



PATIENT PRESENTING CLINICAL SIGNS

Ling Ling Montecalvo stranguria, mildly reactive to abd palpation

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

4.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
Veterinary Emergency
Clinic

REFERRING VET

Dr. Grewal

INVOICE

12280ag

DATE

11/28/2022

Abnormal PE/Chem/CBC/UA Results: Free-catch in Nosorb; WBC 44/hpf RBC 16/hpf sp. gr. 1.018; infection, polyuria, hyperthyroidism, chronic renal disease blood 250 ery/microL rods and cocci present rads: There is a large irregularly shaped cranial ventral mass-effect. This could be associated with the tail of the spleen, however a pedunculated hepatic mass, omental or mesenteric mass must also be considered. Both benign and malignant neoplastic etiologies could be considered. A multicystic lesion could also be considered. This is the presumed cause for gastrointestinal clinical signs. The bladder is moderately distended with no radiopaque cystic calculi seen. Possible causes for the stranguria including a urinary tract infection or bladder or urethral infiltrative disease should be considered.

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 size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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

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 0.65 cm in width at the level of the hilus.

Liver

A moderately sized to large asymmetrical mixed echogenic mass appearing to involve the majority of the mid to left liver extending caudally to the level of the gastric axis was present measuring 5-6 cm in diameter. The liver not involved with the mass exhibited normal parenchyma echogenicity with moderate coarse echotexture. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained ingesta exhibiting progressive distal acoustic shadowing, possibly hairball density with no signs of ileus or obstruction.

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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.

BREED

DSH

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.

SEX

FS

Free Abdomen

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

AGE

15yr

ULTRASONOGRAPHIC FINDINGS

- Moderately sized irregular liver mass
- Bilateral chronic renal changes
- Sonographically unremarkable urinary bladder and visible proximal urethra
- Sonographically unremarkable GI tract with moderate gastric ingesta

WEIGHT

4.4kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a liver mass FNA for screening cytology is warranted for further assessment. Neoplastic criteria is suspected based on sonographic presentation although benign etiology is possible. No obvious evidence of regional metastasis was noted. Subjectively the liver mass is of questionable surgical resectability. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or hairball density in the stomach if history of hairballs. Monitoring for evidence of gastric emptying +/- hairball therapy recommended if clinically indicated.

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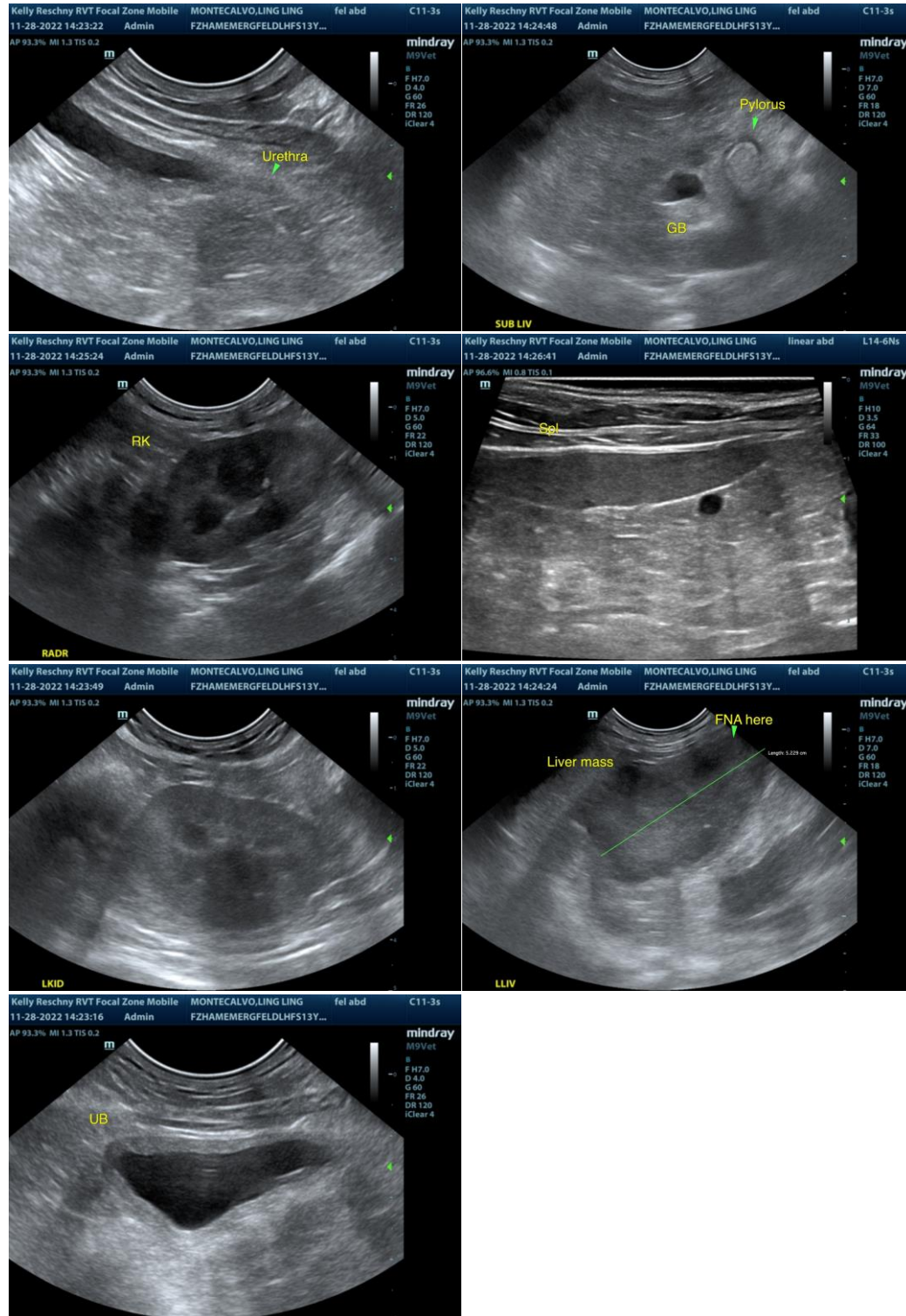
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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