



PATIENT PRESENTING CLINICAL SIGNS

Dewey Siegfried Decreased appetite, vomiting for 2 weeks, 3.4# weight loss in 1 year, improved with Cerenia.
 Medication: Cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

FS The area of the aortic trifurcation was free of pathology.

AGE 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 3.3 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT
 10.1

Adrenal Glands

INTERPRETED BY The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width and the right adrenal gland measured 0.37 cm width.

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

Spleen

IMAGING PERFORMED BY The spleen was enlarged in size exhibiting mild asymmetrical to scalloped medial capsule contour with a maintained finely textured homogeneous parenchyma. No splenic masses or nodules were noted. The spleen measured 1.7 cm width at the level of the mid-spleen.

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Alburtis AH

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

REFERRING VET

Dr. Borelli

Gastrointestinal

INVOICE

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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.

DATE

6/21/23



PATIENT

Dewey Siegfried

The small intestine exhibited intact segmentally thickened wall layering owing to a propensity for segmentally prominent muscularis layer. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.32 cm width. The ileocolic wall measured 0.38 cm width.

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

SEX

FS

Focal to intermittent, colic lymph nodes were present adjacent to the ileocolic junction. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.68 cm diameter. No evidence of peritoneal effusion was noted.

AGE

2010

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild chronic renal changes
- Splenomegaly with asymmetrical to scalloped medial capsule contour
- Intact segmentally thickened small bowel wall
- Mild colic lymphadenopathy - mild hyperplasia or lymphadenitis suspected
- Hepatopathy, sonographically unremarkable gallbladder

WEIGHT

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INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for round-cell infiltrative splenic neoplasia is warranted, although benign etiology i.e., hyperplasia, hematopoiesis, and incidental splenitis are possible. Assuming normal clotting status and using a 25-gauge needle with Benadryl pretreatment, FNA cytology of the spleen is recommended for further assessment.

HOSPITAL NAME

Alburtis AH

The small intestine exhibited mural changes which may suggest inflammatory criteria with potential for Triad disease, given the concurrent hepatopathy. Low-grade or early infiltrative intestinal neoplasia in conjunction with splenic neoplasia cannot be excluded.

REFERRING VET

Dr. Borelli

A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs pending splenic FNA cytology may be considered. Pending additional diagnostics, continued gastrointestinal supportive care is recommended.

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IMAGING PERFORMED BY

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HOSPITAL NAME

Alburtis AH

REFERRING VET

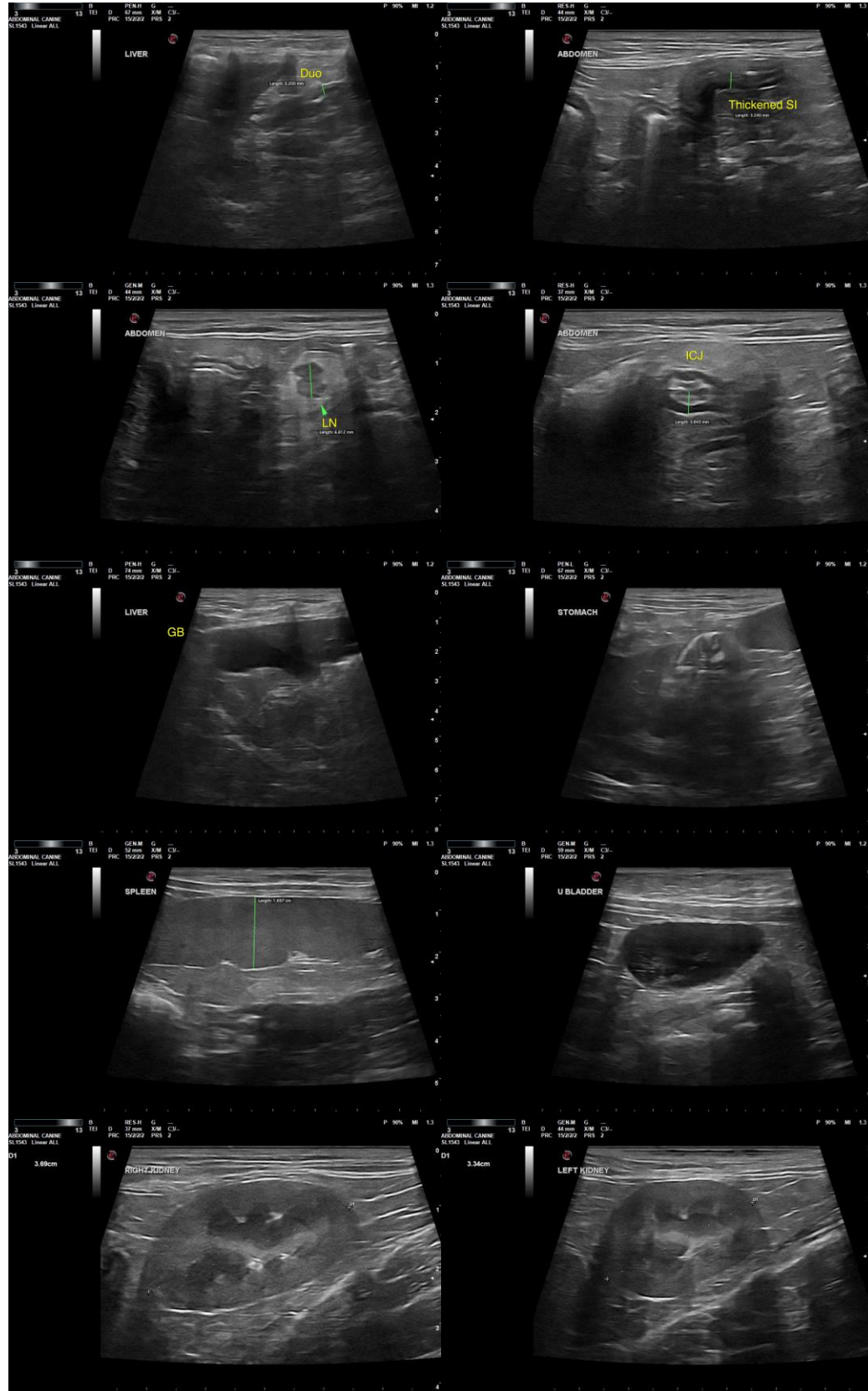
Dr. Borelli

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PATIENT

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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.

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

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info@sonopath.com

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