

PATIENT

Chessie Goshorn

PRESENTING CLINICAL SIGNS

History: Cranial abdominal mass
Medication: Methimazole

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

18 years

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.3 cm in length.

WEIGHT

6.1 Pounds

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt pathology was noted in the area of the left and right adrenal glands.

INTERPRETED BY

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.8 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Good Hope AH

Liver/ Gallbladder

The liver revealed a large, expansive, nonhomogeneously echogenic to multifocally cystic mass appearing to originate and occupy the majority of the mid to right and caudate liver lobes. Normal-appearing hepatic parenchyma was present in the mid to right deep liver and around the gallbladder with intermittent, intraparenchymal cysts and evidence of parenchymal remodeling. The mass appeared to extend caudally past the level of the gastric axis into the area of the mid-abdomen. The mass measured approximately 9.0-1.0 cm in diameter. Concurrent unspecified, nonhomogeneous, to mixed echogenic ovoid mass was noted directly caudal to and effacing the large expansive hepatic mass, measuring 4.2 cm in diameter. An example of cystic component within the mass measured 3.0 cm in diameter.

REFERRING VET

Dr. Weekes

INVOICE

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DATE

1.4.2022



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Gastrointestinal

Chessie Goshorn

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.

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.

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

BREED

Domestic Shorthair

Pancreas

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 were evident.

SEX

FS

Free Abdomen

No evidence of peritoneal free fluid was present. Subtle evidence of perihepatic reactive mesentery was present.

AGE

18 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.1 Pounds

Primary Findings

- Large expansive nonhomogeneous echogenic to cystic liver mass - cystic biliary adenoma, cystic biliary adenocarcinoma, or other possible
- Concurrent unspecified nonhomogeneous mass directly caudal to hepatic mass - potential for associated hepatic mass, although potential for non-hepatic origin such as focal marked lymphadenopathy, granuloma, omental metastasis, necrosis, or other possible
- Bilateral chronic renal changes
- Concurrent hepatic intraparenchymal cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound-guided FNA of the definitive hepatic mass, as well as the unspecified mass caudal to the hepatic mass, could be considered for screening cytology and potential further clarification. The large hepatic mass does not appear to be amendable to surgical resection as It is suspected to extend into the area of the porta hepatis.

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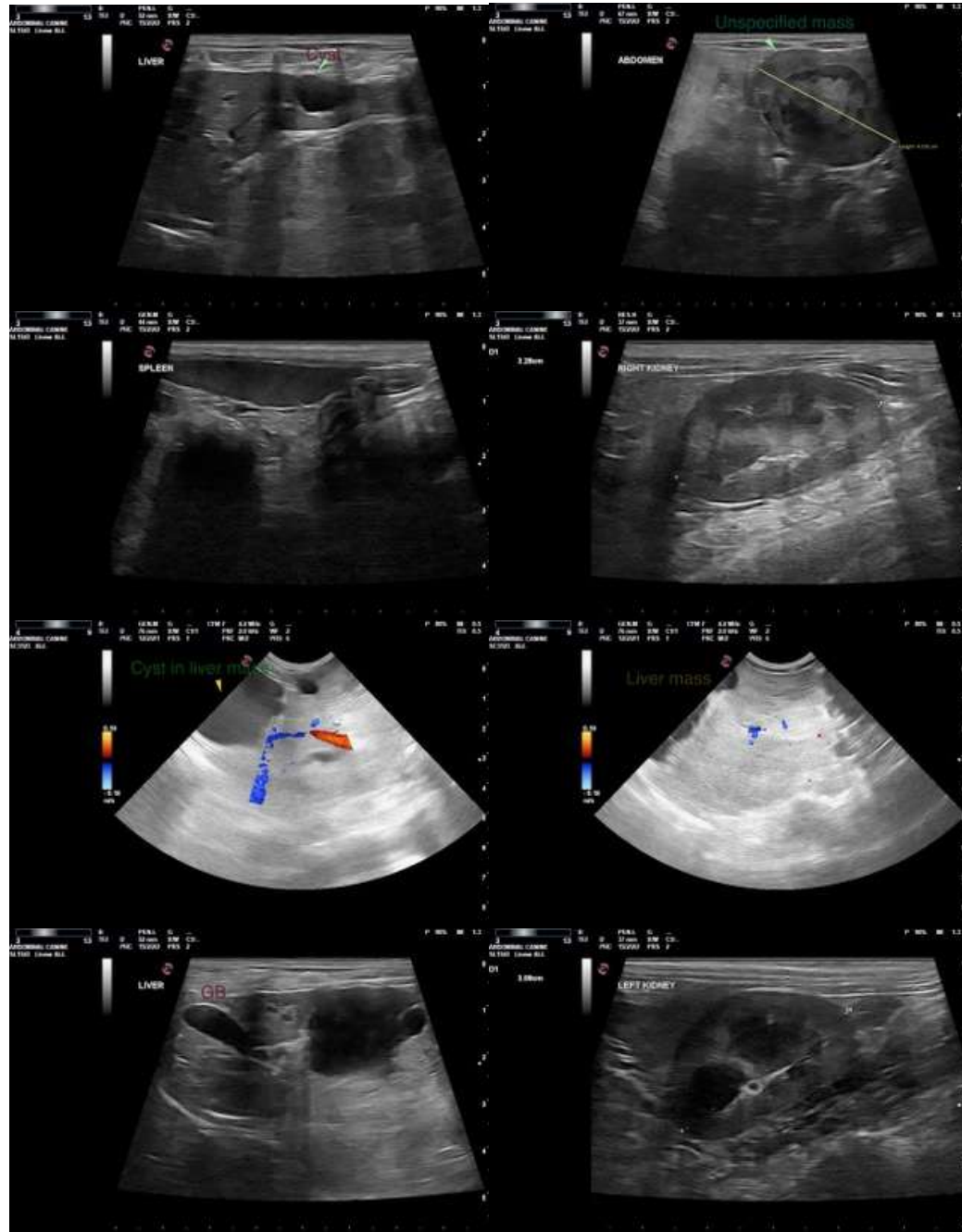
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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AGE

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