



PATIENT

Goldie Duncan

SPECIES

Feline

BREED

Tabby

SEX

Male/Neutered

AGE

12

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

DATE

7/1/22

PRESENTING CLINICAL SIGNS

CUTANEOUS HEMANGIOSARCOMA SURGICALLY REMOVED FROM THE RIGHT FORE LIMB, DELAYED HEALING WOUND, INFECTED, WITH BAD ODOR -ANOREXIA -PALE MM

Abnormal PE/Chem/CBC/UA Results: CBC- LEUCKOCYTOSIS, NEUTROPHILIA, SEEVER ANEMIA WITH PCV 13.47% PALE MM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment 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.

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 4.0 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized. The left adrenal gland subjectively measured 0.39 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen was normal in size and contour with mild splenic parenchyma heterogeneity exhibiting intermittent discrete hyperechoic nondisruptive nodules. An example of a splenic nodule measured 0.18 cm in diameter. No splenic masses were noted.

Liver/ Gallbladder

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 signs of congestion. The gallbladder was non-distended in size with minor gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.



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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 small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for segmental mild prominent muscularis and mucosa layer. No evidence of intestinal mural hypertrophy, loss of intestinal wall layer detail or intestinal masses was noted. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.32 cm width.

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

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

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Minor hepatic parenchymal remodeling
- Mild transdiaphragmatic comet tail artifact
- Normal splenic size / contour with mild parenchyma heterogeneity including intermittent discrete hyperechoic nodules - nodules consistent with benign myelolipomas
- Mild urinary bladder sediment
- Intact to subjective segmental mildly prominent small intestinal walls - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of intraabdominal neoplastic or metastatic criteria was noted.

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

The small intestine exhibited subjective subtle mural changes, which although patient variant is possible, may suggest underlying inflammation. Correlation with clinical signs and history is suggested. However, this is a nonspecific finding. A definitive cause of the anemia was not overtly apparent within the abdominal cavity. CBC pathology review may be considered.



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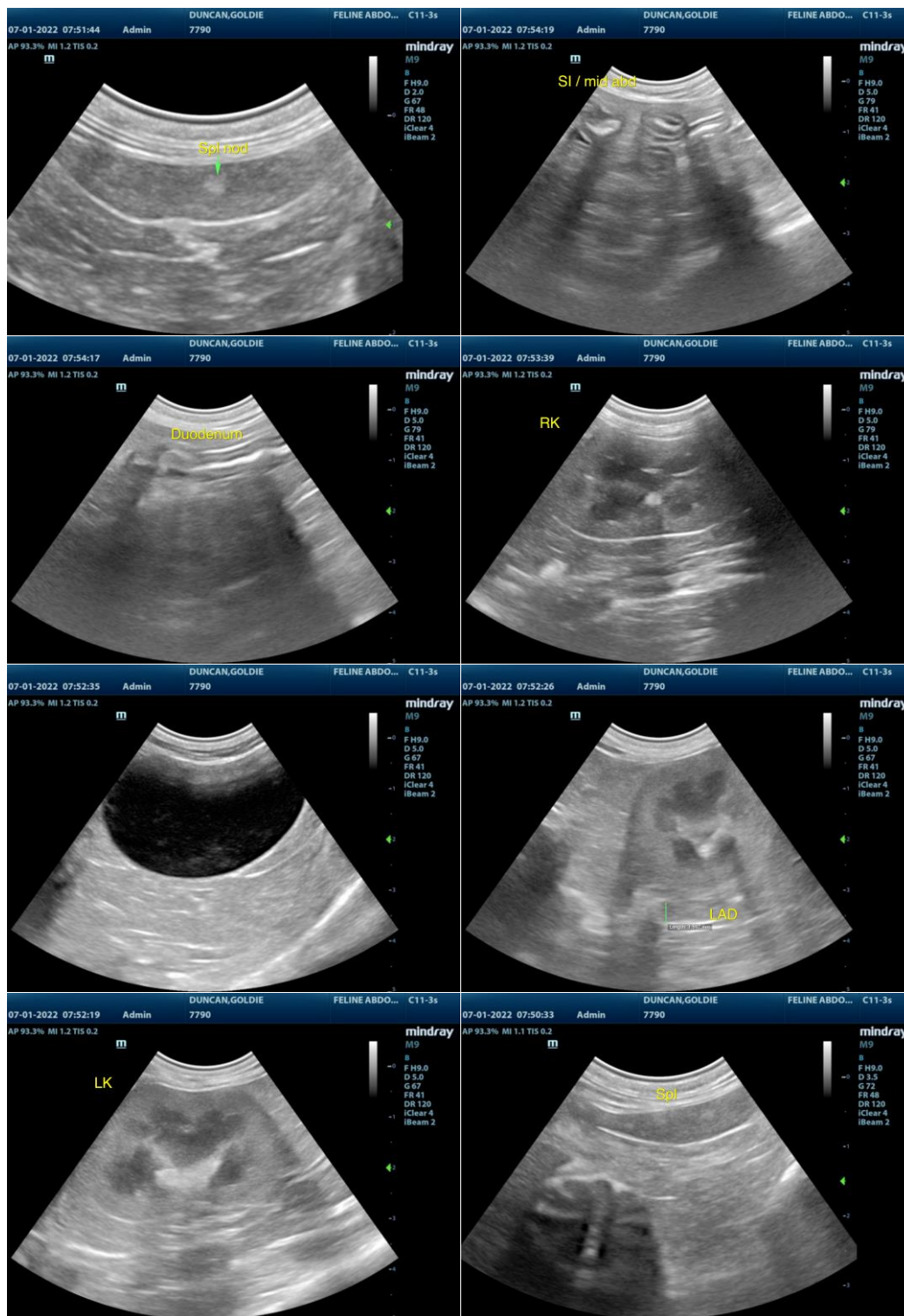
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com