



**PATIENT**

Marcy Reap

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

13 yrs 9 months

**WEIGHT**

8.58

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Stanton

**INVOICE**

14767

**DATE**

8/31/22

**PRESENTING CLINICAL SIGNS**

Presented for hiding and urinating on her self. History of UTI's. No other major medical history X-rays were suspicious of abdominal mass, and plural effusion noted on -rays.

Abnormal PE/Chem/CBC/UA Results: No lab work preformed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size owing to a lack of urine distention. No overt evidence of inflammatory or neoplastic criteria was noted. Mild anechoic fluid was present with no sediment or calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The left kidney was not definitively visualized owing to the moderately sized, unspecified mass in the area of the left kidney.

Normal size and margination were present in the right kidney. 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 dilatation was present. The right kidney measured 3.2 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

The spleen was mildly enlarged in size measuring 1.2 cm width with mildly rounded to scalloped medial capsule contour and uniform splenic parenchyma exhibiting decreased echogenicity.

**Liver/ Gallbladder**

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. 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.

Segments of small Intestine exhibited intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio.

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



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**Pancreas**

Marcy Reap

The pancreas was not definitively visualized owing to increased peripancreatic omental artifact.

**SPECIES**

**Free Abdomen**

Feline

A moderately sized, nonhomogeneous, hypoechoic mass was present in the mid abdomen measuring approximately 5.0 cm in diameter. Nonuniform hyperechoic mesentery was noted primarily around the mass, yet throughout the generalized peritoneal cavity. Multiple concurrent regional to generalized hypoechoic to swollen mesenteric lymph nodes were noted. Mild to moderate volume peritoneal free fluid exhibiting echogenic changes suggestive of cellularity.

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Brief sonographic assessment of the heart revealed no overt evidence of obvious structural or functional cardiomyopathy. Concurrent primarily anechoic pleural free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Moderately sized, unspecified abdominal mass with associated regional to generalized nonuniform hyperechoic mesentery, mesenteric lymphadenopathy, and echogenic peritoneal free fluid - lymphomatosis / carcinomatosis pattern
- Splenomegaly
- Hypoechoic liver
- Concurrent noncardiogenic pleural free fluid

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, sonographic findings in this case are consistent with multicentric intraabdominal neoplasia with likely regional omental seeding and lymphadenopathy consistent with lymphomatosis, carcinomatosis, or similar.

**IMAGING PERFORMED BY**

Amy

Ultrasound-guided FNA of the abdominal mass, as well as peritoneal effusion analysis, cytology, +/- C/S. If evidence of inflammatory cells may be considered with potential oncology consult and immediate chemotherapeutic intervention. However, an unfavorable prognosis is indicated.

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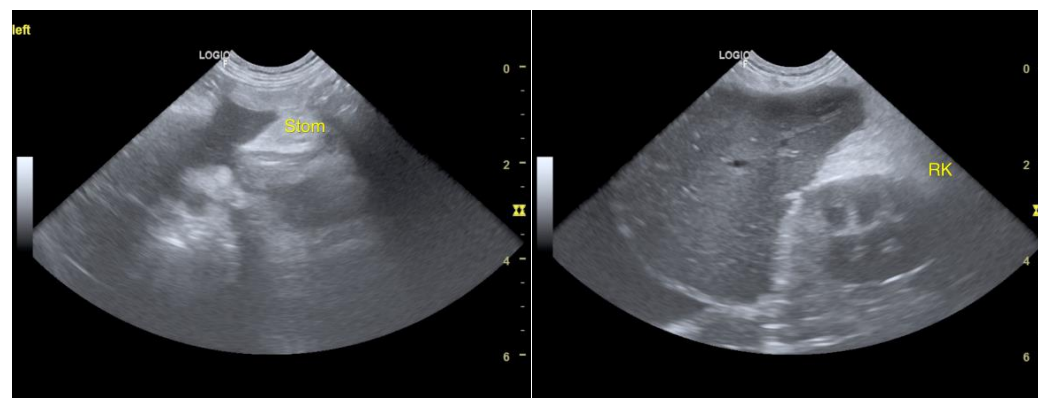
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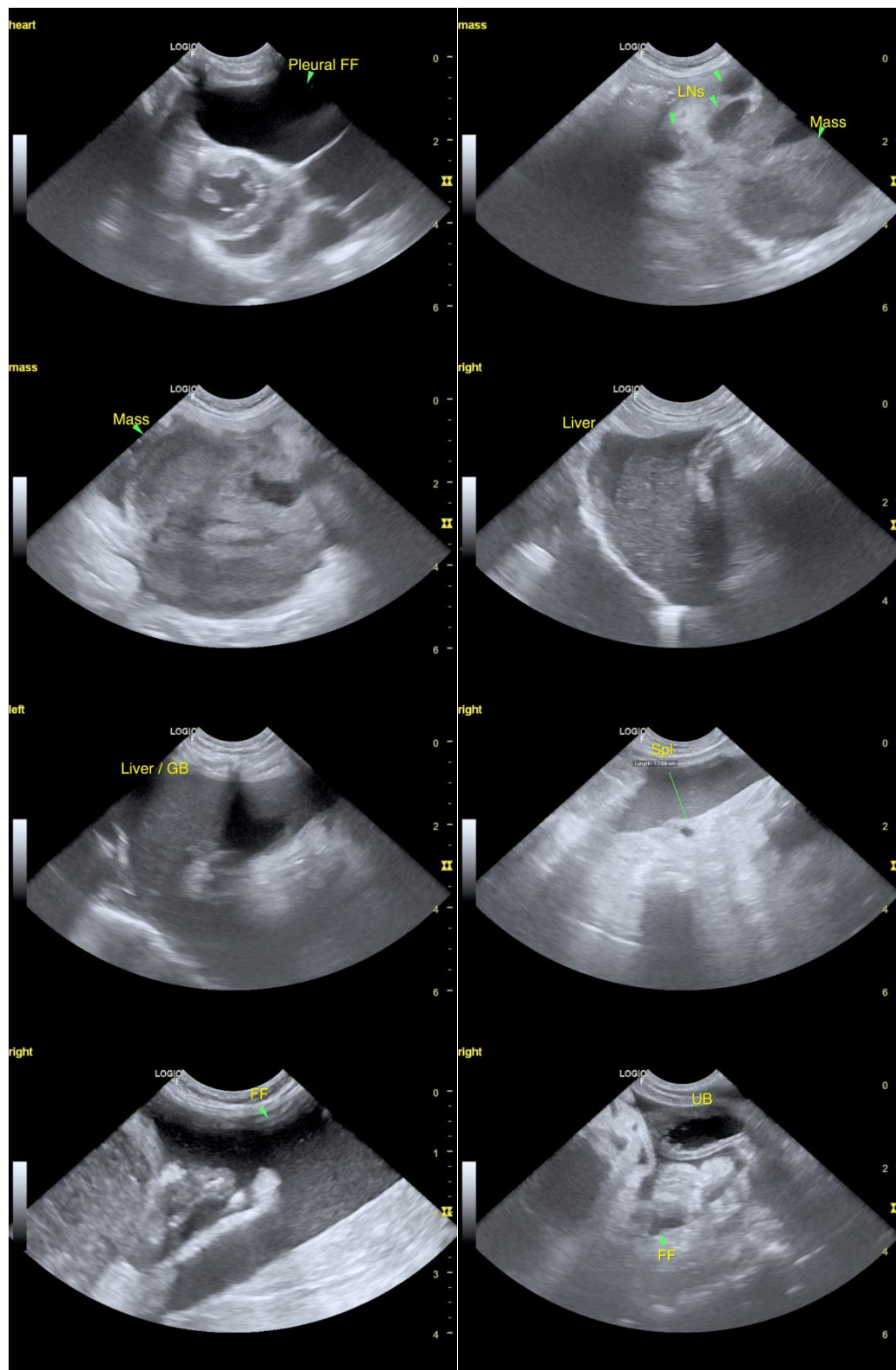
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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