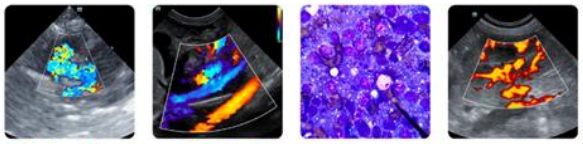


PATIENT

Millie Lagasse

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Ashley McNamee, DVM

INVOICE
22911

DATE
11/10/2025

PRESENTING CLINICAL SIGNS

Millie is an outdoor cat that was abandoned and has been taken care of by new owner for many years. She presented for acute abdominal distension and abnormal gait. On exam, she was dehydrated and hypothermic. No fluid wave was appreciated, nor fluid appreciated on FAST scan. X-ray revealed suspected mass in abdomen associated with the diaphragm on the right side (5.7 x 2.6 cm). The liver also appears abnormal in shape. Senior profile submitted at time of visit reveals early stage chronic renal failure (IRIS stage II) with bactiuria/pyuria. Recommended abdominal ultrasound for further assessment, may be interested in FNA/cytology.

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Adequate size and normal margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of minor medullary mineral were present. The left kidney measured 3.5 cm in length.

The right kidney was subnormal in size with asymmetrical margination. Hyperechoic corticomedullary echogenicity with moderate to marked loss of corticomedullary border demarcation and non-obstructive medullary renolith were present. The right kidney measured 2.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

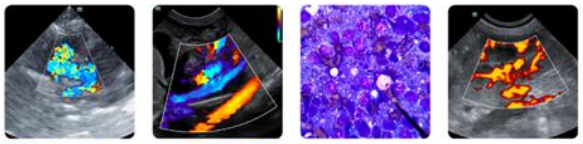
The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.31 cm width. The right adrenal gland measured 0.26 cm.

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 0.61 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. Subjective mildly swollen yet homogenous symmetrical caudate lobe was present measuring ~ 3 cm in diameter The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-thickened, mildly hyperechoic wall



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without evidence of wall edema. Primarily anechoic bile with a mild non-obstructive lumen mineral was present. The cystic and common bile ducts were normal. No evidence of post-hepatic stasis or obstruction.

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.24 cm width.

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically normal liver with nonspecific swollen caudate lobe
- Non-obstructive gallbladder/CBD, non-obstructive gallbladder lumen mineral
- Bilateral chronic renal changes with moderate to marked right kidney degenerative changes, subnormal size and medullary mineral/renoliths
- Sonographically normal GI tract/area of the pancreas
- Normal spleen
- Normal urinary bladder with mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visualized evidence of abdominal hepatic or peri diaphragmatic mass or overt neoplastic criteria. The subjective mildly swollen caudate liver lobe is non-specific, with possible patient variant or emerging non-specific hepatopathy given short half-life of hepatic enzymes in cats. Radiographic or sonographic monitoring of the liver would be reasonable. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered to assess for emerging /occult pathology. Correlation with UA and C/S if evidence of inflammatory urine sediment / pyuria and neurological exam is recommended. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with low grade to chronic pancreatitis that at times may present sonographically normal in conjunction with elevated pancreatis lipase is recommended.

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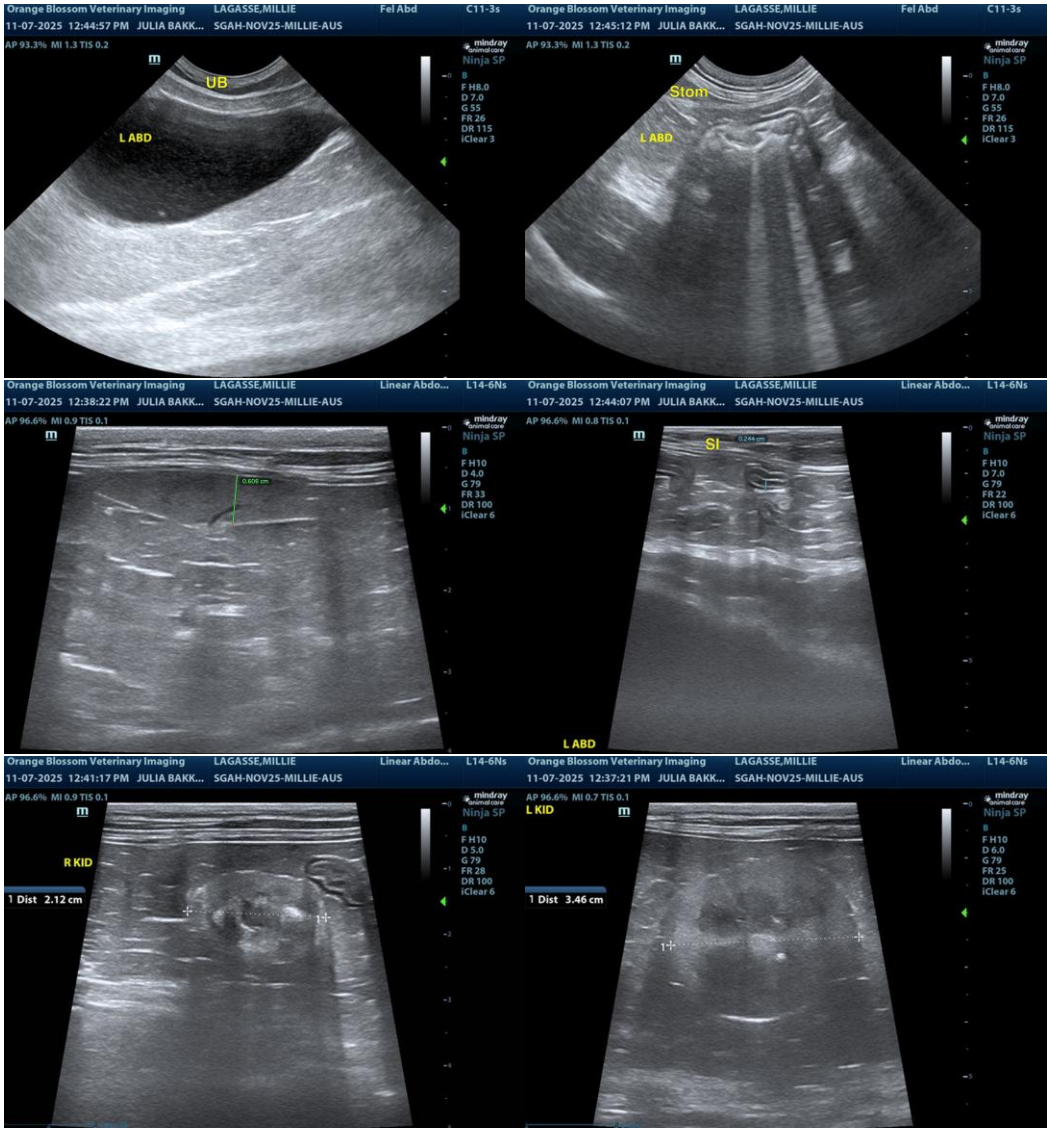

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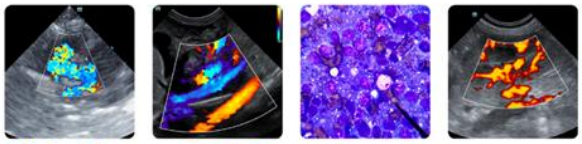

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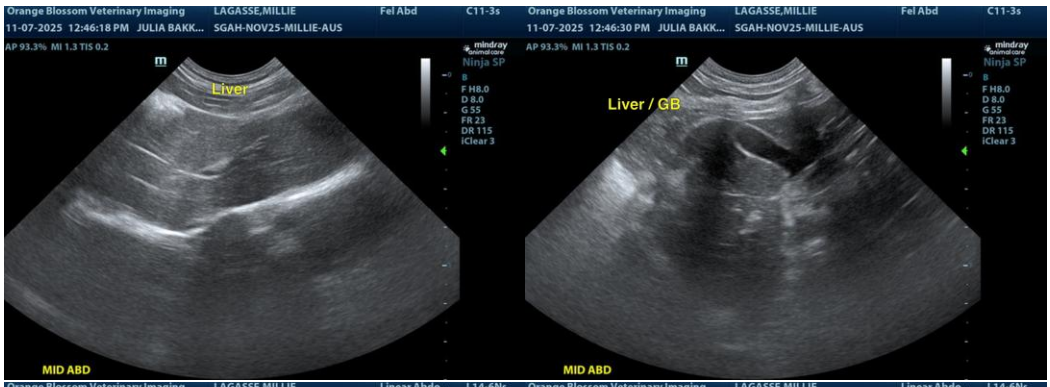

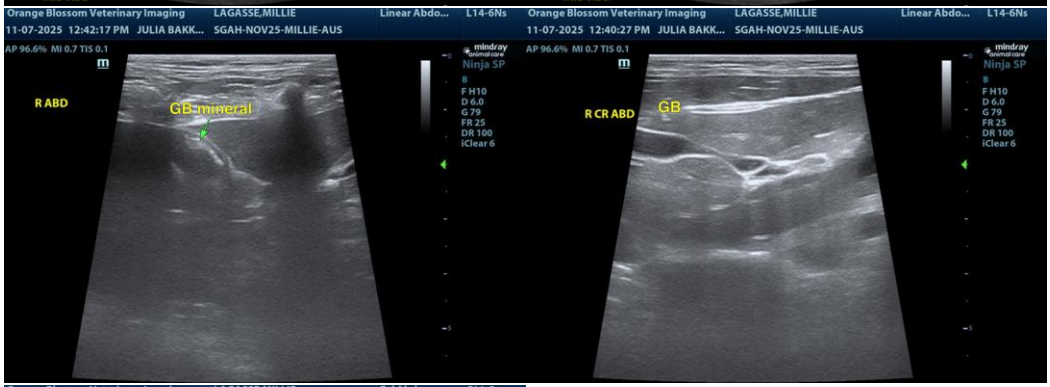

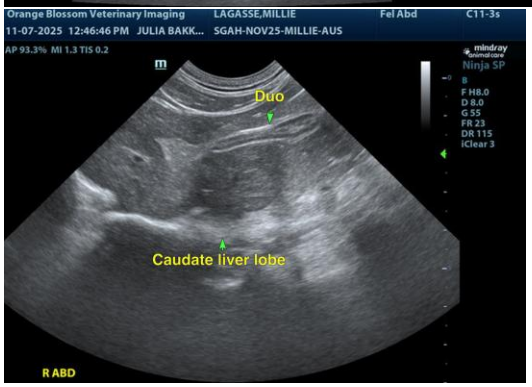

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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