



PATIENT	PRESENTING CLINICAL SIGNS
Cassie Hooper	Owner complaint was PU/PD, but eating well. Overweight cat, no weight loss. Labwork showed stage 2 CKD. Radiographs showed enlarged right liver lobe.
SPECIES	Abnormal PE/Chem/CBC/UA Results: BUN 77, creatinine 3.4, USG 1.014, ALT 982, ALP 131, normal GGT/albumin/cholesterol on 8/28/2021. Will email the rest if needed.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
Spayed Female	
AGE	The area of the aortic trifurcation was free of pathology.
13 years	
WEIGHT	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 corticomodullary distinction was also present. The right kidney exhibited small cortical cysts, pinpoint medullary to pelvic mineral and mild pyelectasia. The renal medullary volume was subjectively reduced. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.
15.8 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. No overt pathology was noted in the area of the right adrenal gland.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
Amazon Park AC	A large, expansive, nonhomogeneous to multifocally cystic mass occupying the majority of the mid to right liver, but also visualized on left liver examination was present, measuring approximately 10.0 cm x 8.0 cm, but was potentially larger as the entire mass would not fit into a single viewing window. Normal hepatic parenchyma was noted deep to the liver mass. The gallbladder was non-distended containing anechoic content, yet displaced ventrocaudally owing to the liver mass.
REFERRING VET	
Dr. Jones	
INVOICE	
12372	
DATE	
10/6/21	



PATIENT

Cassie Hooper

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

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WEIGHT

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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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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 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

Sonographic assessment of the pancreas was limited owing to the presence of the large hepatic mass. No overt evidence of pancreatic pathology.

Free Abdomen

Mild perihepatic reactive mesentery was present. No overt evidence of peritoneal free fluid or lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, expansive, multifocally cystic to nonhomogeneous liver mass
- Bilateral chronic renal changes with mild right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver mass may include cystic biliary adenoma, cystic biliary adenocarcinoma vs. other adenocarcinoma or other. Assuming normal clotting status, an ultrasound-guided FNA of a solid portion of the mass for screening cytology may be considered. However, FNA of these cystic-type masses may be unrewarding. Subjectively, the hepatic mass does not appear to be amendable to complete surgical resection given its location and potential extension into the area of the porta hepatis.

The pyelectasia in the right kidney suspected to be owing to pelvic scarring or potential previous mineral passage. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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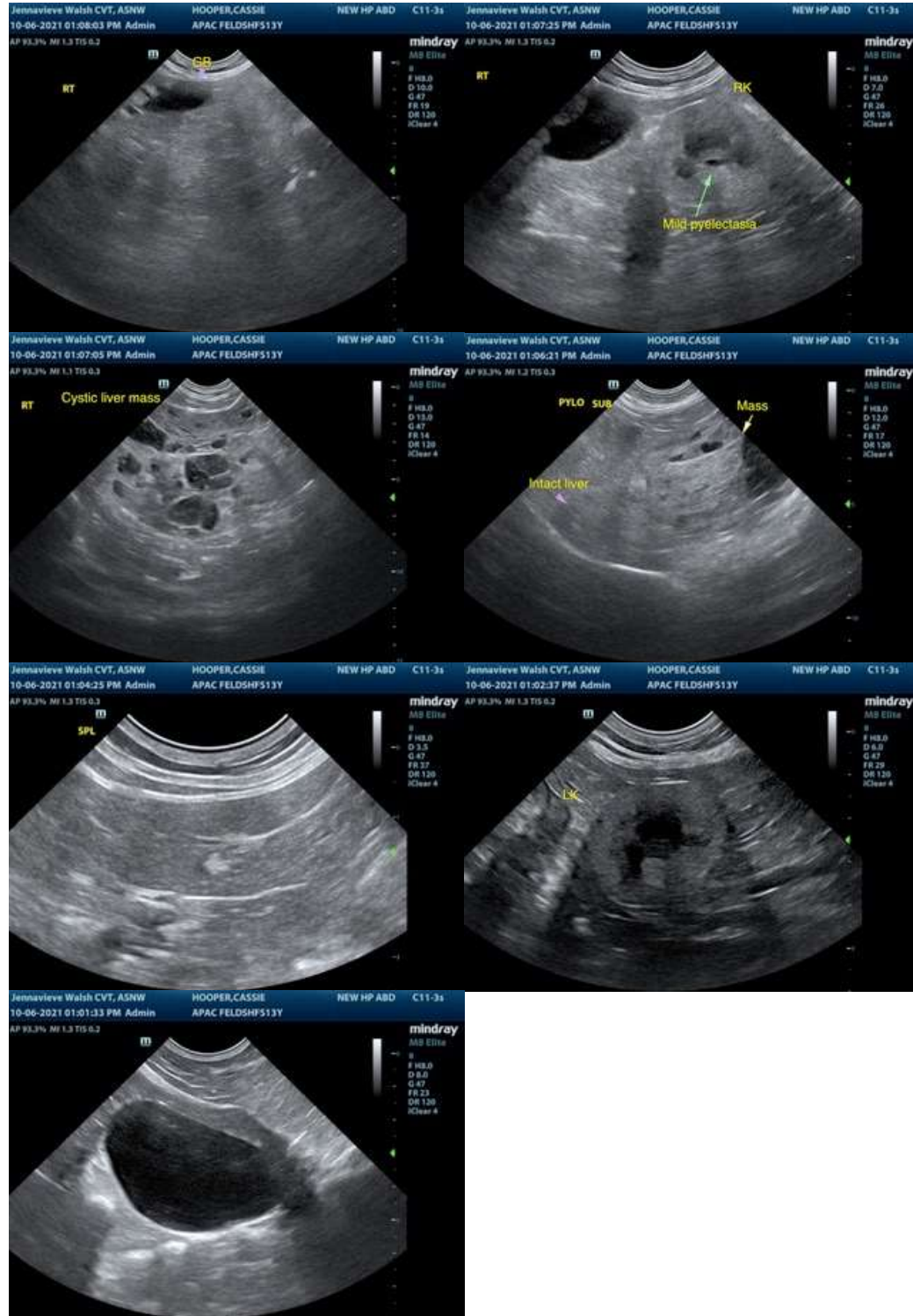
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The information and recommendations provided are based on the images presented by the



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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)
info@SonoPath.com