



PATIENT	PRESENTING CLINICAL SIGNS
Kitty Wengler	Chief Complaint: ADR, eye History: P presents for hiding, not eating and discharge from left eye. O states it all began this past weekend. P stopped wanting her eat her, barely moving, and hiding under bed. O states she has been force feeding fancy feast, last time P ate was this am. P did not defact for the past two days however when taking temp, P defecated. P has very pale gums and when taking temp P began open mouth breathing. P stopped soon after. When drawing blood from jugular P began to cough very loudly. C/S/V/D: coughing
SPECIES	Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OD. OS: mild light muroid discharge, no redness or swelling present. AU: mild light brown waxy cerumen. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate dental tartar Musculoskeletal: BCS = 8/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, painful on cranio-dorsal palpation. No obvious masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Flaky skin, Good hair coat. No ectoparasites seen Mentation: QAR Hydration: ~5% dehydration 1) CBC: RBC 2.80 (6.54-12.20), HCT 17.7 (30.3-52.3), HGB 4.9 (9.8-16.2), RETIC 254.2 (3.0-50.0), RETIC-HGB 21.1 (13.2-20.8), band suspected, MONO 1.46 (0.05-0.67), EOS 0.10 (0.17-1.57), PLT 59 (151-600) 2) CHEM: BUN 47 (16-36), PHOS 8.6 (3.1-7.5), ALT 204 (12-130) 3) UA (cysto): SG 1.033, pH 5.0, PROT trace, BLD 250Ery/uL, WBC <1/hpf, RBC <1/hpf, rods suspect presence, cocci present
Feline	
BREED	
DSH	
SEX	
Spayed Female	
AGE	
13 Years 5 Months	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
WEIGHT	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 were noted.
12.09 Pounds	
INTERPRETED BY	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.5 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	The area of the aortic trifurcation was free of pathology.
Maria	Adrenal Glands
HOSPITAL NAME	The adrenal glands were not definitively visualized. No overt pathology.
DPC Vet Hospital	Spleen
REFERRING VET	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.
Dr. Rivera	Liver
INVOICE	The liver exhibited generalized asymmetrical enlargement with rounded to asymmetrical ventral and caudal hepatic contour. Generalized decreased hepatic parenchyma echogenicity was noted with moderate coarse echotexture and subjective increased yet indistinct prominence of portal vascular borders. Indistinct, subtly expansive nodules to nodular mass lesions were present in the left, mid and right liver. Example of indistinct nodular mass lesion in the left cranioventral liver measured 4.2 cm x 3.7 cm. Associated regional mild perihepatic reactive mesentery and small pockets of scant perihepatic free
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PATIENT	fluid noted. The gallbladder was mildly subnormal in size likely owing to the presence of gastric ingesta. No overt evidence of post-hepatic dilation or stasis.
Kitty Wengler	
SPECIES	Gastrointestinal
Feline	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.24 cm.
BREED	Pancreas
DSH	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.
SEX	Free Abdomen
Spayed Female	No evidence of associated lymphadenopathy or omental masses.
AGE	PRIMARY FINDINGS
13 Years 5 Months	<ul style="list-style-type: none"> Asymmetrical hepatomegaly with generalized decreased parenchyma echogenicity and several to multifocal isoechoic indistinct mass lesions. Associated mild perihepatic free fluid and regional reactive mesentery Gastric ingesta
WEIGHT	SECONDARY FINDINGS
12.09 Pounds	<ul style="list-style-type: none"> Mild chronic renal changes
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The primary finding in this case is the presentation of the liver. Although sampling is required for further clarification, primary concern for hepatic neoplasia is warranted given the sonographic presentation including indistinct isoechoic mass lesions and asymmetrical hepatic contour. Potential for acute hepatic inflammatory process (i.e., hepatitis) or other hepatopathy given the ALT elevation possible, yet considered a less likely differential diagnosis. Assuming normal clotting status, ultrasound guided FNA of the liver using 25-gauge needle recommended for screening cytology. CBC pathology review +/- recheck retroviral status (given the anemia) may be considered.
IMAGING PERFORMED BY	The presence of gastric ingesta may correlate with post-prandial presentation. Given the patient's history, potential for concurrent gastric stasis possible if documented NPO. 3-view chest radiographs recommended if not done.
Maria	
HOSPITAL NAME	
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PATIENT

Kitty Wengler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 5 Months

WEIGHT

12.09 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

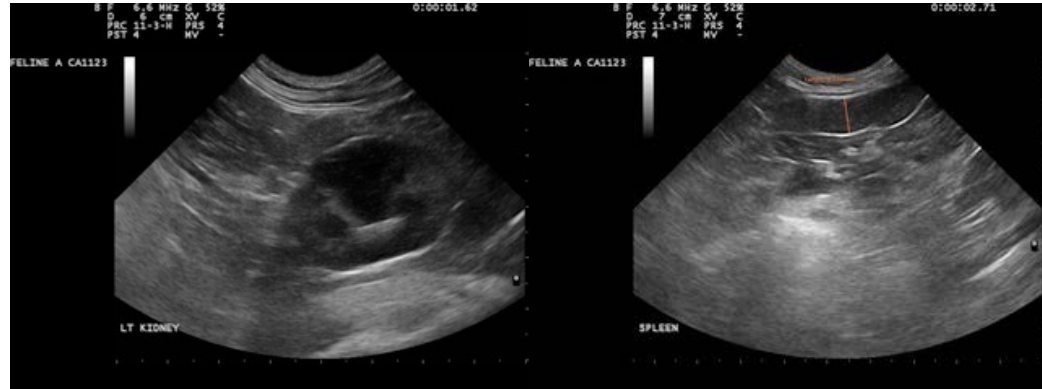
Dr. Rivera

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PATIENT

Kitty Wengler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 5 Months

WEIGHT

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**IMAGING
PERFORMED BY**

Maria

HOSPITAL NAME

DPC Vet Hospital

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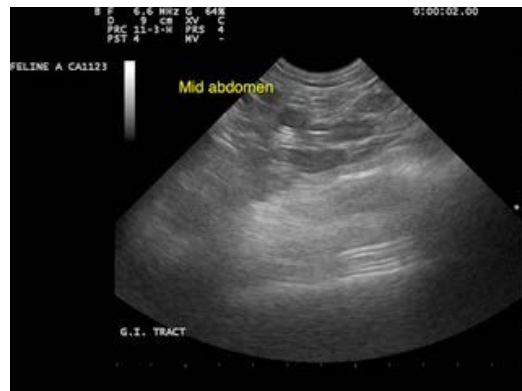
Dr. Rivera

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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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