nodule could be considered for screening cytology, yet FNA of these types of cystic nodular lesions may prove unrewarding. Sonographic monitoring of the cystic appearing liver nodule, for evidence of progression, would be reasonable.

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An obvious cause of anemia, if present, was not overtly evident within the abdominal cavity. Further assessment may include CBC pathology review +/- additional work up for anemia, if clinically indicated.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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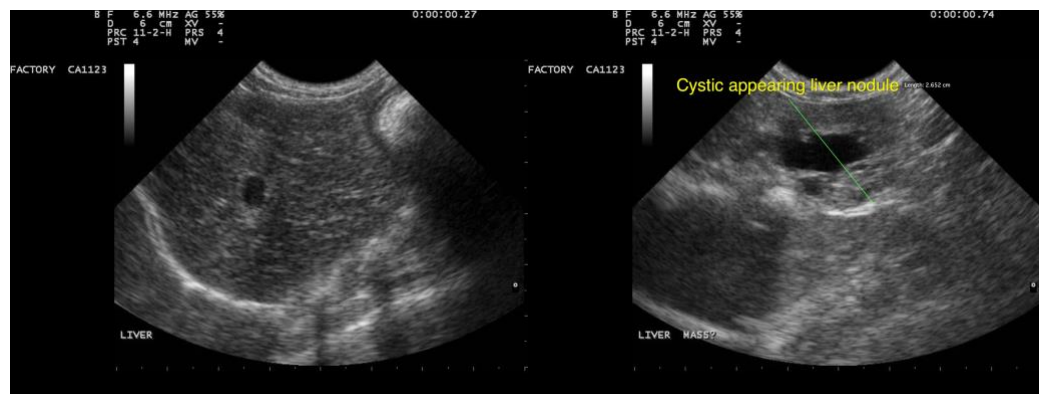
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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