



PATIENT

Sweetpea Dionne

SPECIES

Feline

BREED

Calico

SEX

Female Spay

AGE

13

WEIGHT

6.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Killarney Cat Clinic

REFERRING VET

Dr. Titanich

INVOICE

14183

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Patient on gabapentin for scan. Cutaneous mast cell tumor removed looking for any metastasis
Abnormal PE/Chem/CBC/UA Results: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 iliac trifurcation was free of overt pathology including no evidence of significant medial iliac or evidence of sublumbar lymphadenopathy / masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

Spleen

The spleen was mildly enlarged in size measuring up to 1.2 cm in width at the level of the hilus with minor asymmetrical medial capsule contour and maintained a finely textured homogeneous parenchyma. Normal splenic vascularity was noted with no masses or nodules.

Liver/ Gallbladder

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 mild gallbladder debris, likely incidental. The cystic and common bile ducts were normal.

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 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. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall width measured 0.27 cm.



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Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

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Pancreas

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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.

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Free Abdomen

Calico

Minor intermittent colic lymphadenopathy with subtle regional peri ileocolic reactive mesentery was present. An example of a colic lymph node measured 0.2 cm in diameter. The colic lymph nodes were not consistent with inflammatory or neoplastic criteria, likely incidental. No omental masses, lymphadenopathy, or peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly - nonspecific
- Minor colic lymphadenopathy - subjectively benign, minor colic lymphoid hyperplasia or minor reactive lymphadenitis likely

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

No overt evidence of intraabdominal metastasis was noted.

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

The mild splenomegaly is nonspecific and may be a normal patient variant indicative of minor benign hyperplasia, hematopoiesis, or incidental splenitis. Neoplastic criteria in the spleen was not obvious, yet given the history of cutaneous mast cell tumor, the potential for very early splenic neoplasia cannot be definitively excluded.

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Assuming normal clotting status and with Benadryl pretreatment, screening ultrasound-guided splenic FNA using a 25-gauge needle may be considered for screening cytology or if recommended by an oncologist. Sonographic monitoring of the spleen and colic lymph nodes would be a more conservative approach. Three view chest radiographs are suggested in not done.

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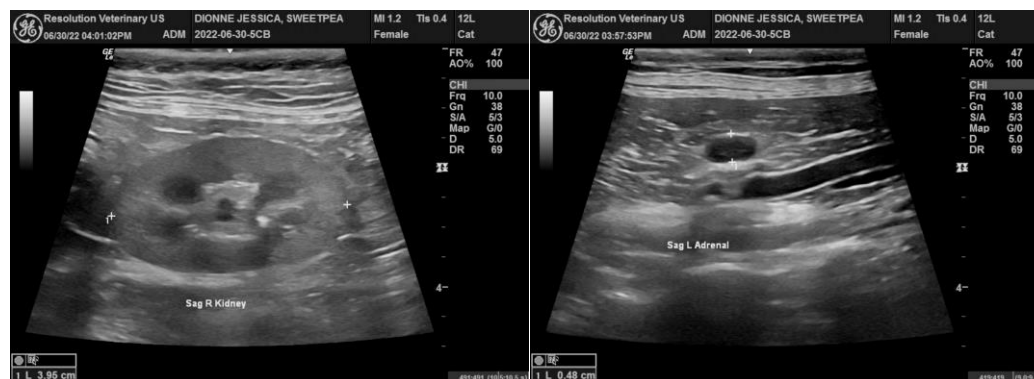
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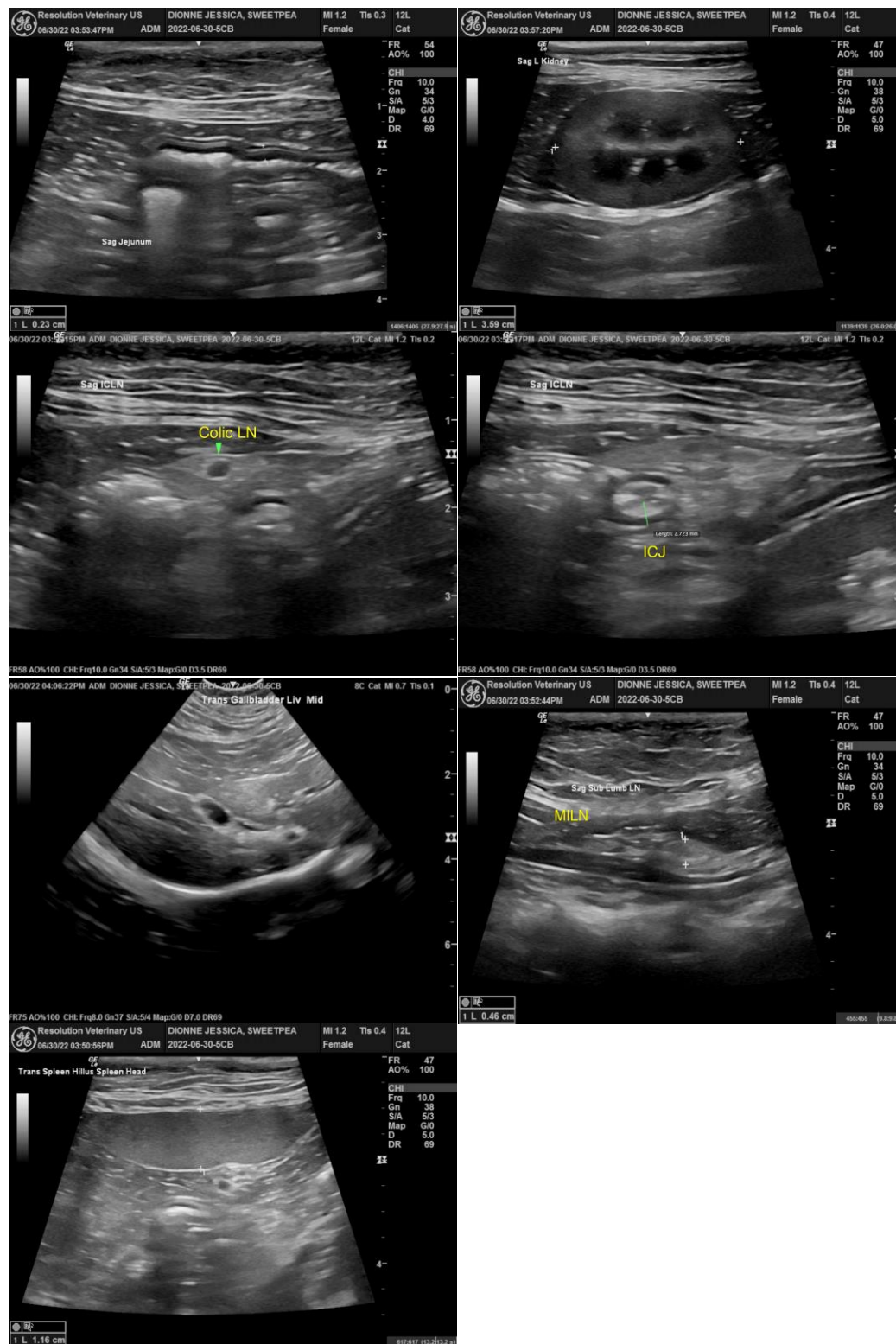
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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