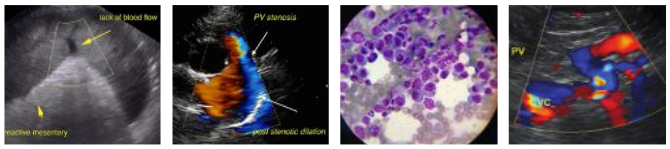
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Moe Dashowski

SPECIES

Feline

BREED

Manx

SEX

MN

AGE

17yr

WEIGHT

7.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Karagic

INVOICE

11914ag

DATE

10/18/2022

PRESENTING CLINICAL SIGNS

Urinary frequency. Large, multi-cystic mass seen on AFAST from their staff.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal renal size with asymmetrical margination was 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 3.5 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

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 measured 0.95 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent non-disruptive small complicated hepatic cyst or cystic nodules were present in the mid to left ventral liver. 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.

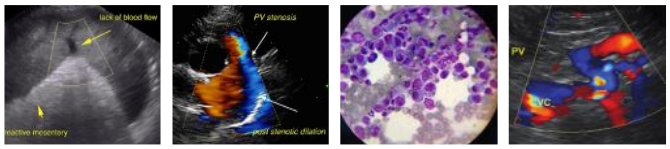
Gastrointestinal

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 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.

Pancreas



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The pancreas was normal in size with areas of mild capsule asymmetry and heterogeneous isoechoic to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor pancreatic duct dilation was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

A large lobulated complex cystic mass lesion was present in the mid to cranial abdomen adjacent to the level of the gastric axis measuring 6-7 cm in diameter. Subtle evidence of regional hyperechoic mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Large completed cystic mass lesion mid to cranial abdomen
- Hepatic parenchyma remodeling with small, complicated cyst to cystic nodules-suspect benign complicated cyst or cystic biliary adenomas
- Mild chronic renal changes
- Sonographically normal urinary bladder
- Heterogeneous pancreas-age related pancreatic changes suspected and likely incidental, potential for low grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large mid to cranial abdominal cystic mass lesion was non-specific with considerations including complicated omental cyst, large cystic biliary adenoma possibly deriving from the caudal liver, complicated cystic lymph node, pancreatic cyst or other. This lesion was not overtly consistent with neoplastic criteria although this potential cannot be excluded.

Assuming normal clotting status and using a 25g needle, a cystic mass lesion FNA +/- fluid analysis cytology could be considered for further assessment.

Sonograph monitoring of the cystic mass lesion for evidence of progression would be a more conservative approach.

A spec fPL could be considered to assess for evidence of low-grade pancreatitis.

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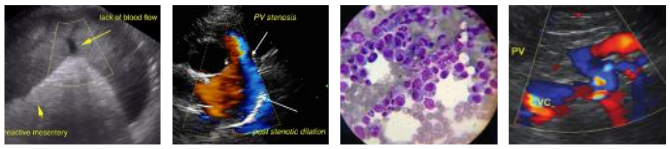

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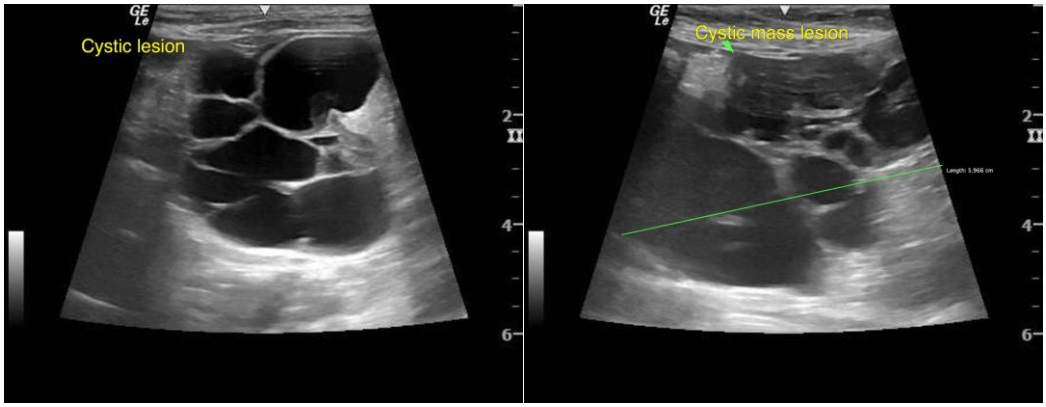

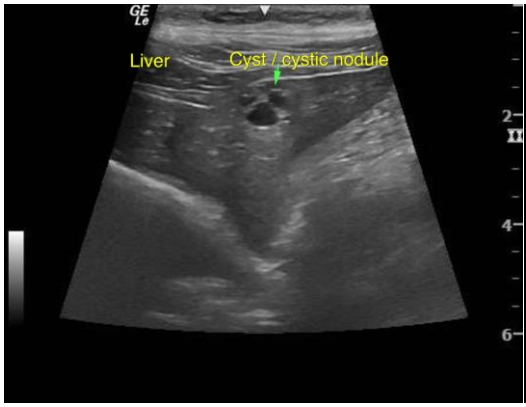

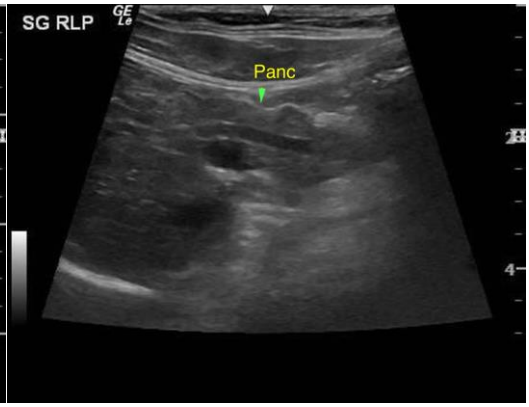

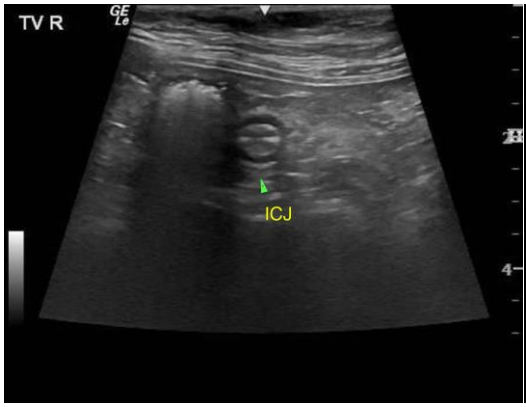

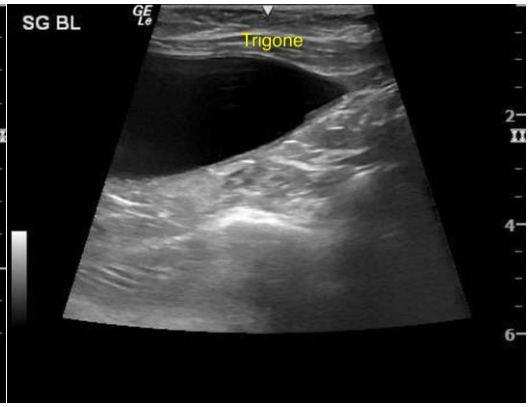

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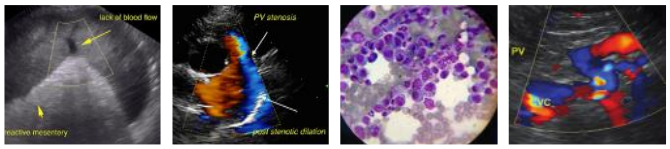

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com