



PATIENT

Jack Quevedo

PRESENTING CLINICAL SIGNS

History of cutaneous high grade, MCT - met check. No current meds. Bloods WNL.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

BREED

DSH

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 4.1 cm. The right kidney measured 4.0 cm.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

3 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm in width. The right adrenal gland measured 0.48 cm in width.

WEIGHT

12.2 Pounds

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 0.76 cm in width.

INTERPRETED BY

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

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

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.

REFERRING VET

Dr. Vivian Ng

The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer, yet without evidence of mural hypertrophy. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.26 cm. Ileocolic wall measured 0.40 cm.

INVOICE

25723

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

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 was evident.

DATE

9/22/21



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Free Abdomen

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No omental masses, lymphadenopathy or effusion.

SPECIES

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ULTRASONOGRAPHIC FINDINGS

- Subjective generalized mildly prominent small bowel muscularis layer
- Otherwise sonographically unremarkable abdomen

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly prominent small bowel and muscularis layer is a non-specific finding and may be a normal patient variant. However, the prominent muscularis layer in the small bowel may potentially indicated underlying inflammatory enteropathy with minor potential for early neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell neoplasia. However, given the lack of reported clinical signs consistent with gastrointestinal disease and lack of reported weight loss, this finding is non-specific. No evidence of intraabdominal lymphadenopathy or hepatosplenic metastasis. Monitoring for evidence of weight loss or gastrointestinal signs recommended at this stage. Given the high mast cell tumor grade, screening hepatosplenic FNA using 25-gauge needle may be considered, or if recommended by oncologist. Sonographic monitoring of the abdomen based on oncology recommendations, or recheck sonogram to assess for progressive small bowel mural changes is suggested.

SEX

Neutered Male

AGE

3 Years

WEIGHT

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

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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