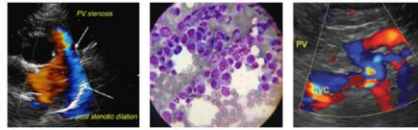


IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com**PATIENT**

Mabel Schroeder

SPECIES

Feline

BREED

Snowshoe

SEX

Female Spayed

AGE

10 years

WEIGHT

11.6 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETBrook-Falls VH - Dr.
Krisp**INVOICE**

14190

DATE

7/1/22

PRESENTING CLINICAL SIGNS

Pleural effusion noted on radiographs, possible increased opacity in abdomen. TFAST scan revealed fluid in the chest.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 was noted.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys were overall normal in size exhibiting subtle expansive indistinctly margined uniform hypoechoic primarily cortical nodules. An example of a right kidney nodule measured 1.2 cm in diameter. An example of a left kidney nodule measured 0.66 cm in diameter. Subtle evidence of left and right retroperitoneal inflammation was noted with no evidence of retroperitoneal free fluid. The left kidney measured 3.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size yet maintained symmetrical capsule contour and uniform parenchyma. This is nonspecific with potential for stress hyperplasia or patient variant. No overt evidence of adrenal neoplastic criteria was noted. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland measured 0.66 cm width at the caudal pole.

Spleen

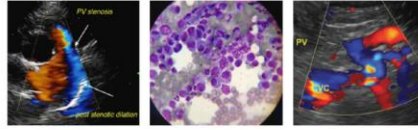
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 thin walls containing primarily anechoic content with mild particulate luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 0.26 cm.

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The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Focal suspected jejunal mural lesion arising from the jejunal muscularis layer measuring approximately 1.0 cm was present in the subjective mid jejunum. Normal-appearing jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.26 cm.

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

Pancreas

The left pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent, mildly prominent to hypoechoic jejunocolic lymph nodes were present. Potential for Impinging lymph node adjacent to the jejunum is a possible differential diagnosis for the suspected focal jejunal mural lesion. An example of a mesenteric lymph node measured 1.4 cm x 0.38 cm, maintaining normal width: length ratio (<0.5). Subtle peri-intestinal to generalized reactive mesentery. No overt free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nodular kidneys, minor evidence of retroperitoneal inflammation
- Intermittent mildly prominent to hypoechoic jejunocolic lymph nodes
- Suspect focal jejunal mural lesion vs. adjacent lymph node
- Mildly hypoechoic left pancreas - possible low-grade inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the bilateral renal nodules and suspected focal jejunal mural lesion are suspicious for neoplastic criteria, although non-neoplastic etiologies are possible. Technically, FIP is a differential diagnosis, yet considered less likely given the patient's age.

Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of a renal nodule is warranted for screening cytology. A GI panel to include PLI/TLI/Cobalamin/Folate, given the weight loss and focal intestinal mural changes, is recommended. A guarded prognosis is warranted.

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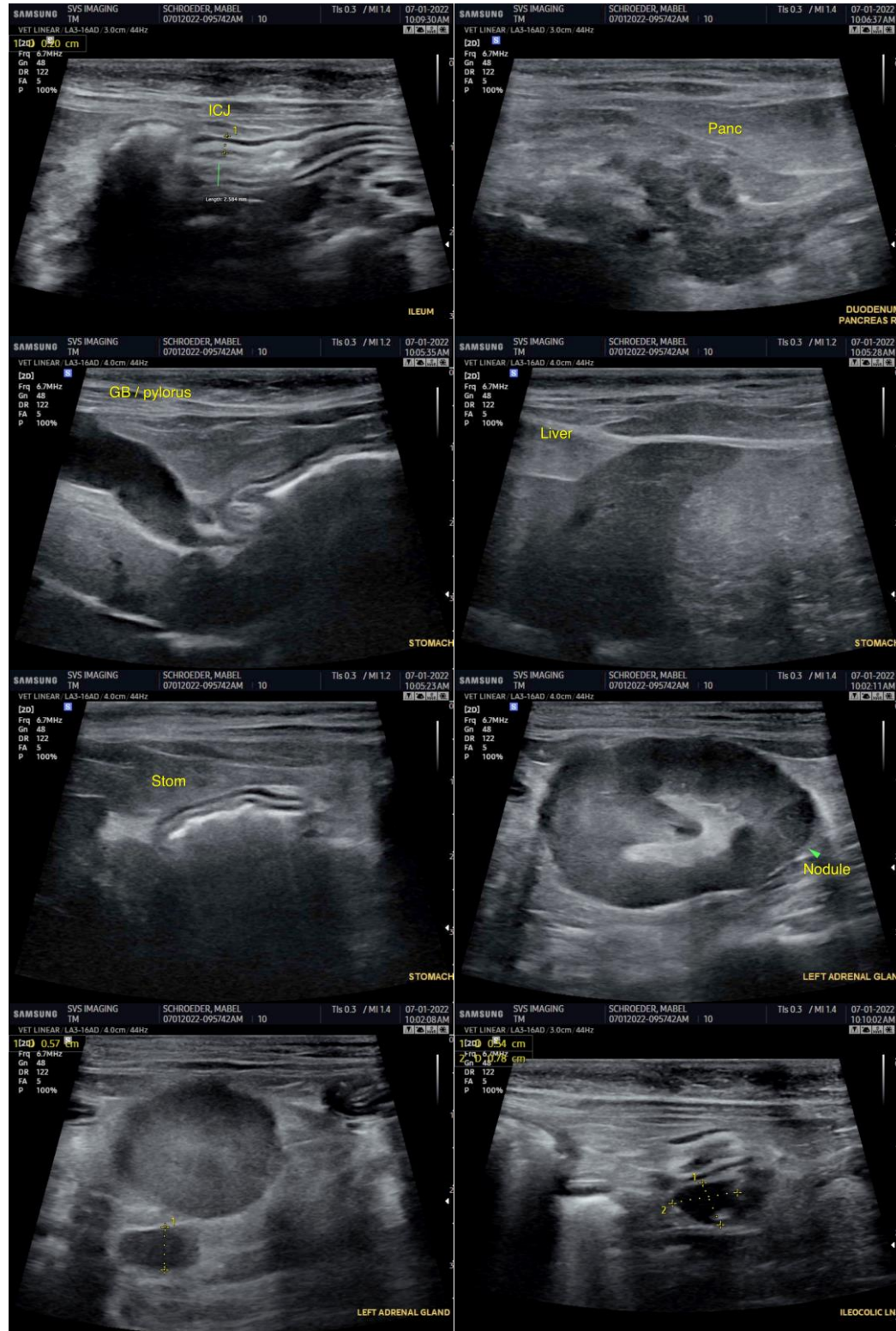
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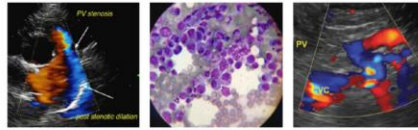
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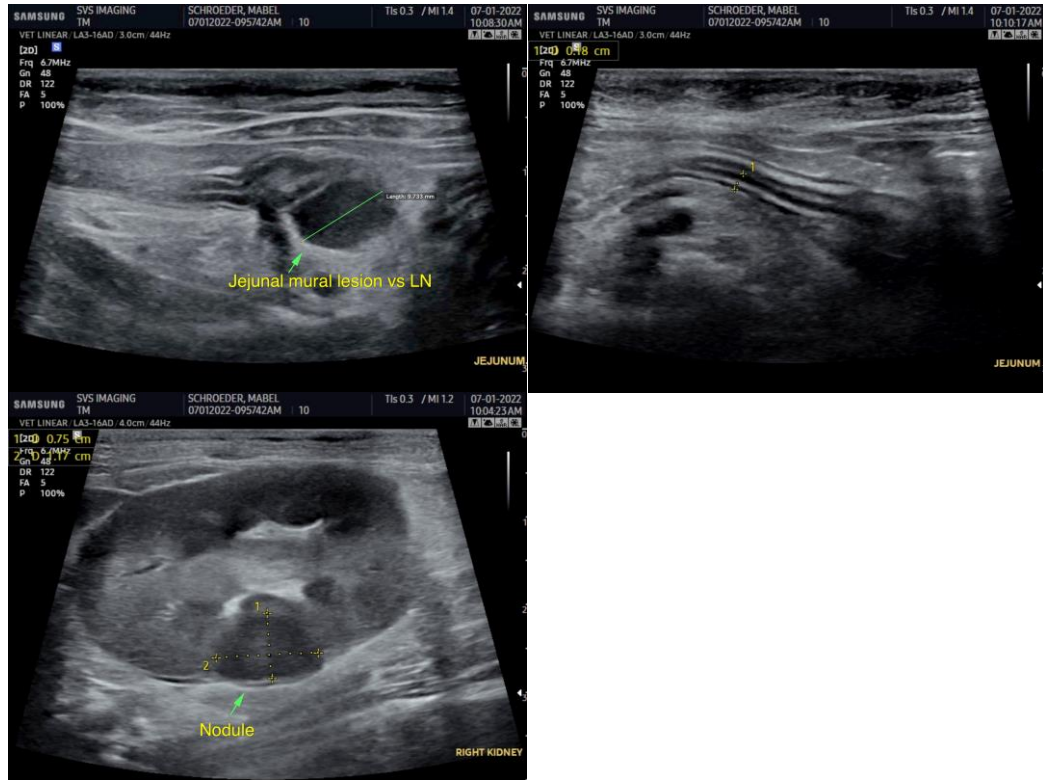
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com