



PATIENT

Michi Caula

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

13yrs 4 mo

WEIGHT

12.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

14878

DATE

9-14-22

PRESENTING CLINICAL SIGNS

13YR OLD SPAYED DIABETIC DSH PRESENTED FOR STILL NOT UP TO PAR. PET HASNT EATEN IN 3-4 DAYS AND IS SEEKING MORE AFFECTIONATE LIKE SHE DOES WHEN SHE DOESNT FEEL WELL. OWNER HAS BEEN FORCE FEEDING AND GIVING THE INSULIN BUT TODAY SHE DIDNT GIVE IT. Abnormal PE/Chem/CBC/UA Results: Oral cavity: Mild to moderate dental tartar and gingivitis Abd/GI: Tense, appears painful on palpation. No obvious masses or fluid wave palpated Skin: Flaky/scaly skin. "Greasy"hair coat. No ectoparasites seen 1) CBC: HCT 28.1 (30.3-52.3), HGB 9.1 (9.8-16.2), NEU 11.9 (2.30-10.29) 2) CHEM: GLU 172 (71-159), BUN 13 (16-36), ALT 865 (12-130), K 3.3 (3.5-5.8) 3) fPL: Normal

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape. The left adrenal gland measured 0.4 cm width. The right adrenal gland was not definitively visualized.

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 changes, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited generalized enlargement with rounded to regional asymmetrical hepatic capsule contour and generalized reduced hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. No masses or nodules 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.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta / chyme was present.

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The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent segmental intestinal muscularis layer. The small intestinal wall width measured 0.26 - 0.27 cm.

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

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Pancreas

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.

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Free Abdomen

Midabdominal nonhomogeneous mass lesion was noted directly adjacent to segmental intestinal tract measuring approximately 4.5-5.0 cm in diameter. Regional peri intestinal to generalized hyperechoic mesentery was present along with intermittent small pockets of scant peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Midabdominal mass with associated peritonitis - probable intestinal mass, potential for focal lymphadenopathy with impingement or adherence to regional small intestine possible
- Hepatomegaly exhibiting parenchyma hypoechogenicity
- Scant perihepatic to peritoneal free fluid
- Mild to moderate chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the midabdominal mass is suspected to be of intestinal origin, most consistent with neoplastic criteria with nonneoplastic etiologies i.e., inflammation, infection, and granulomatous disease are possible yet thought less likely. Potential for hepatic involvement and multicentric neoplasia is possible.

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Assuming normal clotting status, ultrasound-guided FNA of the midabdominal mass, as well as screening hepatic FNA, using a 25-gauge needle, is recommended for further assessment and potential for an oncology consult.

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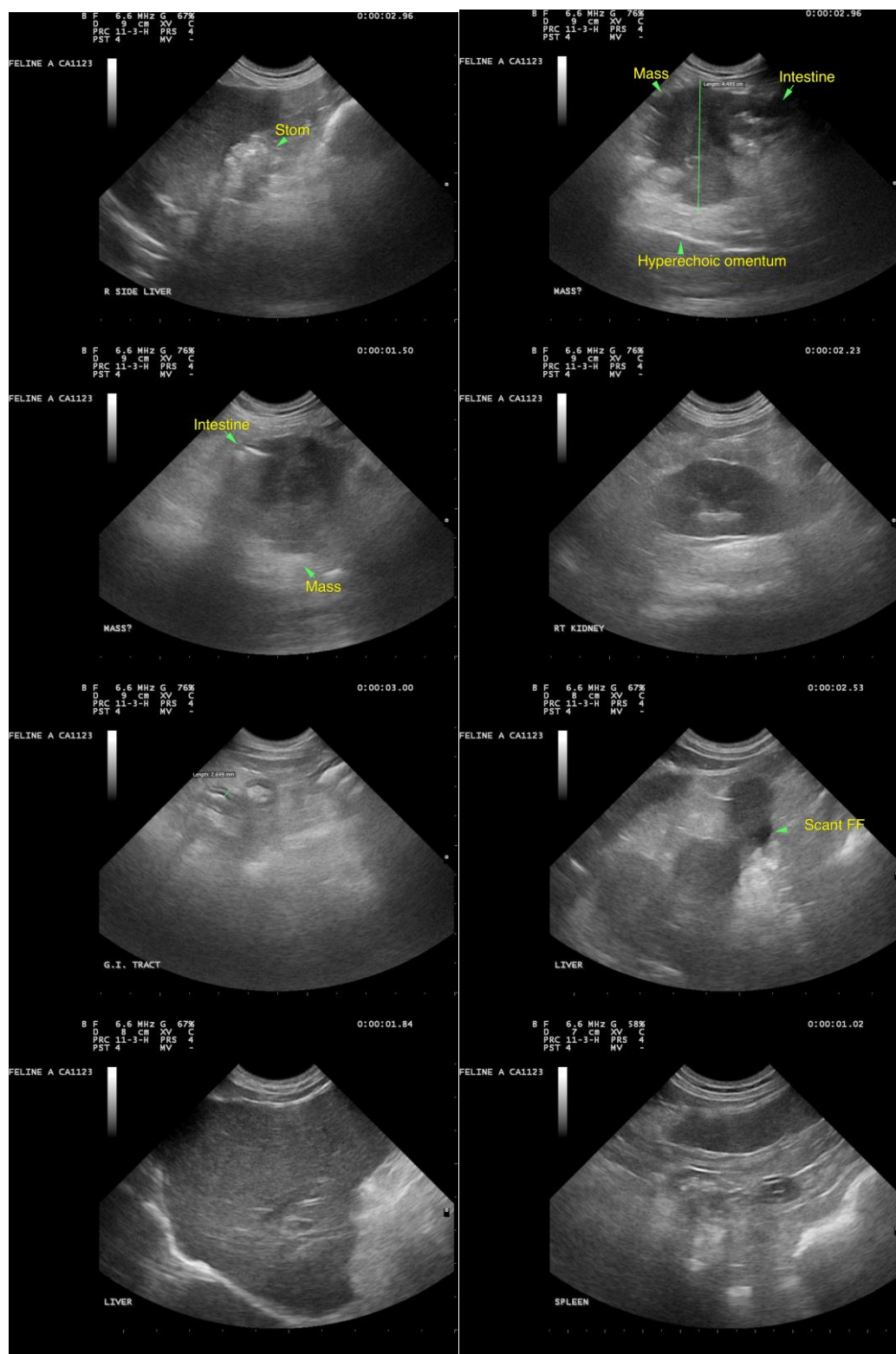
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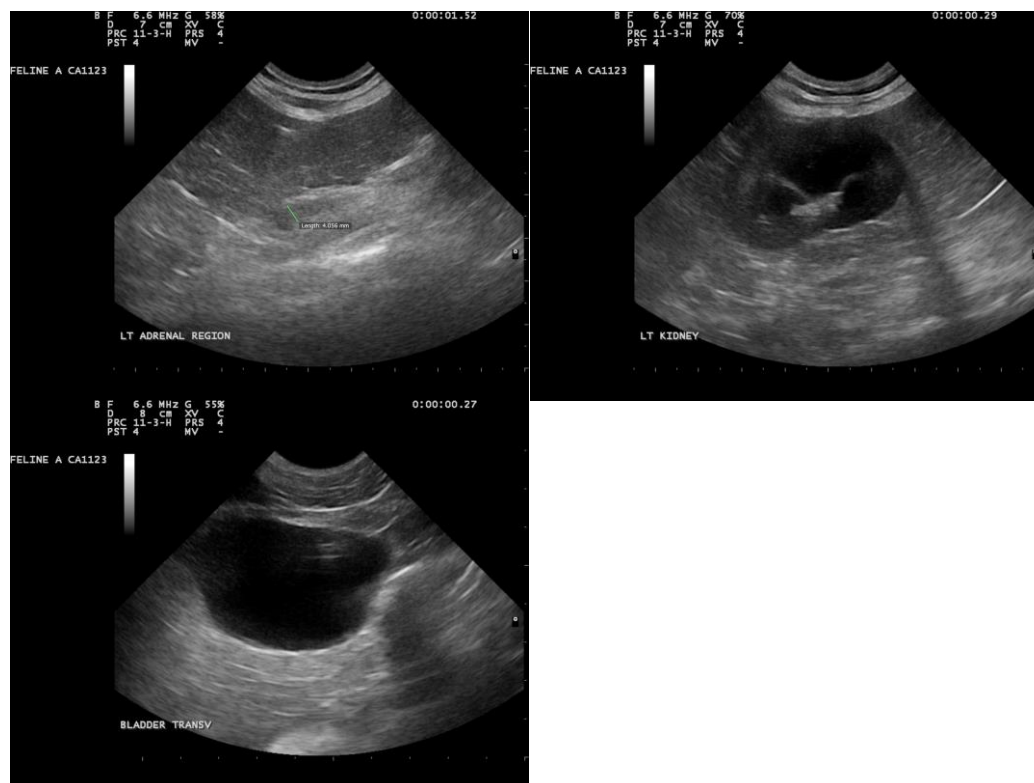
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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