



PATIENT

Chester Randall

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

5.5 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tansley Woods Animal
 Hospital

REFERRING VET

Dr. Petrowski

INVOICE

14006

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- Diabetic was controlled but recently anoxic and has vomiting. Mild elevated Goblin and Protein. Glucose in blood 11.9mmol/l

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended and contains a minimal amount of suspended echogenic debris. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure. Cortices are hyperechoic with a loss of corticomedullary distinction. The cortex to medulla ratio is appropriate with no pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. The left kidney measures 4.41 cm. The right kidney measures 4.38 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.47 cm. The right adrenal gland measures 0.33 cm.

Spleen

The spleen is slightly prominent with a slightly mottled or heterogeneous parenchymal pattern. The vasculature is normal with no evidence of congestion. The spleen measures 1.26 cm at the hilus.

Liver

The liver is subjectively normal in size with a diffusely heterogeneous parenchymal echotexture. There is a focal rounded mixed echogenic mass lesion at the caudal aspect of the liver that mildly distorts the hepatic capsule.

The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The gastrointestinal tract is diffusely non-distended with nonshadowing material or evidence for gastrointestinal mechanical obstruction. The small intestinal wall is normal in overall thickness with a prominent muscularis layer that distorts the normal 1:3 muscularis to mucosal ratio.

Pancreas

The pancreas is not readily visualized.

Free Abdomen



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There is a hypoechoic mass lesion dorsal to the spleen that is mixed echogenic with irregular margins. The origin of this lesion is uncertain based on this study. There is no other lymphadenopathy or free fluid identified.

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ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The spleen measures above normal limits with a mottled parenchyma. This is concerning for potential infiltrative disease such as bronchial neoplasia.
- There is a heterogeneous mass effect at the caudal aspect of the liver. This may also represent infiltrative disease.
- There is evidence for infiltrative gastrointestinal changes. This may be consistent with inflammatory bowel disease or other chronic enteropathies. However, infiltrative round cell neoplasia can't be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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Fine needle aspirates of the spleen, hepatic mass and left heterogenous mass effect dorsal to the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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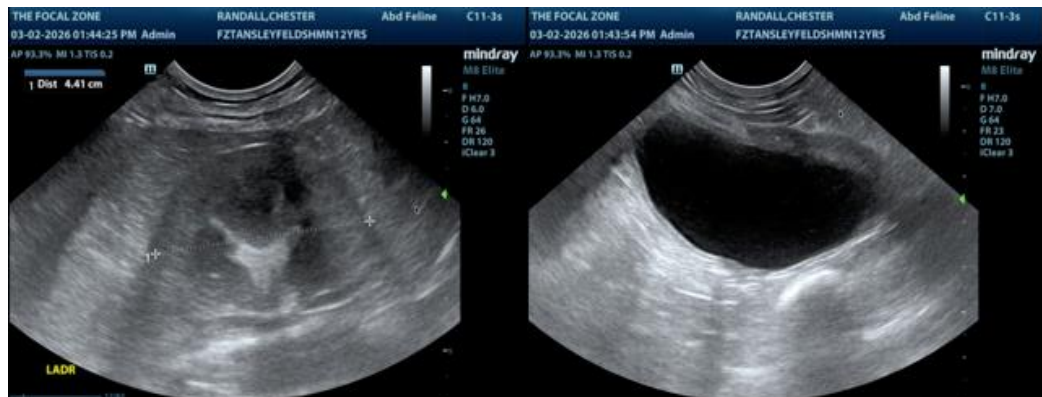
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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