



PATIENT	PRESENTING CLINICAL SIGNS
Tater Tot Brindisi	Vomiting, abdominal pain, weight loss. History of renal disease. Mass noticed recently under neck, FNA done, results below.
SPECIES	
Feline	PE: firm mass in area of L submandibular LN, BCS 3/9. CHEM: BUN 61, Creat 2.3, Glob 5.8, Alb 2.9, ALT 172, GGT 6, Lipase 2,067. CBC: WBC 25.7k, Neut 10.1k w/suspected Bands, 14.6k Lymphs.
BREED	UA: SG 1.016.
DSH	Submandibular mass, cytology: Atypical lymphoid cell proliferation, r/o lymphoid hyperplasia or incipient lymphoma or chronic
SEX	lymphocytic leukemia with mild reactivity. Comments: I am concerned for the presence of underlying incipient (early, emerging/subeffacing) lymphoproliferative disease such as (e.g. small to intermediate cell, T-cell-rich B-cell or other type of) lymphoma or chronic lymphocytic
MN	leukemia.
AGE	
17 years	
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
8.2 lbs.	Urinary System
INTERPRETED BY	The urinary bladder was normal containing anechoic urine with mild distention noted yet subjective normal tone. No evidence of urinary bladder inflammatory or neoplastic criteria was noted. No sediment or calculi were present. The urethra exhibited normal structure and tone to a depth of 2.0 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the aortic trifurcation was free of pathology.
IMAGING PERFORMED BY	The bilateral kidneys presented borderline subnormal in size with maintained symmetrical capsule contour. Mild to moderate loss of corticomedullary border demarcation was present with no overt evidence of renal neoplastic criteria. The left kidney measured 3.0 cm in length. The right kidney measured 2.8 cm in length.
Dr. Ebersole	
HOSPITAL NAME	Adrenal Glands
Scanvet	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.
REFERRING VET	Spleen
Dr. Chadbourne	The spleen was normal in size and overall contour with subtle splenic parenchyma heterogeneity. Normal vascularity was present with no splenic masses or nodules noted. The spleen measured 0.9 cm width at the level of the hilus.
INVOICE	Liver/ Gallbladder
14542	The liver exhibited potential for borderline to mild enlargement yet maintained symmetrical capsule contour. Subjective mild decreased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture was present with evidence of parenchymal remodeling. No hepatic masses or nodules were
DATE	
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PATIENT	visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Tater Tot Brindisi	
SPECIES	<i>Gastrointestinal</i>
Feline	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 0.24 cm.
BREED	
DSH	The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer, yet without evidence of intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses. The jejunum wall measured 0.20 cm width.
SEX	
MN	Normal visible colon wall layers were present with subjective formed to semi-formed fecal matter.
AGE	<i>Pancreas</i>
17 years	The pancreas exhibited subtle prominent size with areas of capsule asymmetry and minor hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum with potential for minor pancreatic duct dilation.
WEIGHT	<i>Free Abdomen</i>
8.2 lbs.	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
INTERPRETED BY	<i>Neck</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Sonographic assessment of the ventral neck revealed a solitary spherical homogeneous to mildly hypoechoic nodule to small mass measuring 2.1 cm in diameter.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Ebersole	<ul style="list-style-type: none"> • Mild to moderate chronic renal changes with borderline subnormal renal size • Overtly normal gastrointestinal tract • Possible low-grade pancreatitis • Hepatopathy exhibiting potential for borderline to mild hepatomegaly and parenchymal remodeling • Ventral neck nodule to small mass
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Scanvet	Pancreatitis may be suspected if the area of abdominal pain is primarily cranial abdominal to subxiphoid.
REFERRING VET	
Dr. Chadbourne	Potential for structurally insignificant gastroenteropathy such as IBD or occult neoplastic Infiltrative enteropathy such as lymphoma cannot be excluded.
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Tater Tot Brindisi

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

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WEIGHT

8.2 lbs.

The hepatic presentation may indicate low-grade inflammatory hepatopathy such as cholangiohepatitis with potential for occult round cell neoplasia. Potential for underlying neoplastic process is of concern, given suspected neoplasia based on neck nodule to mass cytology, although definitive evidence of intrabdominal neoplastic criteria was not evident. Triad Disease could also be a consideration in this patient.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as, assuming normal clotting status, screening hepatic FNA for cytology. CBC pathology review is strongly suggested.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

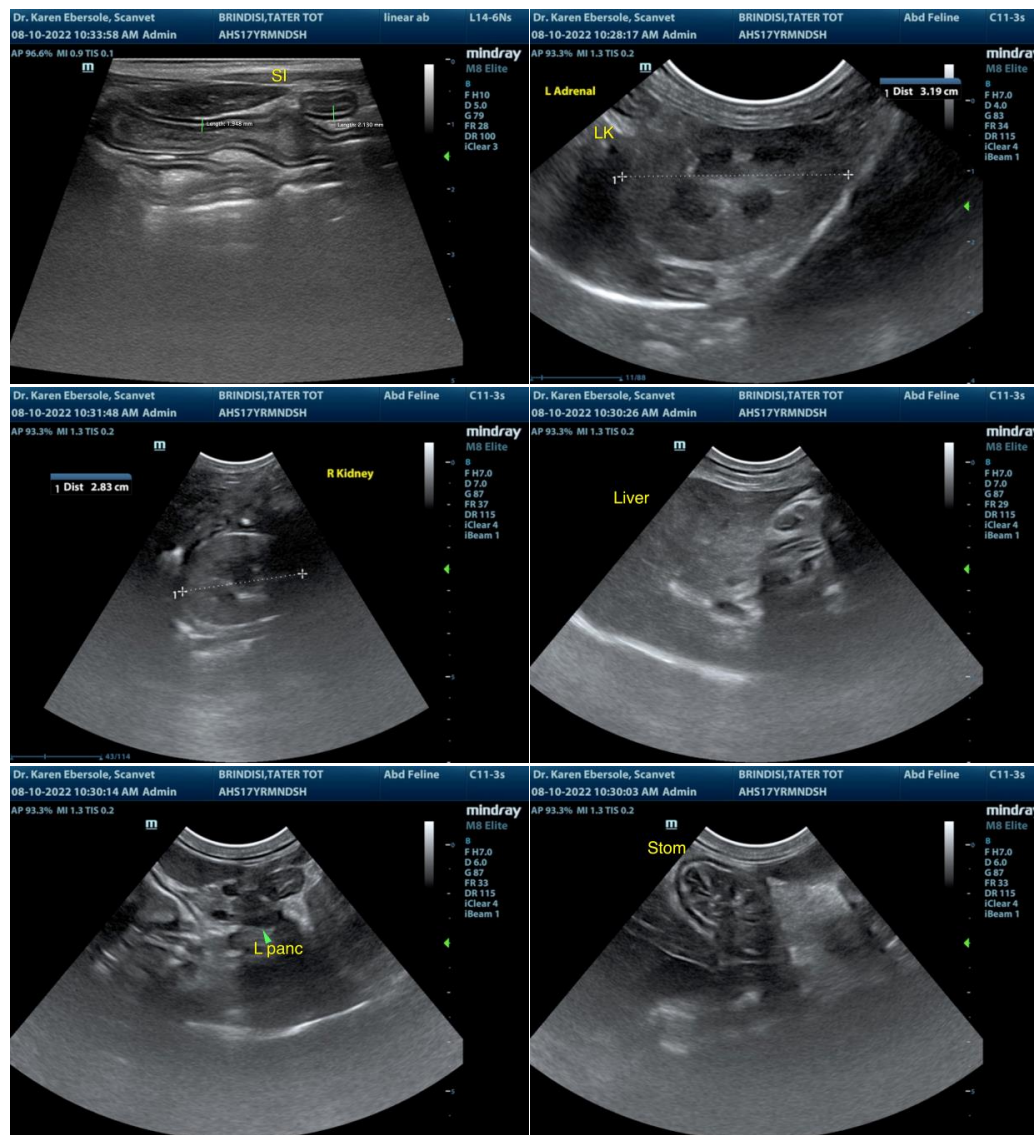
Dr. Chadbourne

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Tater Tot Brindisi

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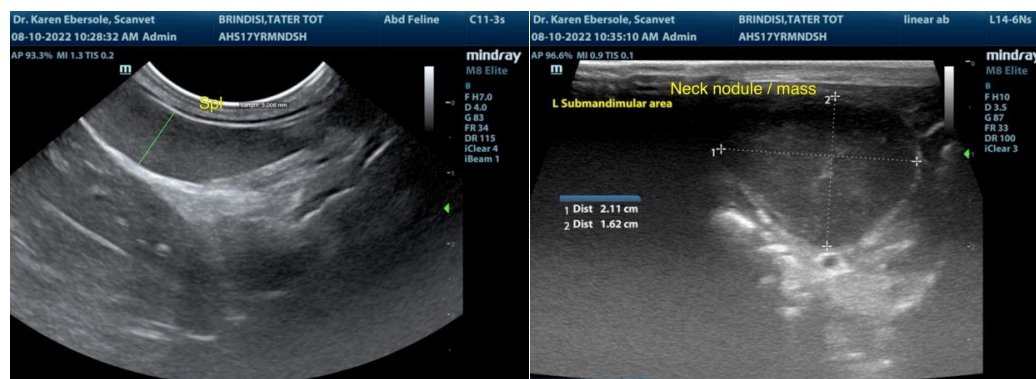
Dr. Chadbourne

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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