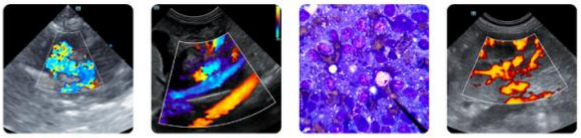

PATIENT

Scottie Koegh-Dwyer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 5 Months

WEIGHT

12.4 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Clegg

INVOICE

15957

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Poor appetite, anemic. Pale mucous membranes. Prednisolone 5mg

Abnormal PE/Chem/CBC/UA Results: HCT 25%, hemoplasma PCT negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 4.28 cm in length. The right kidney measured 4.05 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 0.41 cm in thickness. The right adrenal gland measured 0.49 cm in thickness.

Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

In the right liver, there is a cavitated spherical mass measuring approximately 2.5 cm x 1.8 cm, with scant surrounding free fluid. A small hypoechoic nodule is noted near the primary mass, and multiple other heterogeneous nodules are noted within the right liver lobes.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach has minimal contents, with a generally normal wall thickness, with normal wall layering towards the pylorus.

The bowel wall becomes thickened with loss of wall layering. There is a heterogeneous mass effect near the pylorus suspected to represent an enlarged perigastric lymph node measuring approximately 2.2 cm x 2.2 cm. Resolution is inadequate to definitively determine if this mass effect is continuous with hepatic tissue or separative liver mass.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

There is free fluid surrounding the liver mass. Near the ICJ, there is a mid-abdominal mass effect measuring 2.4 cm x 2.5 cm.

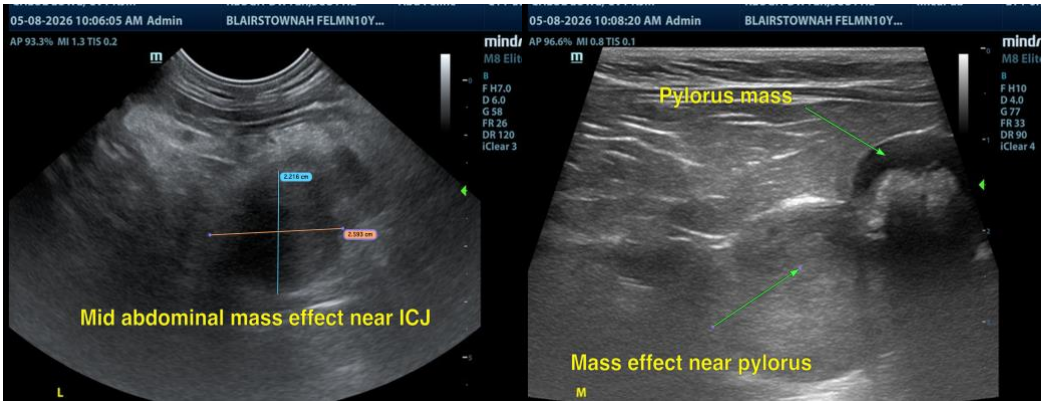
ULTRASONOGRAPHIC FINDINGS

- Multiple complex liver masses and liver nodules in the right liver.
- Pyloric/PDJ thickening consistent with neoplastic infiltration.
- Mid abdominal mass effect.
- Scant free fluid between liver lobes near masses.

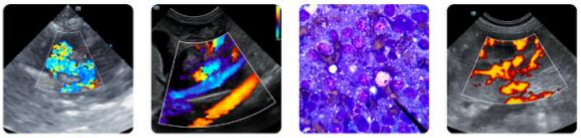
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound findings are most concerning for multifocal hepatic neoplasia with a malignant neoplasia such as carcinoma being a top differential. Changes to the area of the pylorus are concerning for infiltrative disease though focal inflammation cannot be completely excluded.

The mid abdominal mass effect is concerning for a distant metastasis of carcinoma. It may also represent infiltrative lymph node among other things. FNA of the masses could be attempted to further define. Abdominocentesis with plan for fluid analysis and cytology could be attempted though location of fluid may be difficult to obtain.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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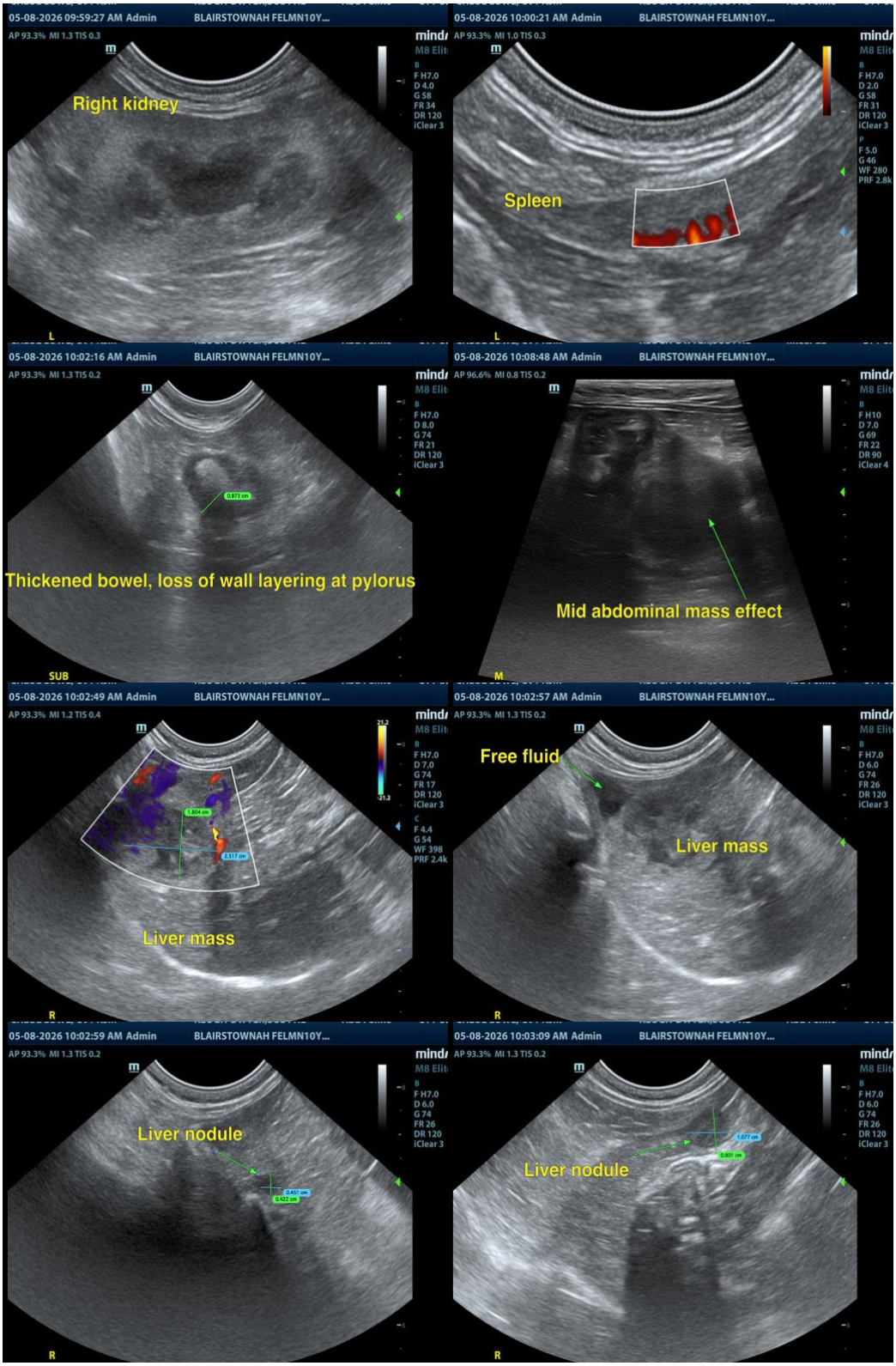

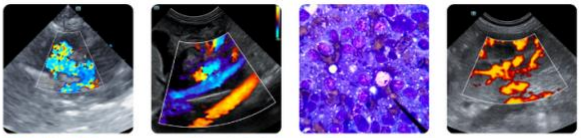

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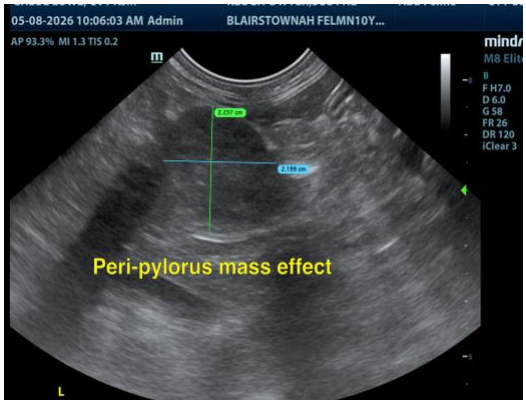

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com