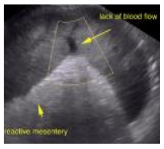
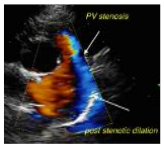
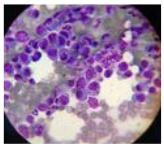
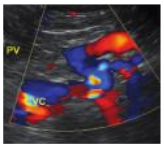
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kitcat D'Maico

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

20399

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: PU/PD LETHARGY WEIGHT LOSS Heart murmur

Abnormal PE/Chem/CBC/UA Results: Blood work–mild regenerative anemia, elevated ALP, GGT, very high ALT, elevated globulin. The radiograph was done 2 months ago–loss of details in the cranial abdomen, unremarkable hepatic borders caudally, suspected cranial abdominal 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.

No overt evidence of lymphadenopathy in the area of the iliac trifurcation.

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 4.2 cm in length. The right kidney measured 3.7 cm in length. Pinpoint medullary mineral was present in the kidneys.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 was normal in size, measuring 0.58 cm in width.

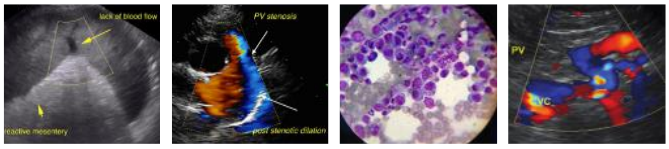
Liver

The liver exhibited subjective mild to possible moderate enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with anechoic content and minor particulate luminal debris. The gallbladder walls were sonographically unremarkable. The generalized common bile duct appeared to exhibit mild to moderate dilation with mild nonmineralized mucus. The common bile duct dilation measured 0.56 cm. The duodenal papilla was not definitively visualized.

Gastrointestinal

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Kitcat D'Maico

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

20399

DATE

1/5/23

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. This is a mild change.

The visualized segments of small intestine appeared to exhibit intact wall layering with discernable muscularis to mucosa ratio.

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

Pancreas

The subjective pancreas base and right pancreatic limb exhibited prominent size with capsule asymmetry and generalized nonhomogenous parenchyma with subjective evidence of pancreatic duct dilation.

Free Abdomen

Unspecified large to irregular subjectively fluid filled structure was noted, occupying the majority of the cranial to right cranial abdomen, potentially measuring 6-7 cm in diameter, primarily in the area of the caudal right to caudate liver, as well as within the area of the pancreas base and right pancreatic limb. The subjective fluid within the structure was echogenic, suggestive of potential fluid cellularity. Subtle evidence of peripheral hyperechoic omentum was noted around the unspecified fluid filled structure, potential for very scant pockets of peritoneal free fluid possible. No overt evidence of significant lymphadenopathy noted.

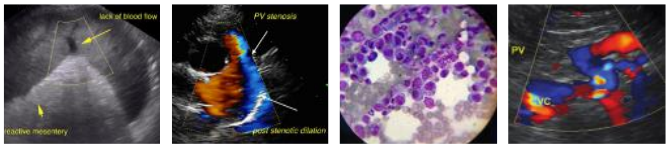
ULTRASONOGRAPHIC FINDINGS

- Large undifferentiated, subjective fluid filled structure cranial to the right cranial abdomen- large undifferentiated cyst, abscess, neoplasia or other. Potential for hepatic, pancreatic, omental or less likely gastrointestinal origin.
- Hepatopathy- nonspecific, cholangiohepatitis, vacuolar hepatic changes, cholestasis, occult neoplasia, other
- Nondistended gallbladder with generalized mild to moderate common bile duct dilation with evidence of mucoduct
- Prominent to nonhomogenous pancreas
- Bilateral chronic renal changes
- Overtly normal visualized gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, and using a 25-gauge needle, hepatic parenchyma, as well as undifferentiated fluid filled structure FNA/centesis for cytology +/- fluid analysis culture and sensitivity could be considered for further assessment. Possibility of emerging posthepatic obstruction owing to non-visualized common bile duct impingement or other non-visualized pathology cannot be excluded. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for concurrent disease as a contributing factor to the weight loss. Abdominal CT is likely ideal for further assessment given this presentation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kitcat D'Maico

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

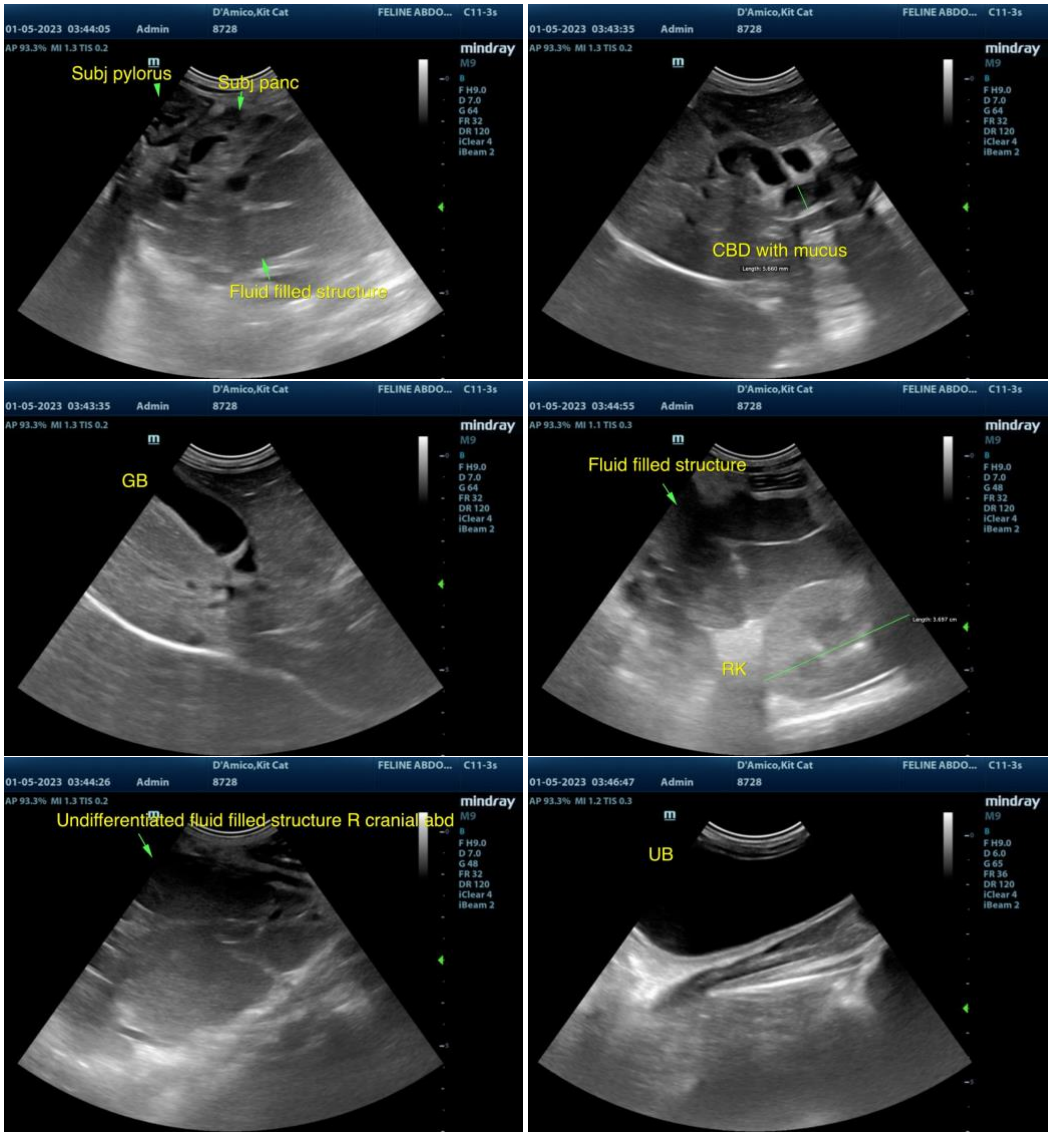
Dr. Sharkaway

INVOICE

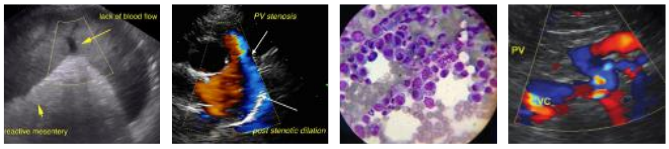
20399

DATE

1/5/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kitcat D'Maico

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

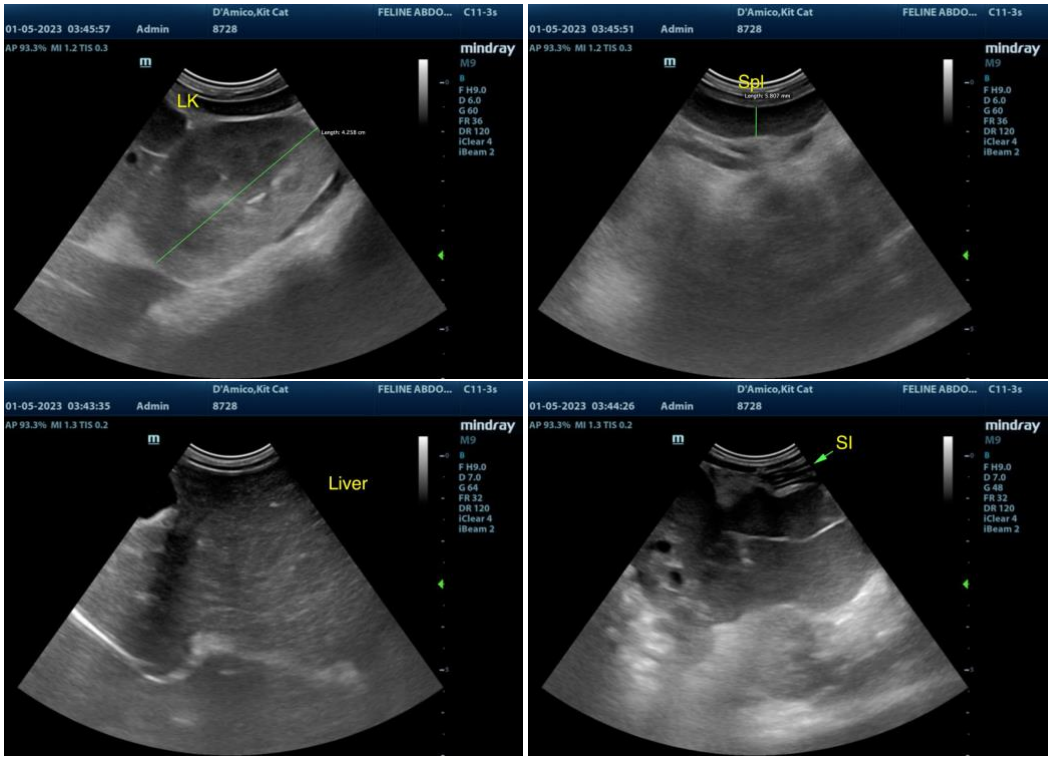
Dr. Sharkaway

INVOICE

20399

DATE

1/5/23



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com