



**PATIENT**

Misschief Mejaski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

4.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Bend VC

**REFERRING VET**

Byron Maas, DVM

**INVOICE**

13380

**DATE**

1/10/22

**PRESENTING CLINICAL SIGNS**

History: Patient developed vomiting in December, 2021. Abdominal radiographs were suspicious for hepatic mass. Patient has been treated with Cerenia and other supportive care and clients are wishing to pursue abdominal US to learn more about the potential for resecting the hepatic mass.

Abnormal PE/Chem/CBC/UA Results: Thin body condition with evidence of lean muscle atrophy (paraspinal region, pelvic limbs). Abdominal tensing is noted on palpation, with suspected cranial abdominal mass. Moderate lenticular sclerosis. Blood work (12/19/21) CBC: unremarkable CHEM: reported unremarkable, however not attached in records provided Radiographs: suspect hepatic mass

**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 were noted. Aortic trifurcation was normal.

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. Focal areas of minor dystrophic mineral present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 3.4 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.20 cm width.

**Spleen**

The spleen exhibited overall normal size (0.9 cm in width at the level of the hilus). Mild medial folding of the cranial spleen was present. Subtle generalized splenic parenchyma heterogeneity with mild asymmetrical to scalloped medial capsule contour was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

The liver revealed moderately sized to large complex mixed echogenic to nodular mass, occupying the majority of the mid liver parenchyma. Concurrent intramass cystic component was present. The mass measured approximately 5-6 cm in diameter, but suspected to be larger, as the entire mass did not fit into a single viewing window. Areas of normal appearing hepatic parenchyma noted deep and lateral to the mass. Potential for associated intraparenchymal nodules noted along the periphery of the mass possible. An example of potential hepatic intraparenchymal nodule measured 1.6 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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.

**SPECIES**

Feline

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 ileus, obstruction or foreign material. The jejunum wall measured 0.23 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.

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**Free Abdomen**

Small pockets of scant peritoneal free fluid were present. Subtle evidence of perihepatic reactive mesentery was present.

**AGE**

14 Years

**ULTRASONOGRAPHIC FINDINGS**

- Complex nonhomogeneous to cystic hepatic mass
- Mild splenic parenchyma heterogeneity with mild medial folding of the cranial spleen and subtle asymmetrical medial capsule contour
- Bilateral chronic renal changes

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, the hepatic mass mostly likely consistent with neoplastic criteria with considerations, including adenocarcinoma, cystic biliary adenoma/adenocarcinoma or other. Subjectively, the mass does not appear to be amendable to complete surgical resection as it is suspected to involve more than one liver lobe.

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The presentation of the spleen is nonspecific with considerations, including age-related changes, incidental hyperplasia, hematopoiesis or splenitis. Potential for emerging neoplastic splenic criteria cannot be definitively excluded. Assuming normal clotting status, hepatosplenic FNA, using a 25-gauge needle, could be considered for screening cytology and further assessment.

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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.

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