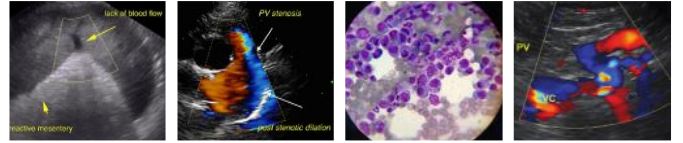




PATIENT	PRESENTING CLINICAL SIGNS
Phoebe Rodriguez	Presented for annual exam and vaccines. Had some mild labored breathing recently and inappetent with weight loss.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Muffled chest sounds with plural effusion identified on chest xrays. Mild systolic murmur. Labs show neutrophils, monocytosis, thrombocytopenia (adequate on smear though). Increased SDMA. Moderate elevated total protein characterized by moderately elevated globulins.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
FS	
AGE	Normal size and margination 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. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.3 cm in length.
12yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
5.9kg	Adrenal Glands
INTERPRETED BY	No pathology in the area of the left or right adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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 in width at the level of the hilus.
Dr. Barthelemy	Liver
HOSPITAL NAME	The liver was subjectively normal in size and contour. Potential for uniform decreased hepatic parenchyma echogenicity with mild increased indistinct prominence of portal vascular borders was present. No masses or nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic luminal debris. The cystic and common bile ducts were normal.
Alpine 24 Hour Pet Hospital	Gastrointestinal
REFERRING VET	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. The gastric body wall measured 0.25 cm in width.
Dr. Tathiana	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or
INVOICE	
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09/28/2022	



PATIENT	foreign material. The duodenum measured 0.22 cm in width. The jejunum measured 0.20 cm in width. The ileocolic wall measured 0.31 cm in width.
Phoebe Rodriguez	Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.
SPECIES	Pancreas
Feline	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Minor pancreatic duct dilation was present. No signs of active inflammation or neoplasia.
BREED	Free Abdomen
DSH	Intermittent scant pocket of perilymphatic free fluid was present.
SEX	Enlarged, hypoechoic mid abdominal mesenteric root lymph nodes in the area of the ileocolic junction and mesenteric root vasculature were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by hyperechoic reactive mesentery. The mesenteric root lymph nodes measured 4.2 cm x 1.8 cm.
FS	
AGE	Concurrent prominent to hypoechoic colic lymph nodes adjacent to the ileocolic junction were present.
12yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
5.9kg	Primary
INTERPRETED BY	<ul style="list-style-type: none"> • Moderate urinary bladder sediment • Mild chronic renal changes • Mild heterogeneous pancreas • Several to multiple markedly hypoechoic to swollen mid abdominal mesenteric lymph nodes, associated regional perilymphatic reactive mesentery and scant free fluid
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
Dr. Barthelemy	Assuming normal clotting status and using a 25g needle, an enlarged lymph node FNA for screening cytology +/- C/S is warranted. The lymph nodes meet neoplastic criteria which is a primary concern although severe lymphoid hyperplasia, lymphadenitis or granulomatous lymphadenopathy are all possible.
HOSPITAL NAME	
Alpine 24 Hour Pet Hospital	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult pancreatic or intestinal disease as a contributing factor +/- protein electrophoresis given the hyperglobulinemia.
REFERRING VET	A guarded prognosis is indicated pending sampling.
Dr. Tathiana	
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09/28/2022	



PATIENT

Phoebe Rodriguez

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

5.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

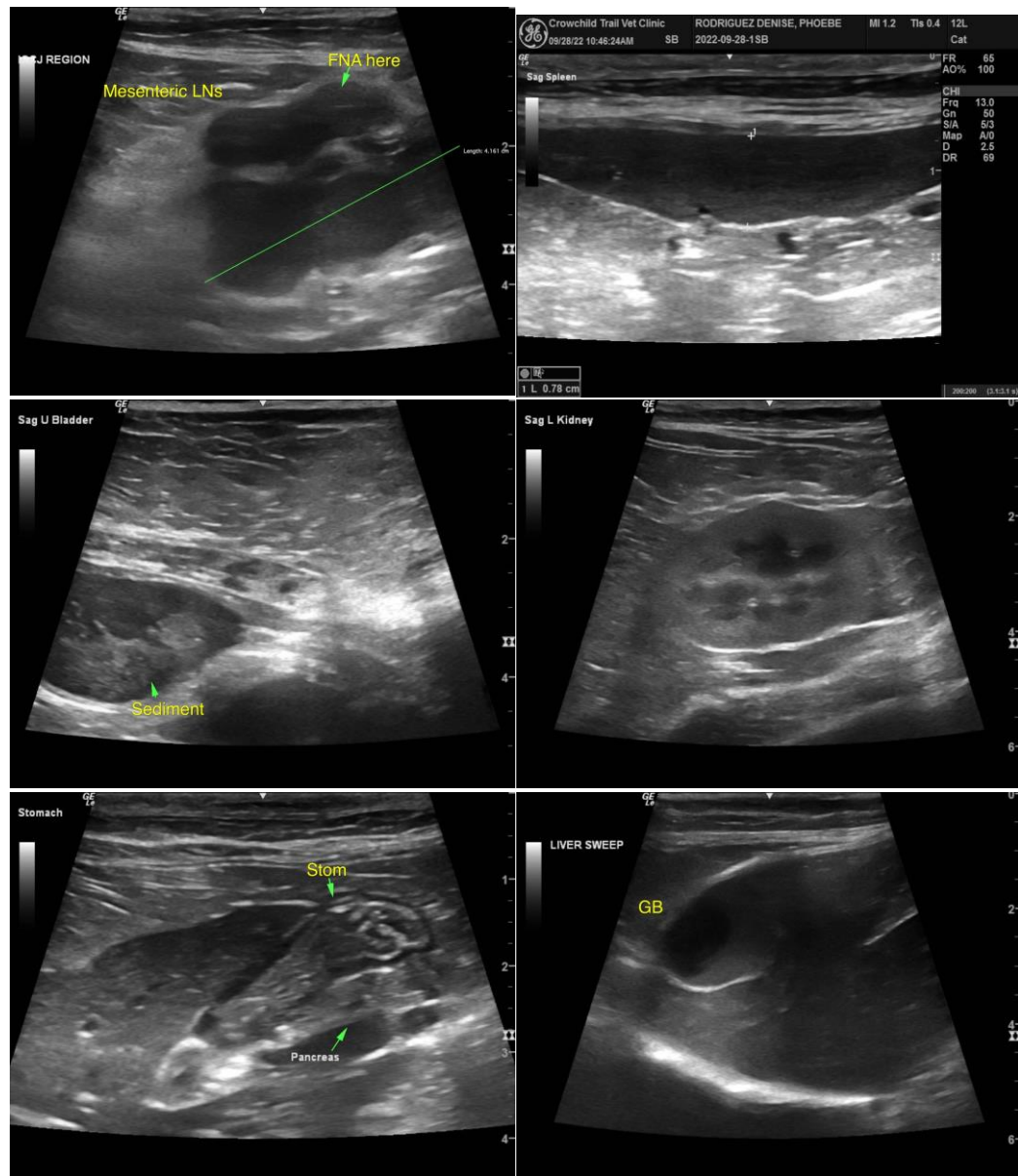
Dr. Tathiana

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PATIENT

Phoebe Rodriguez

SPECIES

Feline

BREED

DSH

SEX

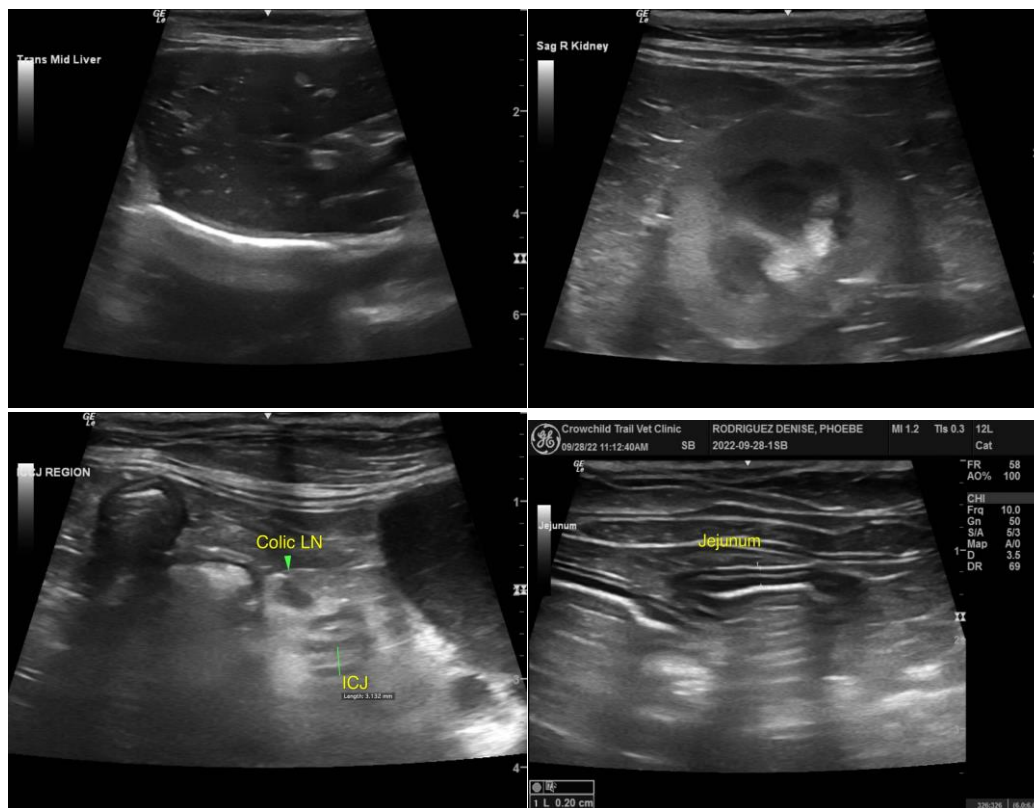
FS

AGE

12yr

WEIGHT

5.9kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr. Tathiana

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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