



PATIENT PRESENTING CLINICAL SIGNS

Tiger Diamto
History: Decreased appetite, weight loss
Medication: Felimazole

SPECIES
Feline
Chem – ALT 334, ALP 360, AST 147, Sodium/Potassium ratio 23, precision PSL 64, CK 871, WBC 14.0 w/neutrophilia and monocytosis. FELV/FIV negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Domestic Shorthair
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.

SEX

Neutered Male
The kidneys were mildly subnormal in size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.5 cm. The right kidney measured 2.9 cm.

AGE

17 years

Adrenal Glands

WEIGHT

5.6 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.42 cm in width.

Spleen

INTERPRETED BY

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

The spleen was normal in size with mild asymmetrical medial capsule contour with generalized parenchyma heterogeneity. The spleen measured 0.66 cm in width.

Liver

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The liver presented generalized enlargement owing to multiple to coalescing variably sized nodular hepatic masses. Concurrent focal cystic component noted within the masses. Example of liver mass measured 4.1 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

HOSPITAL NAME

Mill Pond VC

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.

REFERRING VET

Dr. Thayer

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No evidence of loss of gastrointestinal wall layering or masses. Jejunum wall measured 0.22 cm. Ileocolic wall measured 0.33 cm.

INVOICE

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The distal colon and colorectum exhibited mildly non-homogeneous mural hypertrophy with loss of distinct distal colon and colorectal wall layering measuring approximately 3.6 cm in length with wall width up to 1.0 cm.

DATE

10.26.2021

Associated enlarged, hypoechoic medial iliac to epigastric lymph node present. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5), measuring 0.84 cm x 0.82 cm. . The enlarged lymph node was bordered by echogenic to reactive mesentery. Small pockets of scant peritoneal free fluid were present.



PATIENT *Pancreas*

Tiger Diamto The pancreas was mildly prominent in size with heterogeneous to hypochoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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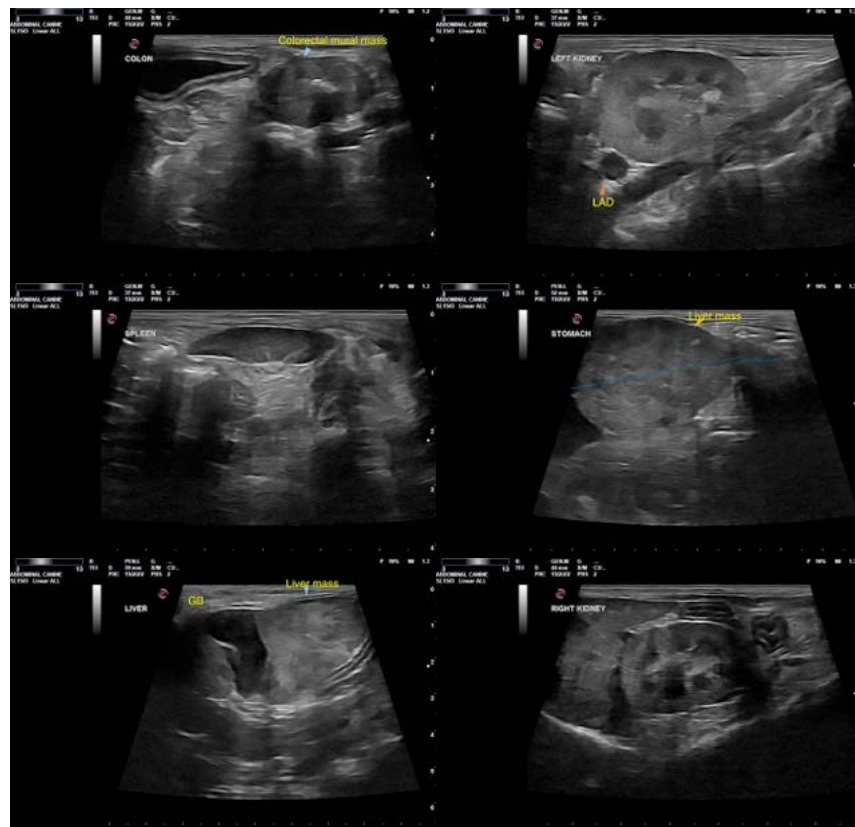
ULTRASONOGRAPHIC FINDINGS

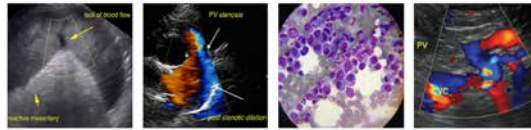
- Distal colon to colorectal mural mass
- Associated medial iliac to hypogastric lymphadenopathy
- Multifocal to coalescing hepatic masses
- Chronic to chronic active pancreatitis
- Probable enteropathy
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the multifocal to coalescing hepatic masses and concurrent distal colon to colorectal mural mass is most consistent with multicentric neoplasia. Assuming normal clotting status, hepatic FNA could be considered for screening cytology.

As needed supportive and palliative care is recommended.





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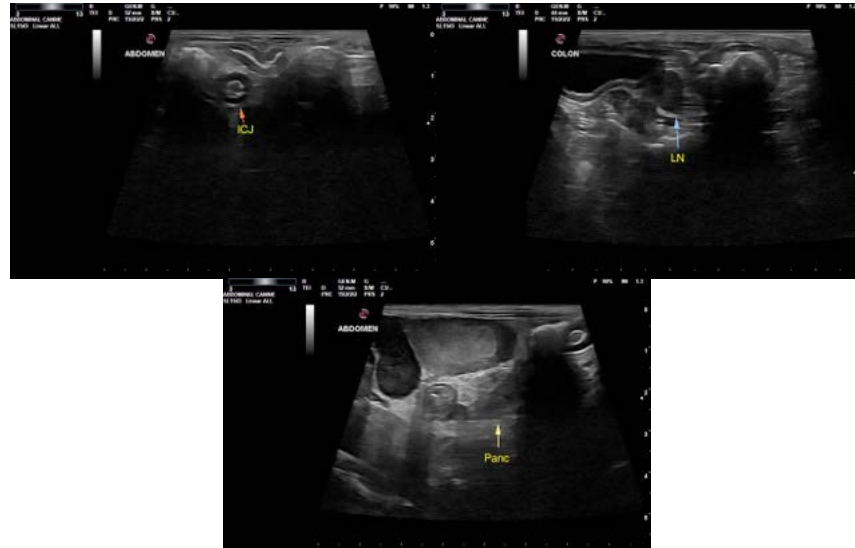
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com