



PATIENT

Jackson Gonsalves

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

15 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Katherine Pietsch, DVM

INVOICE

12981

DATE

1/6/21

PRESENTING CLINICAL SIGNS

Patient is a diabetic that recently became uncontrolled without change in lifestyle or diet. Previously well-controlled. History of vomiting EOD. On palpation, a large, irregular, mass is noted in cranial abdomen in region on liver. Gluc 383; ALP 1; vPL 50

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, 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.

Normal renal size with asymmetrical margination were 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 measured 4.6 cm in length. The right kidney measured 4.9 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 0.50 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

Spleen

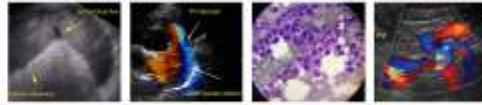
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width.

Liver/ Gallbladder

The liver exhibited a moderately sized to expansive, nonhomogeneous to mixed echogenic cystic mass occupying the majority of the mid to left liver. The mass measured approximately 7.0 cm in diameter. Right, medial to lateral and caudate liver were sonographically unremarkable. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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. Potential mild gastric impingement or displacement owing to the liver mass was present. The gastric body wall width measured 0.25 cm.



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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. The jejunum wall width measured 0.28 cm. The duodenum wall width measured 0.25 cm. The ileocolic wall width measured 0.29 cm.

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

Pancreas

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The pancreas exhibited generalized hypoechoic nodular changes and mild mixed echogenic parenchyma. An example of pancreatic nodule measured 0.88 cm in diameter in the right pancreatic limb.

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Free Abdomen

Intermittent colic and focal pancreaticoduodenal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a colic lymph node measured 0.65 cm diameter. An example of a pancreaticoduodenal lymph node measured 0.60 cm in diameter. No effusion was present.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Mild urinary bladder sediment
- Bilateral chronic renal changes exhibiting mild uniform cortex hypertrophy
- Cystic liver mass
- Nodular pancreas
- Overtly normal gastrointestinal tract
- Intermittent colic and focal pancreaticoduodenal lymphadenopathy - subjectively benign / reactive

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass may represent cystic biliary adenoma, cystic biliary adenocarcinoma, or other. An ultrasound-guided FNA of the liver mass parenchyma using a 25-gauge needle and assuming normal clotting status is warranted for screening cytology. The nodular pancreatic changes are suggestive of areas of nodular hyperplasia. The potential for emerging pancreatic neoplasia cannot be definitively excluded, yet is thought less likely.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Sonographic monitoring of the liver mass and nodular pancreatic changes for evidence of progression would be a more conservative approach.



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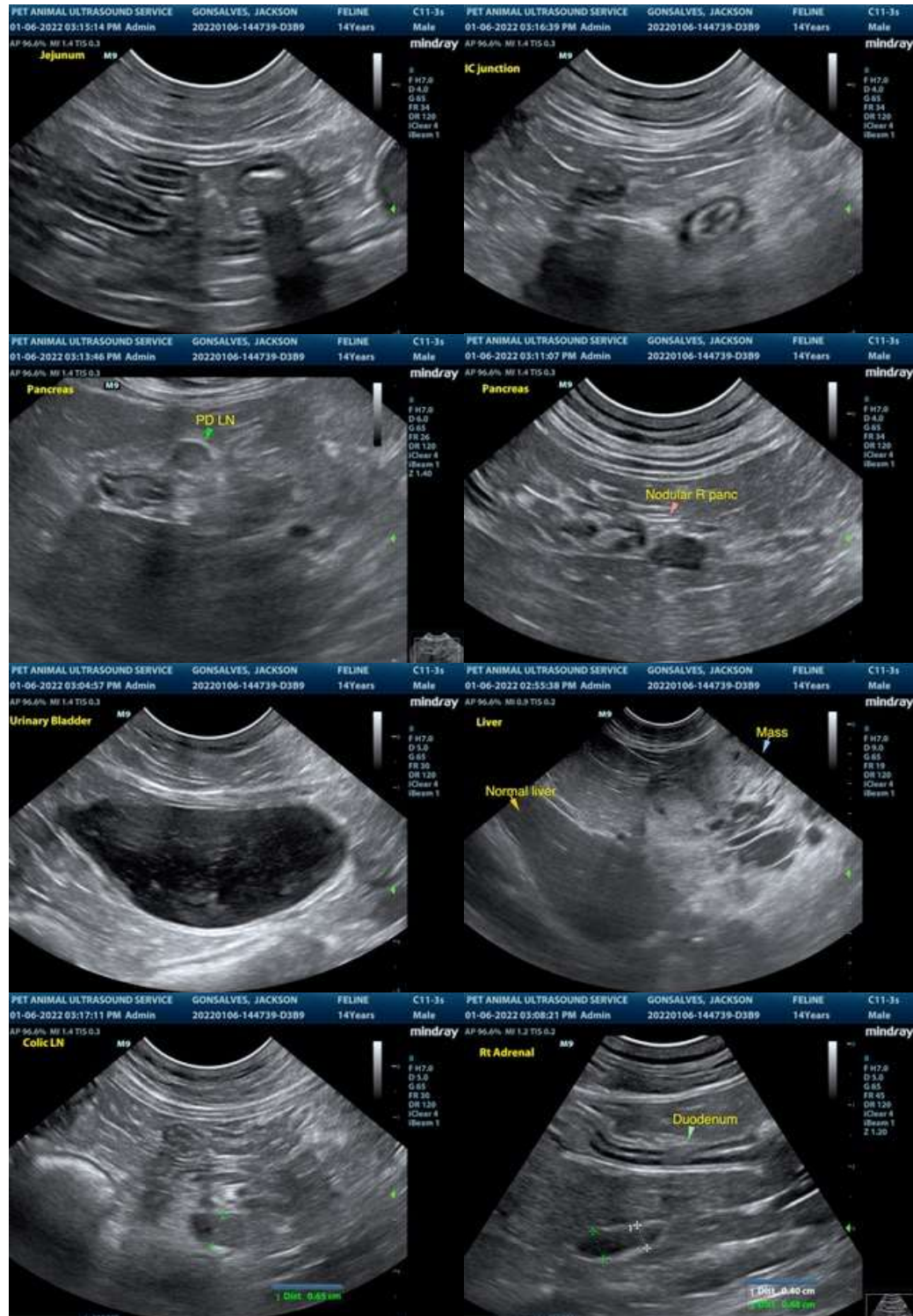
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 info@SonoPath.com