



PATIENT PRESENTING CLINICAL SIGNS

Jax Kostelnick Weight loss
 CBC - HCT 39.7, WBC 14.7 with monocytosis

SPECIES
 Feline Chemistry Panel - SDMA 22, ALP 131, TBILI 0.4, Specific gravity 1.024, 4+ protein, T4 2.5

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

SEX
 MN The area of the aortic trifurcation was free of pathology.

AGE
 2012 The kidneys exhibited mild loss of corticomedullary border demarcations, associated with age. Hyperechoic medullary striations were present. No evidence of pyelectasia was noted in either kidney. A normal 1:3 cortex / medulla ratio and discernable renal architecture were maintained. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT
 9.5 **Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width. No evidence of adrenal tumors was noted.

INTERPRETED BY
 R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)
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. The spleen measured 0.78 cm width at the level of the hilus. No splenic masses or nodules were noted.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME
 Lehigh Valley AH
 (Allen)
Liver/ Gallbladder

The liver exhibited moderate generalized enlargement with diffuse nonuniform to nodular mixed echogenic hepatic parenchyma. Areas of ventral and caudal capsule asymmetry were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET
 Dr. Ferrari

INVOICE
 14800 **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.

DATE
 9/1/22



PATIENT

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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.

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

SPECIES

Pancreas

Feline

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.

BREED

DSH

Free Abdomen

Moderate volume peritoneal free fluid exhibiting mild echogenic changes which may suggest mild cellularity was present. Mildly nonuniform hyperechoic mesentery was present. Intermittent mildly prominent to hypoechoic mesenteric lymphadenopathy was present. An example measured 0.6 cm in diameter. No overt omental masses were noted.

SEX

MN

AGE

2012

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting irregular nonuniform to nodular parenchyma
- Moderate volume peritoneal free fluid exhibiting mild echogenic changes
- Intermittent mildly prominent to hypoechoic mesenteric lymphadenopathy
- Nonspecific chronic renal changes

WEIGHT

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hepatic changes were nonspecific with considerations including chronic inflammatory / immune-mediated disease, vacuolar hepatic changes, diffuse nodular hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia, or other chronic hepatopathy. Neoplastic criteria is favored given this presentation, yet not definitive.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The effusion in this case may indicate portal hypertension given the degree and extent of hepatic pathology with potential for carcinomatosis, lymphomatosis, or similar, and in light of normal albumin levels without evidence of hepatic congestion or gastrointestinal disease. Concurrent mesenteric lymphoid hyperplasia, reactive lymphadenitis, or concurrent emerging neoplastic lymphadenopathy are possible.

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Further assessment may include, assuming normal clotting status, screening hepatic FNA cytology, as well as effusion analysis, cytology, +/- C/S if evidence of inflammatory cells. Three-view chest radiographs are suggested if not done.

REFERRING VET

Dr. Ferrari

INVOICE

14800

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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.

SPECIES

Feline

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.

BREED

DSH

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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R. McKenzie Daniel,
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