



PATIENT

Skittles Cameron

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 yrs

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

15215

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Weight loss and not eating well. Hx of cardiac disease, pancreatitis, and hyperthyroidism. Mammary adenocarcinoma (low grade) removed from L mammary gland #5 in 2019. On Transdermal Methimazole, SQ fluids, Buprenorphine and Cerenia injections.

Abnormal PE/Chem/CBC/UA Results: PE: 4/6 systolic heart murmur. Sensitive on abdominal pressure. L inguinal cystic mass. Previously febrile 104.3, now resolved. BW (10/5/22): SDMA 15, Alb 2.7. T-4 10.7 (missed some doses recently.) RADS (5/2022): cystic mass in L inguinal region, NSF otherwise.

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. Potential for minor dependent mineral, although not definitive. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

A solitary, moderately sized, asymmetrical, nonhomogeneous medial iliac lymph node measuring 2.6 cm in diameter was present.

Normal 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild nonobstructive medullary mineral was noted. Mild subnormal left kidney size was noted compared to the right. The left kidney measured 2.9 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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.

The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental mildly prominent yet intact jejunal walls exhibiting minor segmental jejunal corrugation. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25-0.27 cm width. No overt pathology was noted in the area of the ileocolic junction.

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

Pancreas

The pancreas was mildly prominent in size with areas of mild capsule asymmetry with heterogeneous to mildly cystic nodular pancreatic parenchyma. Minor pancreatic duct dilation was noted. Subtle evidence of peripancreatic hyperechoic mesentery was present.

Free Abdomen

A moderately sized, spherical-appearing cystic mass lesion with potential concurrent intra-mass soft tissue component measuring 4.4 cm in diameter was present in the left inguinal area. The cystic mass appeared to contain primarily anechoic fluid without overt evidence of fluid cellular debris. No omental masses, omental lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Segmental enteritis pattern
- Mildly irregular cystic to nodular pancreas - suggestive of chronic pancreatitis with parenchymal cysts and probable nodular hyperplasia, neoplastic criteria is considered unlikely
- Bilateral chronic renal changes with minor medullary mineral, mild subnormal left kidney size
- Left inguinal cystic mass lesion with minor soft tissue component
- Nonspecific medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA / centesis of the medial iliac lymphadenopathy, if accessible, as well as the left inguinal cystic mass lesion for cytospin cytology +/- C/S if clinically indicated may be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

No overt evidence of intraabdominal neoplastic criteria. Empirically, and pending additional diagnostics, as-needed GI support and empirical therapy for chronic pancreatitis would be reasonable.



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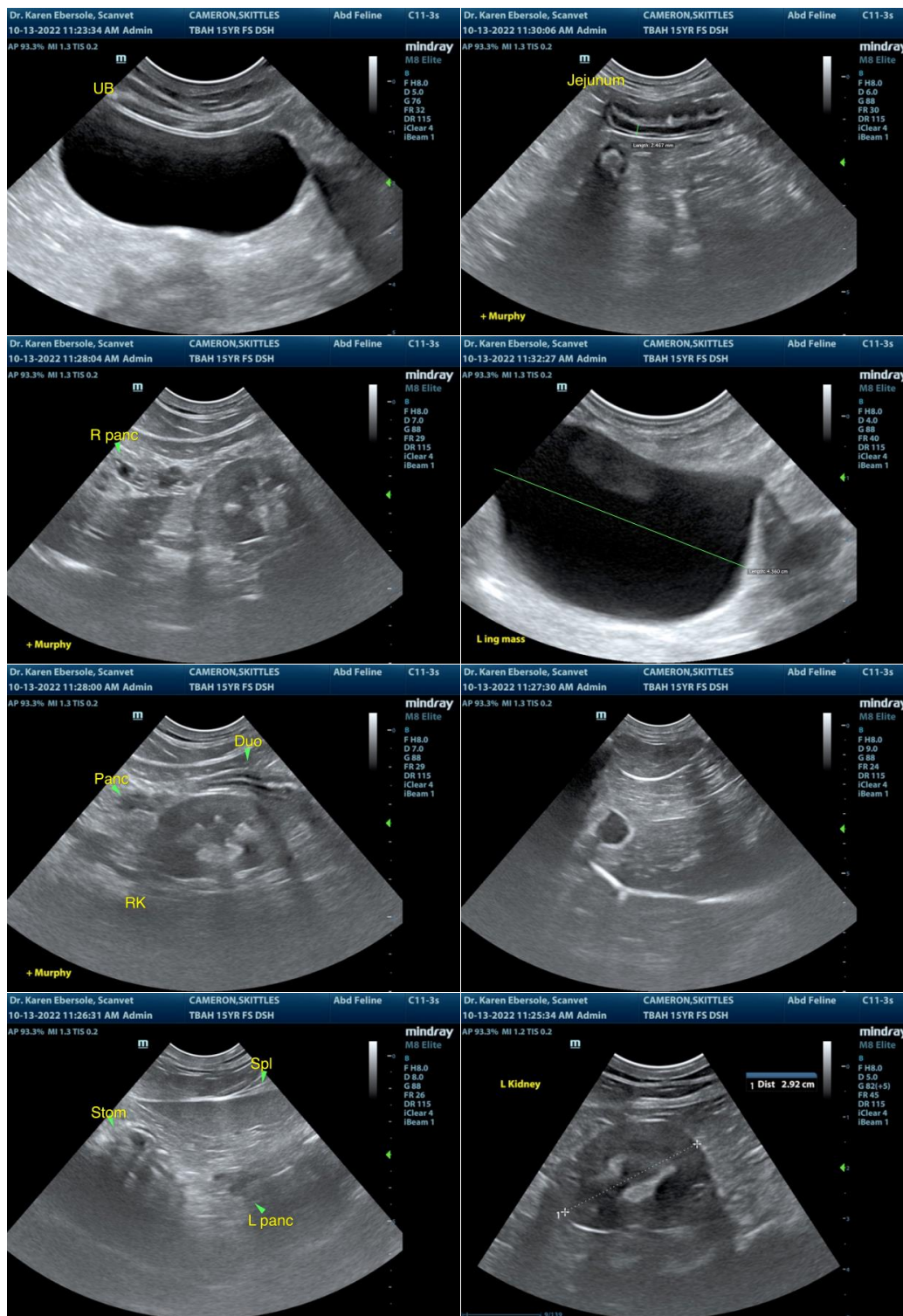
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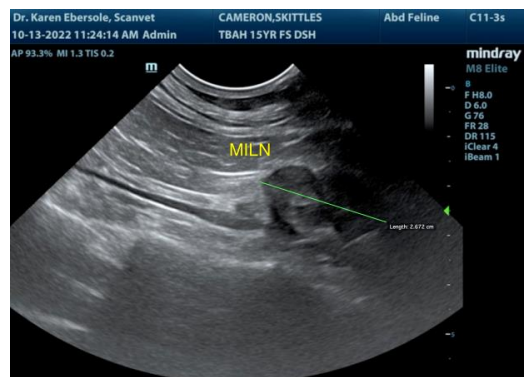
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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