



PATIENT

Micaela Ortiz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 year

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Kristen Mitchell

INVOICE

17488

DATE

9-29-22

PRESENTING CLINICAL SIGNS

ADR 3 weeks, not eating or drinking x 4 days.

Abnormal PE/Chem/CBC/UA Results: Slightly overweight and dehydrated. FeLV/FIV negative. WBC's 55K (3K-17K), neutrophilia with left shift, lymphocytosis, monocytosis. BW attached.

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. Aortic trifurcation was normal.

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 3.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.35 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was borderline to mild enlarged with maintained symmetrical capsular contour and generalized parenchyma heterogeneity. A solitary nondisruptive subtle hypoechoic splenic nodule was noted, measuring approximately 1.0 cm in diameter. Splenic vascularity was normal.

Liver/ Gallbladder

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.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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 mechanical/metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.28 cm. The jejunum wall measured 0.21 cm. No evidence of pathology in the area of the ileocolic junction.

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



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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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Mildly prominent, focal colic and probable pancreaticoduodenal lymph nodes in the right cranial abdomen, adjacent to the right pancreatic limb and dorsal to the duodenum were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of medial iliac lymph node size was 0.42 cm in diameter. Probable pancreaticoduodenal lymph node measured 0.57 cm in diameter.

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No omental masses or evidence of peritoneal free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

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- Borderline to mild splenomegaly with solitary nonspecific yet nondisruptive nodule- borderline splenomegaly secondary to sedation, hyperplasia, hematopoiesis, incidental splenitis or similar. Potential for very early neoplastic nodular criteria cannot be excluded.
- Moderate shadowing gastric ingesta, potential hairball type density
- Overtly normal small bowel
- Intermittent mild colic and probable focal pancreaticoduodenal lymphadenopathy-nonspecific, suggestive of benign/reactive lymphatic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA warranted for further assessment given the CBC abnormalities. CBC pathology review with potential for flow cytometry given the severe lymphocytosis is warranted. The shadowing gastric ingesta, although nonspecific, is concerning for potential hairball type density or possible foreign material given the patients reported inappetence.

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Hospitalization with as needed supportive care and sonographic monitoring for evidence of gastric emptying pending additional diagnostics is recommended. Potential exploratory laparotomy with gastrotomy may be considered pending additional diagnostics and if evidence of retained persistent shadowing gastric ingesta. Gastrointestinal biopsies would be recommended if surgery is elected and despite exploratory findings.

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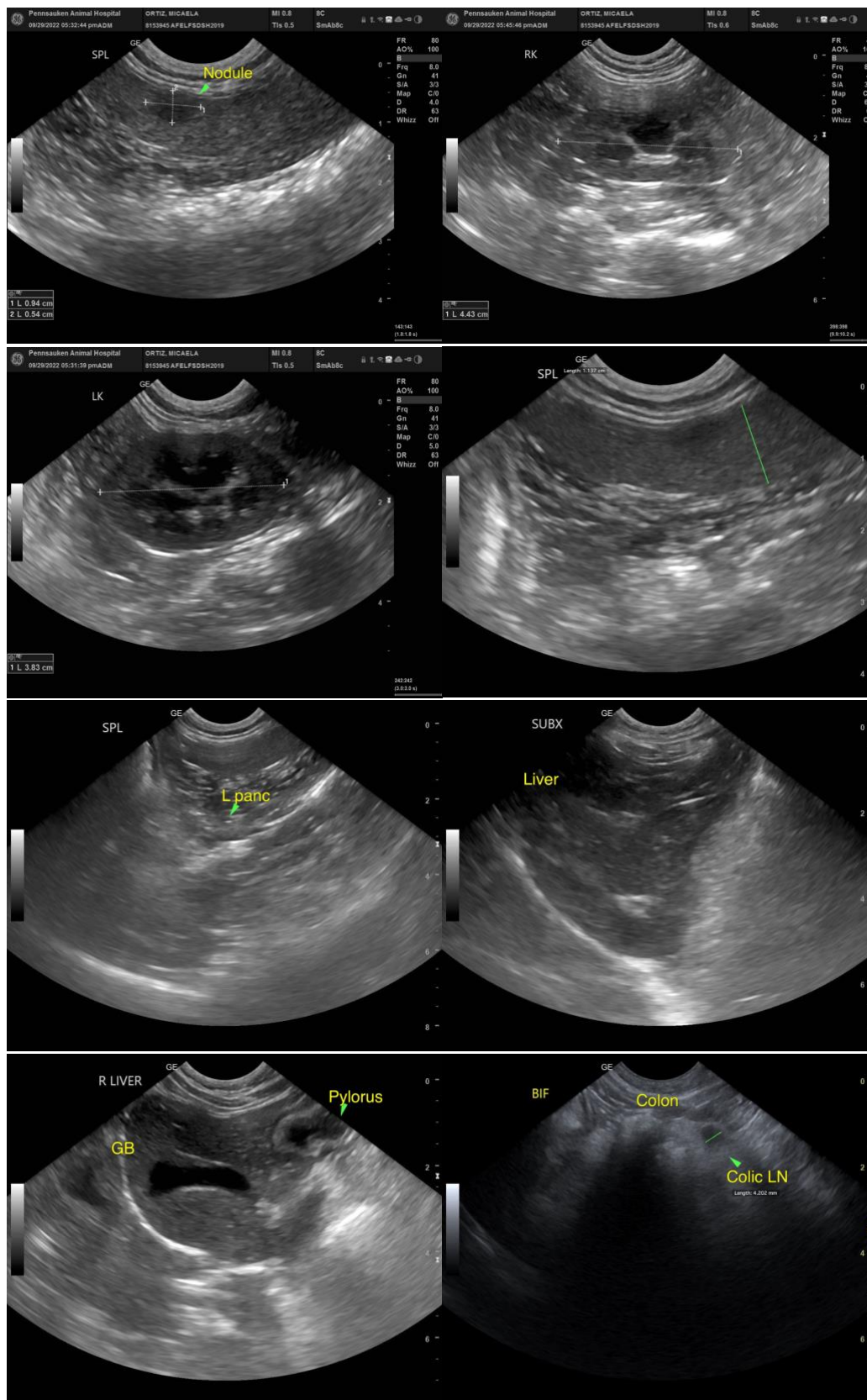
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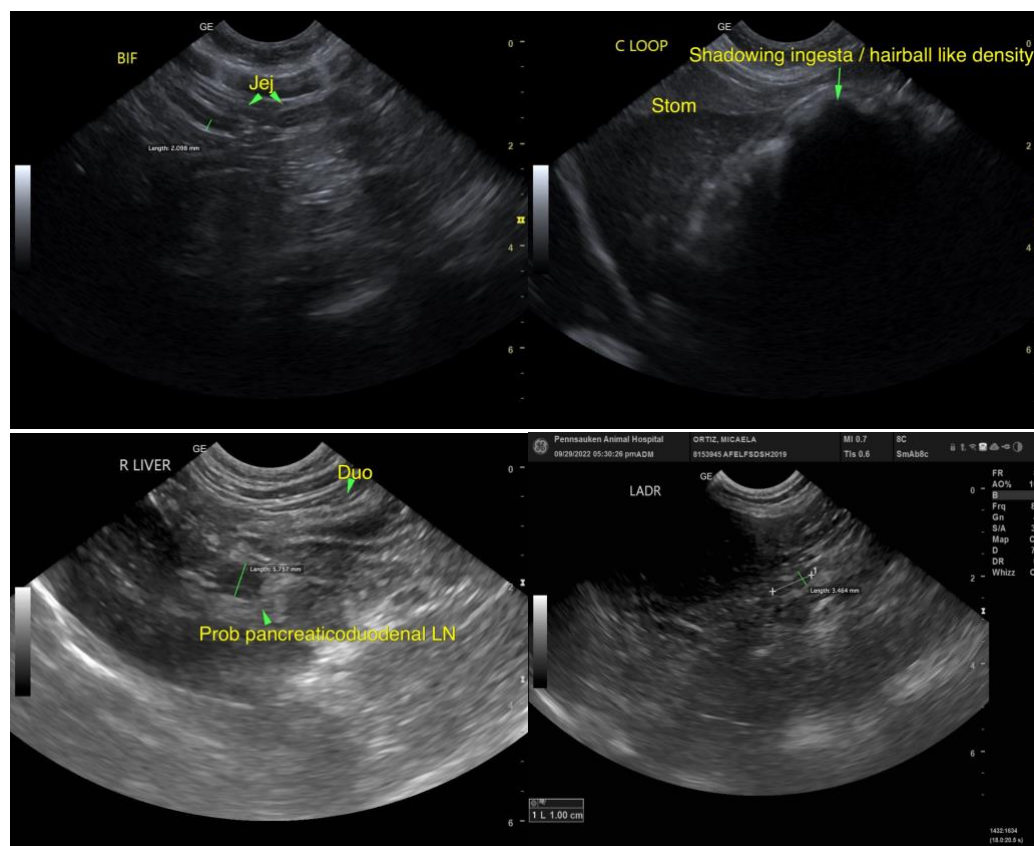
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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