



PATIENT

Louie LaBounty

SPECIES

Feline

BREED

Devon Rex

SEX

MN

AGE

15 years

WEIGHT

6.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County Vet
Center

REFERRING VET

Dr. Jill Shiffman

INVOICE

15799

DATE

1/10/23

PRESENTING CLINICAL SIGNS

Patient presents for vomiting and suspicion of a cranial abdominal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney was subnormal in size compared to the right and expected renal size for the species measuring 2.9 cm in length. The right kidney was mildly prominent in size with possible mild compensatory hypertrophy measuring 4.7 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.88 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild echogenic luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted, likely incidental if no evidence of cholestasis, likely secondary to fasting / anorexia. The common bile duct was overtly normal, without evidence of post hepatic obstructive criteria.

Gastrointestinal



PATIENT	The stomach presented intact mildly prominent wall layering secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The lumen was empty with no evidence of gastric stasis. The gastric body wall measured 0.30 cm width.
Louie LaBounty	
SPECIES	The duodenum presented intact yet generalized prominent wall layering primarily in the upper to mid duodenum with upper duodenal wall width measuring 0.51 cm. The jejunum and ileum to the level of the colon was sonographically unremarkable.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Devon Rex	
SEX	Pancreas
MN	Nonhomogeneous variably expansive to enlarged mass was present in the area of the left pancreatic limb, pancreatic body, and right pancreatic limb caudal to the stomach and adjacent to and medial to the descending duodenum. The mass measured approximately 3.2 cm in diameter.
AGE	Free Abdomen
15 years	Regional hyperechoic mesentery and scant peritoneal free fluid was noted.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6.2	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Cranial abdominal mass area of generalized pancreas with regional peritonitis - pancreatic origin considered likely with neoplastic criteria favored, non-pancreatic origin i.e., unspecified omental or lymphatic mass or non-neoplastic etiology, i.e., consolidated abscess, unspecified necrosis, or other possible Subjective likely secondary gastroduodenitis
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Secondary Findings
Kelly Vazquez	<ul style="list-style-type: none"> Mild urinary bladder sediment Bilateral nonspecific chronic renal changes with subnormal left kidney size
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Bergen County Vet Center	The mass did not appear to overtly originate from the spleen, gastrointestinal tract, or liver.
REFERRING VET	Correlation with pending mass cytology +/- C/S if evidence of inflammatory cells, and possible oncology consult is recommended. Three-view chest radiographs are suggested to rule out concurrent thoracic pathology as a contributing factor. Spec fPL could be considered empirically. As-needed GI support pending mass cytology is suggested.
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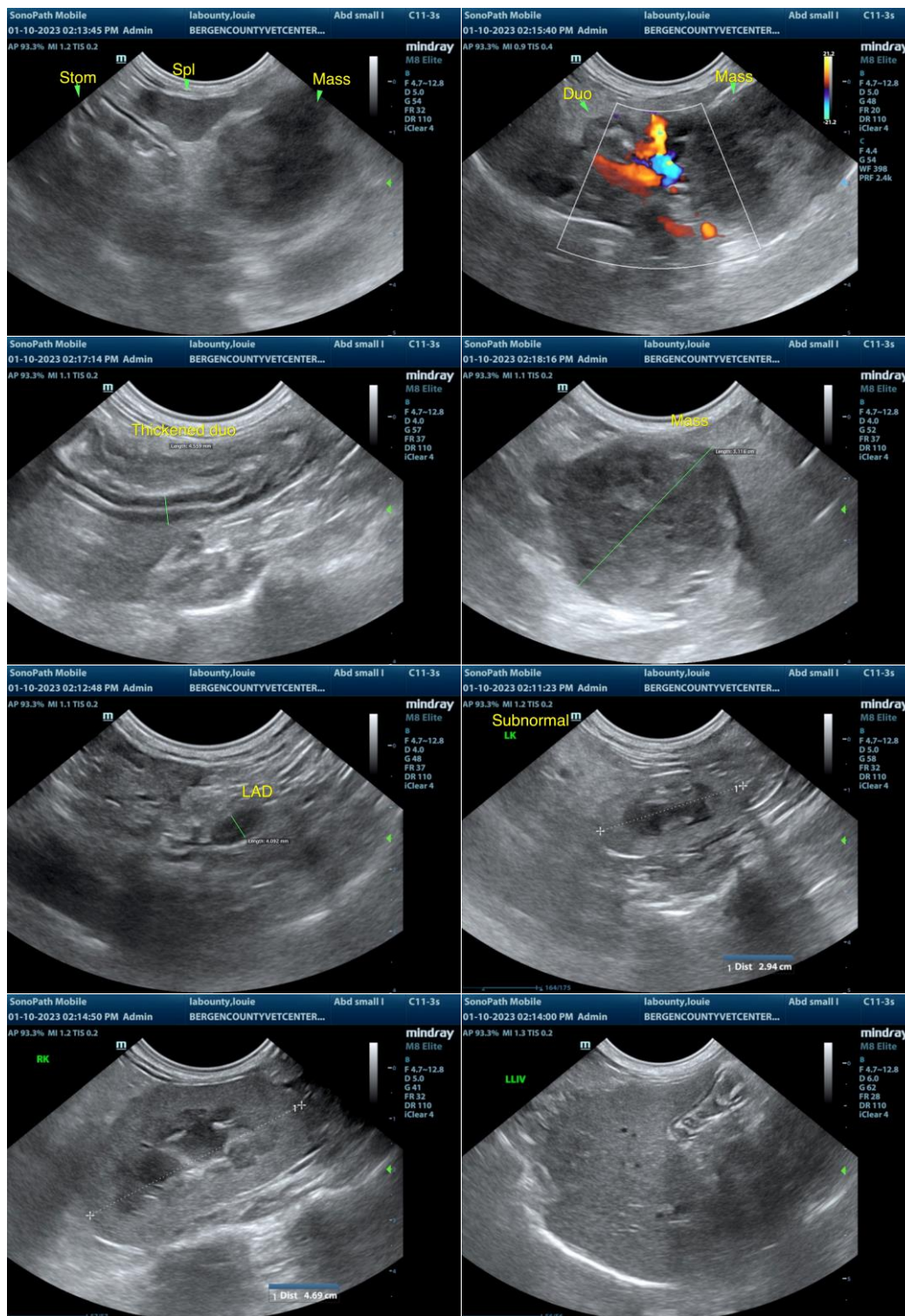
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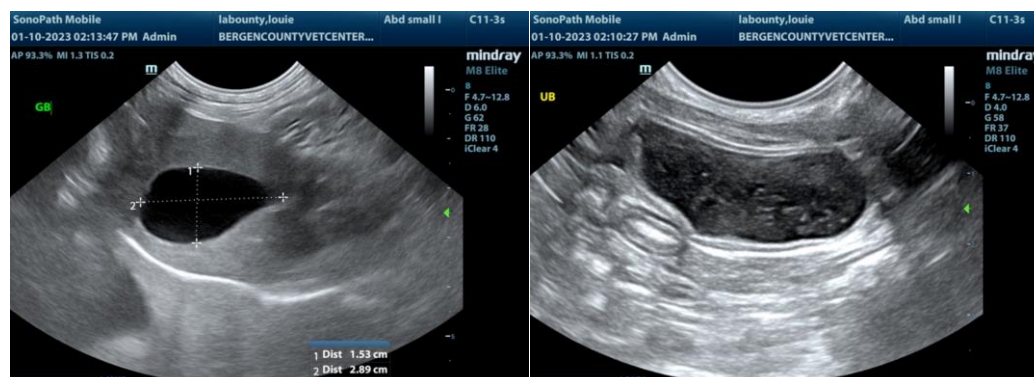
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com