



PATIENT

Lola Mhrez

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 year old

WEIGHT

5.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. William
Freedman

INVOICE

14928

DATE

9-21-22

PRESENTING CLINICAL SIGNS

Patient with history of splenic mast cell tumor presents for ascites, anorexia, and swollen back legs, in particular the left hind leg. Current meds: Pred, cerenia, and mirtazapine.

Abnormal PE/Chem/CBC/UA Results: BUN 45, Ca 7.7, Na 159, WBC 19.1, HCT 23, neuts 14707, EOS 2292, T4 4.2.

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 iliac trifurcation was overtly free of pathology including no obvious evidence of medial iliac or sublumbar lymphadenopathy/masses.

Borderline to mild subnormal size was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 2.8 cm in length. The right kidney measured 2.9 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm 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/ Gallbladder

The liver exhibited subjective mild generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The liver exhibited normal hepatic vascular volume with no obvious evidence of congestion. The cranial abdominal caudal vena cava at the level of the liver and diaphragm appeared to be mildly prominent in size with no evidence of thrombosis, measuring 0.69 cm in diameter. 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. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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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. The area of the ileocolic junction was not definitively visualized.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. This is likely age-related pancreatic changes with potential for minor pancreatic edema. Pancreatic inflammation is considered a less likely differential diagnosis.

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Free Abdomen

Intermittent, mildly prominent, variably echogenic probable mesenteric lymph nodes were present in the mid ventral abdomen. An example measured 2.2 cm x 1.9 cm. The lymph nodes appeared to exhibit borderline to abnormal width: length ratio (>0.5). Moderate volume peritoneal free fluid was noted. Mild generalized hyperechoic mesentery was present.

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Thorax

Brief sonographic assessment of the thorax revealed concurrent pleural effusion with suspect cranial thoracic lymphadenopathy.

The heart was indistinctly visualized. No obvious evidence of cardiac chamber enlargement was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Biventricular effusion
- Probable variably echogenic mesenteric lymphadenopathy and suspect concurrent thoracic lymphadenopathy
- Overtly normal gastrointestinal tract
- Subjective mildly prominent cranial abdominal caudal vena cava

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Secondary Findings

- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of significant hepatic structural or congestive pathology as well as lack of overt gastrointestinal pathology and assuming normal albumin levels as well as cardiac function, primary concern for neoplastic disease, given the patient history i.e., mastocytosis, lymphomatosis, or similar is warranted.



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Further assessment may include pleural or peritoneal effusion analysis, cytology +/- C/S, as well as screening FNA cytology of probable enlarged mesenteric lymph nodes. Potential for bicavitory effusion secondary to lymphatic obstruction is also a potential.

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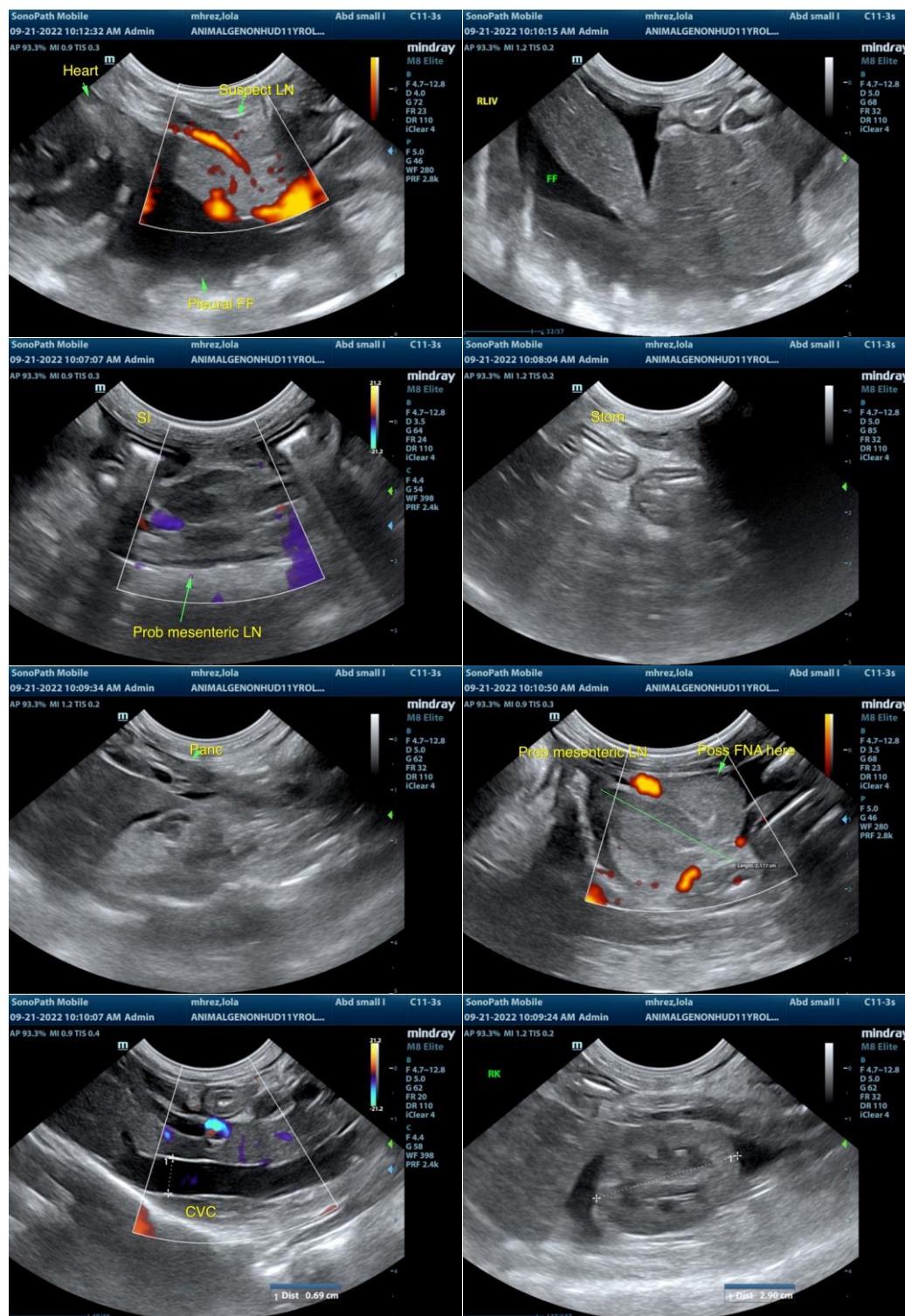
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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