



PATIENT

Shyla Lindford

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

17 Months

WEIGHT

2.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7 AH

REFERRING VET

Dr. Anacleto

INVOICE

16901

DATE

8/18/22

PRESENTING CLINICAL SIGNS

History: Emaciated losing weight lethargic anorexic. Was adopted through a rescue 2 months ago. Abnormal PE/Chem/CBC/UA Results: T4 normal FELV and FIV negative chest x ray negative. CBC Chem non diagnostic

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 were noted. Aortic trifurcation was normal.

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 3.4 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.31 cm in width. The right adrenal gland measured 0.23 cm in width.

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

The liver exhibited mild generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. 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 measured 0.24 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 jejunum wall measured 0.20 cm. The duodenum wall measured 0.24 cm. The ileocolic wall measured 0.27 cm.

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

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 was evident.

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Free Abdomen

Intermittent to multiple, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 1.9 cm x 0.54 cm. No omental masses or evidence of peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

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- Mild hepatomegaly, exhibiting uniform parenchyma hyperechogenicity
- Sonographically unremarkable gastrointestinal tract
- Intermittent, mildly prominent, nonspecific yet subjectively benign mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the patients clinical signs and weight loss was not definitively evident. General considerations for the mildly enlarged to hyperechoic liver may include chronic hepatitis/cholangiohepatitis, lipidosis (potentially secondary to decreased food intake) or vacuolar hepatic changes. Potential for round cell neoplasia, such as lymphoma, which may present in this manner, cannot be excluded.

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Assuming normal clotting status, using a 25-gauge needle, and with vitamin K pretreatment, hepatic FNA cytology is warranted for further assessment. Pending hepatic cytology, a GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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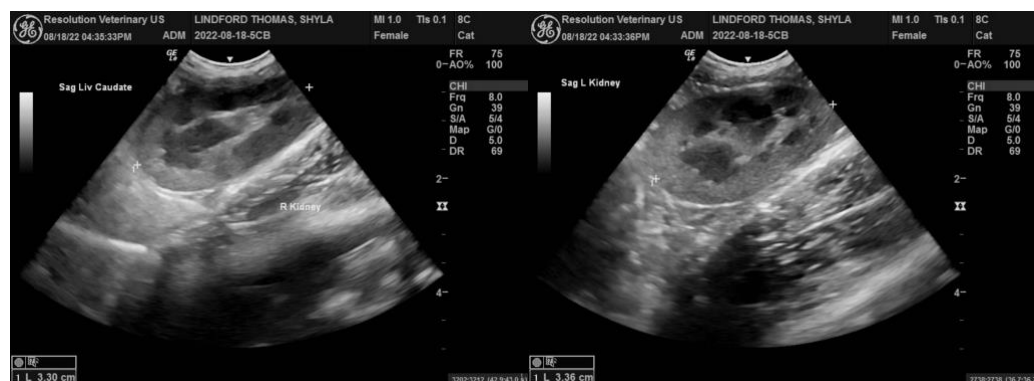
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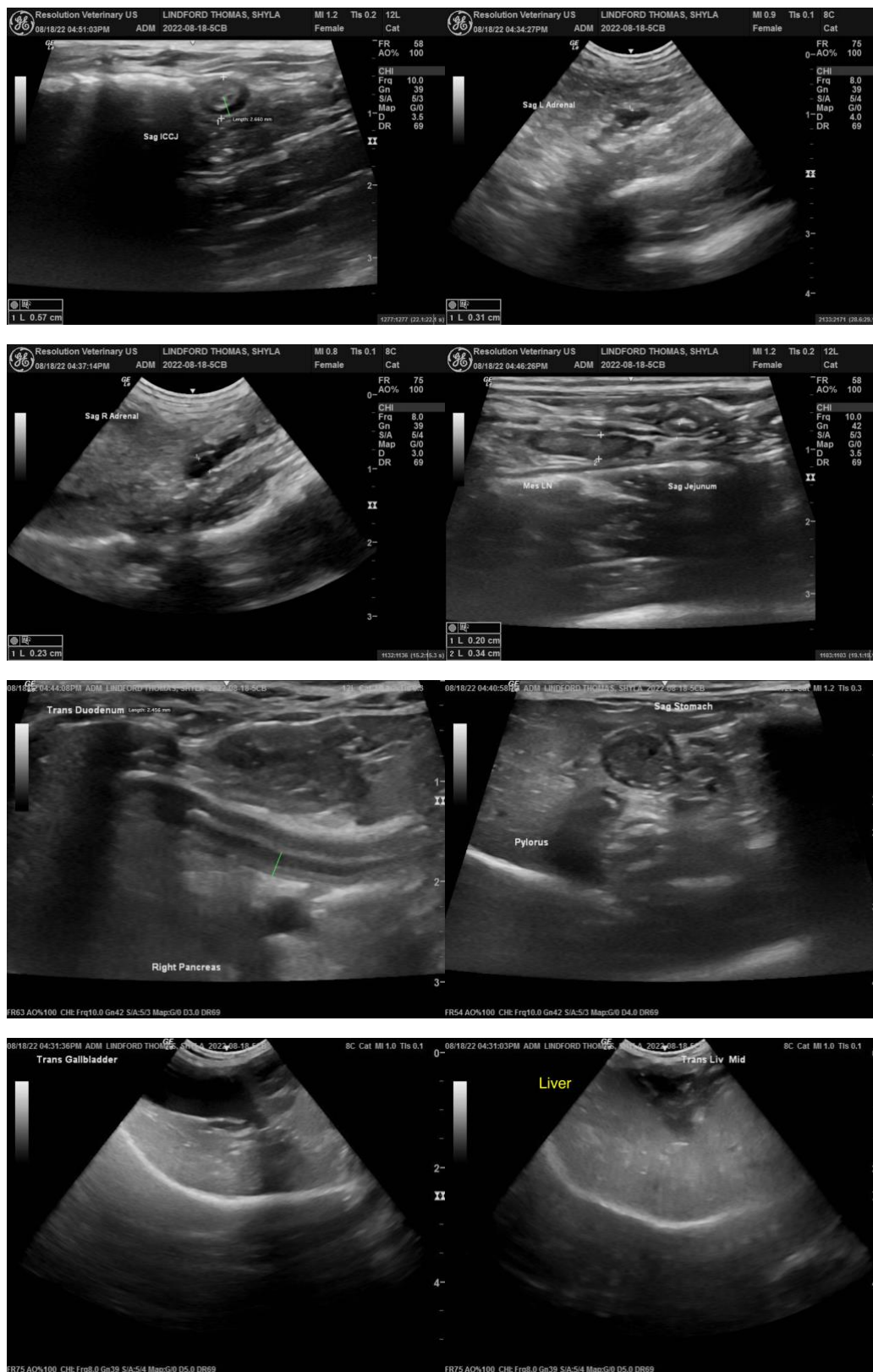
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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

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