



PATIENT

Gizzie Moore

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

19 Years

WEIGHT

10.78 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

13236

DATE

PRESENTING CLINICAL SIGNS

P presents with weight loss, acute L sided nasal swelling/discharge, and a possible mass seen in the cranial abdomen on chest rads (clear of mets).

Abnormal PE/Chem/CBC/UA Results: Mild hypercalcemia, mild neutrophilia, creatinine 2.2 mg/dL, BUN 33 mg/dL

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Mild subnormal size and margination was 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. Mild pyelectasia was present in the left kidney with no evidence of left/right hydroureter. The left kidney measured 2.7 cm in length. The right kidney measured 2.9 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 0.32 cm width.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was mildly subnormal in size (suggestive of volume contraction) and 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.

Liver & Gallbladder

A large to caudally expanding irregular nonhomogenous cystic liver mass was present measuring approximately 9.0 cm in diameter. Concurrent intermittent separate similar appearing nonhomogenous to cystic liver nodules were visualized with an example measuring 1.4 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

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.



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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. An example of small intestine wall measured 0.23 cm wall width.

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

Pancreas

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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

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Large caudally expanding cystic liver mass with concurrent cystic intraparenchymal nodules.
- Mild gallbladder debris.
- Bilateral nonspecific chronic nephropathy with variable pyelectasia.
- Sonographically unremarkable visualized gastrointestinal tract.
- Subjective volume contracted spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass/nodules may indicate variable to significant biliary cyst adenomas with potential for biliary cystadenocarcinoma is not definitively excluded. No evidence of gastrointestinal tract pathology as an obvious contributing factor to the patient's weight loss. FNA cytology into parenchyma portion of the liver mass and consideration for mass fluid collection for analysis +/- cytology may be considered for further assessment. Three view chest radiographs and a GI panel to include PLI, TLI, cobalamin, and folate to assess for non-hepatic disease may be considered. Urinary workup including urinalysis, culture/sensitivity, and UPC level for renal staging as recommended.

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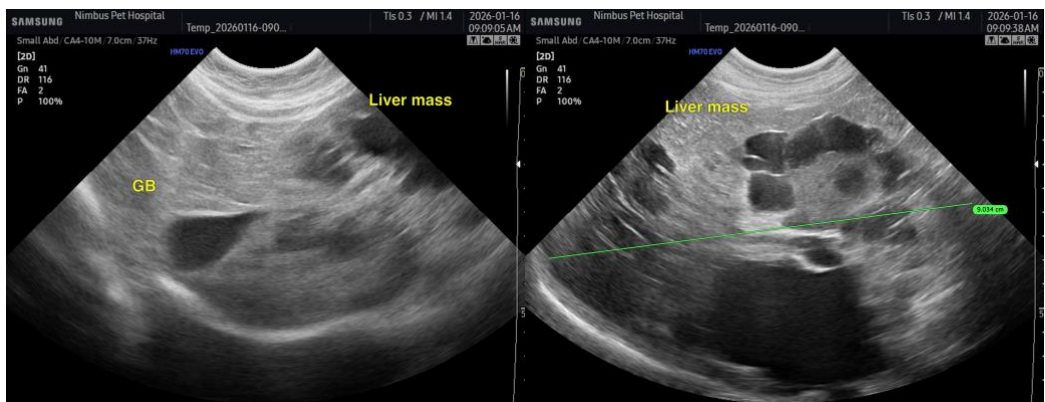
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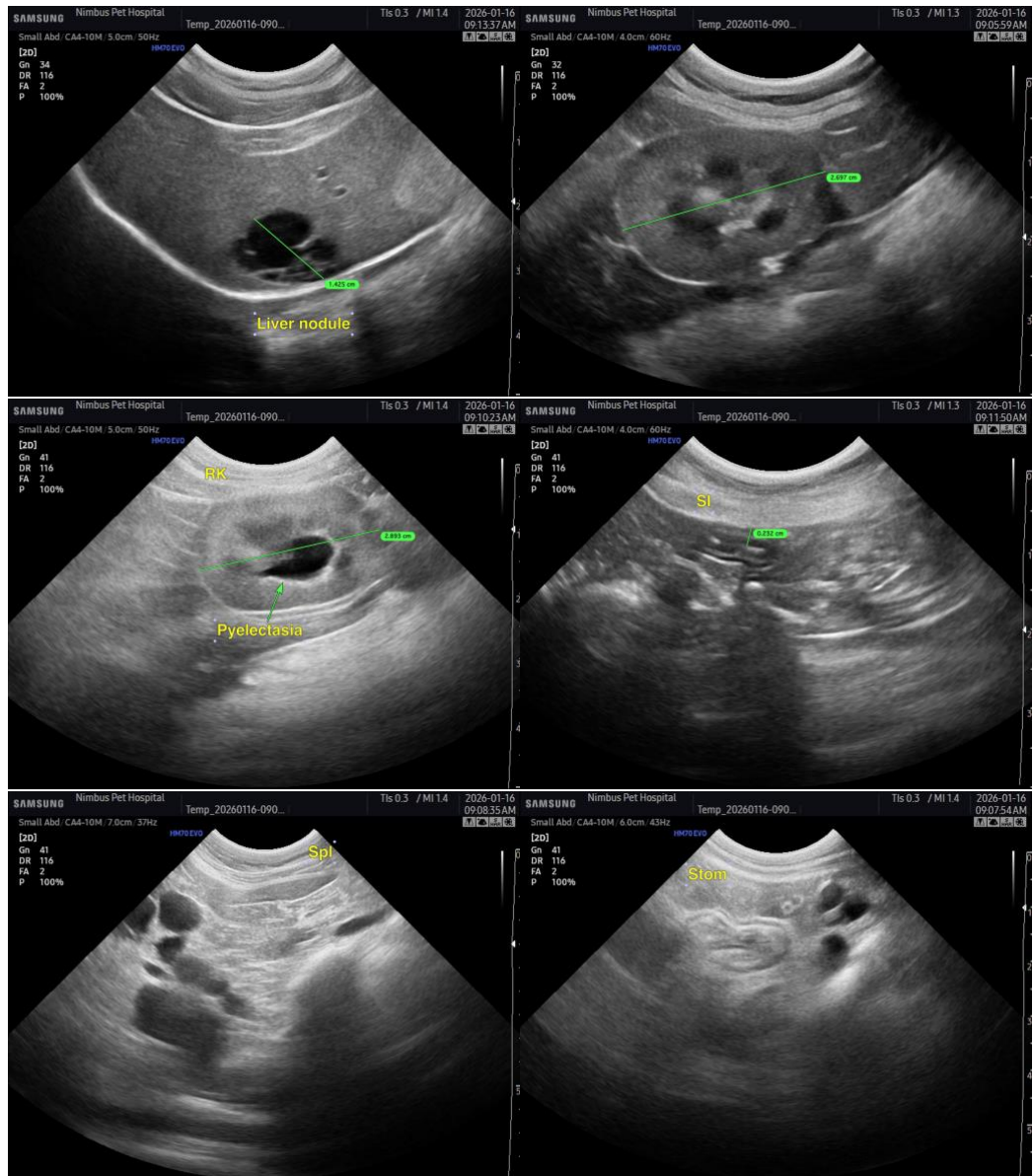
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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