



PATIENT

Smokey Kasle

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 years

WEIGHT

14.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Gibson

INVOICE

12490

DATE

10/29/21

PRESENTING CLINICAL SIGNS

hx: anorexic, weak, unknown duration, outdoor cat, ADR PE: icteric tacky mm, organomegaly or mass effect in cranial abdomen 4 lbs wt loss Current Medications iv fluids, cerenia, ampicillin, baytril, mirtazipine Radiographic Findings liver border is irregular and enlarged on right ventral position small heart borders

Abnormal PE/Chem/CBC/UA Results: ALT=609 ALP=124 GGT=21 T.BILI=9 absolute neutrophilia 10,930

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 was noted.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys were mildly enlarged with asymmetrical margination. 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. A solitary, subtly expansive yet indistinct corticomedullary nodule was noted in the left kidney, measuring 1.8 cm in diameter. The left kidney measured 5.1 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

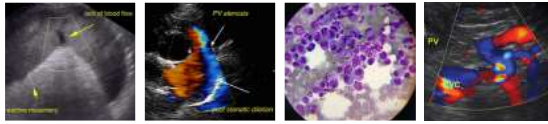
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen was normal in size with mild asymmetrical medial capsule contour. Generalized mild parenchyma heterogeneity with several, non-expansive, hyperechoic parenchymal nodules were present.

Liver/ Gallbladder

The liver exhibited generalized enlargement, asymmetrical contour, and nonuniform parenchyma exhibiting multifocal to generalized nonhomogeneous to cystic nodules to nodular mass lesions. The gallbladder was displaced caudally and ventrally, yet nondistended with mild luminal debris. 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.

Segmental wall thickening with loss of wall layering was present in the mid to cranial abdomen, with wall width measuring 1.3 cm. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Additional segments of the intestine exhibited subjective Intact wall layering with a primarily maintained 1:3 muscularis / mucosa ratio. Regional lymphadenopathy and surrounding echogenic omentum were present around the abnormal intestine.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Several, mid abdominal mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric lymph nodes measured 2.3 cm x 1.8 cm. Scant peritoneal and likely retroperitoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatomegaly with multifocal cystic to nonhomogeneous nodules to nodular mass lesions
- Bilateral interstitial nephrosis renal pattern with indistinct left kidney nodule
- Solitary intestinal mural mass - suspect small bowel location
- Associated hypoechoic to swollen mesenteric lymphadenopathy
- Mild peritoneal and likely retroperitoneal free fluid
- Nonspecific splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, this study is most consistent with probable multicentric neoplasia involving the generalized liver, mesenteric lymph nodes, focal small bowel, and potential left to bilateral kidneys. Assuming normal clotting status, hepato-lymphatic FNA could be considered for screening cytology with potential for oncology consultation if neoplasia is confirmed. However, an overall unfavorable prognosis is likely indicted. Three view chest radiographs to assess for concurrent thoracic pathology are suggested.



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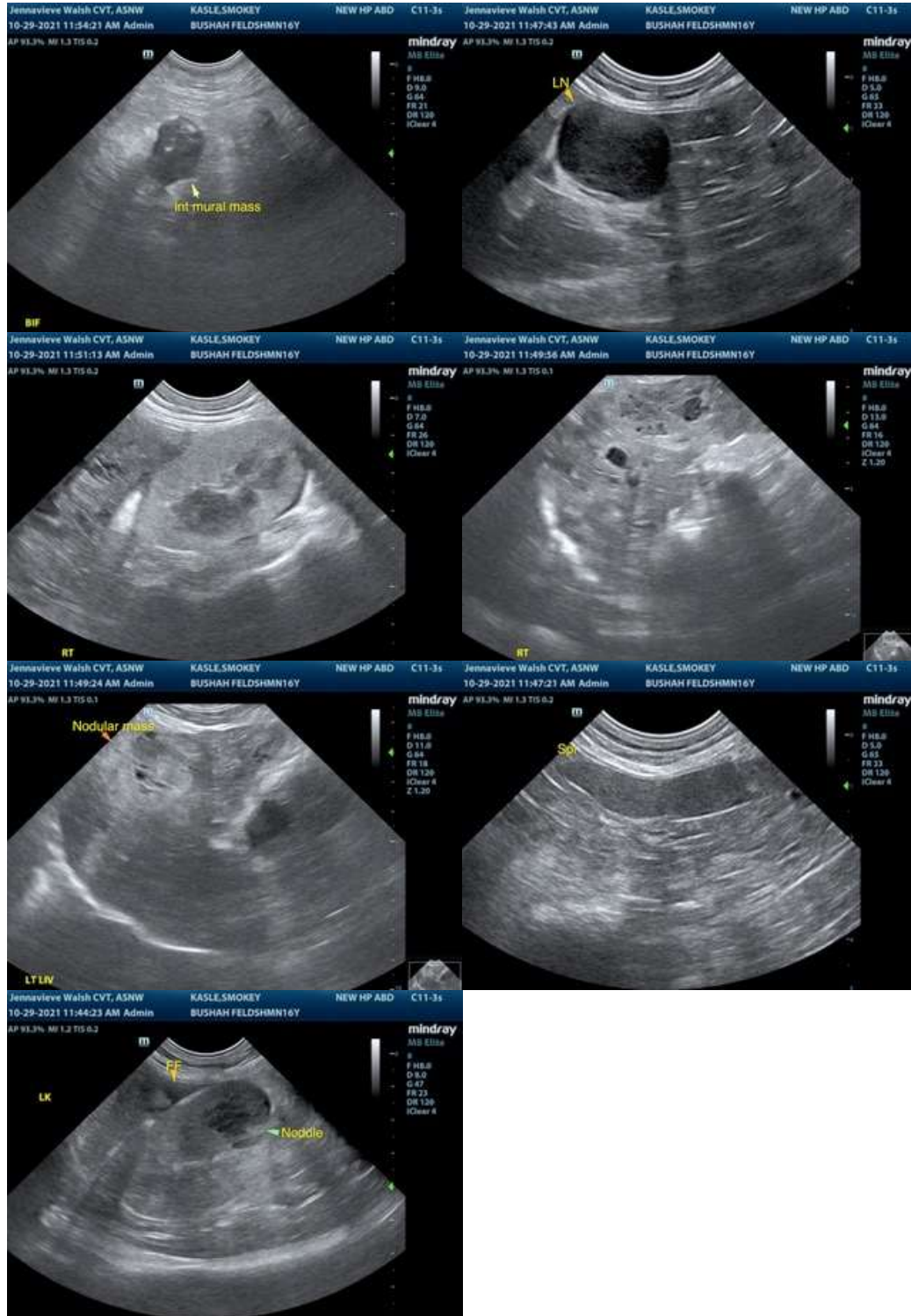
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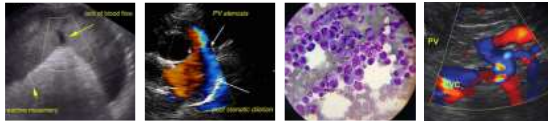
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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