



PATIENT

Tiger Shipp

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Mitrovic

INVOICE

15378

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Abdominal mass. Current meds: Pred, lactulose
Abnormal PE/Chem/CBC/UA Results: BUN 65, Creat 4.1

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 kidneys were enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex. Mild dilation of the renal diverticuli was present. Several expansive, hypoechoic nodules were noted in the right kidney. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 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 0.58 cm width. The right adrenal gland was symmetrically enlarged with uniform hypoechoic parenchyma. Potential for overlaying focal hepatic lymphadenopathy is possible. The right adrenal gland potentially measured 1.2 cm in diameter.

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.

Liver/ Gallbladder

The liver exhibited generalized enlargement with multiple, variably echogenic to expansive hepatic masses. An example of a hepatic mass measured 4.0-5.0 cm in diameter. The gallbladder was non-distended in size containing mild, gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained echogenic fluid and chyme was present in the stomach.

The visualized 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.



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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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Mild volume peritoneal free fluid was present. A solitary, cystic-appearing omental lesion was present in the mid-caudal abdomen directly adjacent to regional small intestine measuring 2.8 cm in diameter. Generalized mild nonuniform omentum was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting multifocal expansive masses
- Bilateral renal lymphoma pattern
- Unspecified focal cystic omental or possible small intestinal mural lesion
- Mild volume peritoneal free fluid
- Subjective right adrenomegaly - nonspecific

WEIGHT

13 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Unfortunately, the sonographic findings in this case are consistent with multicentric neoplastic criteria definitively involving the liver, and bilateral kidneys.

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Hepatic mass cytology, assuming normal clotting status and using a 25-gauge needle, with potential for oncology consult and chemotherapeutic intervention could be considered. However, an unfavorable prognosis is indicated.

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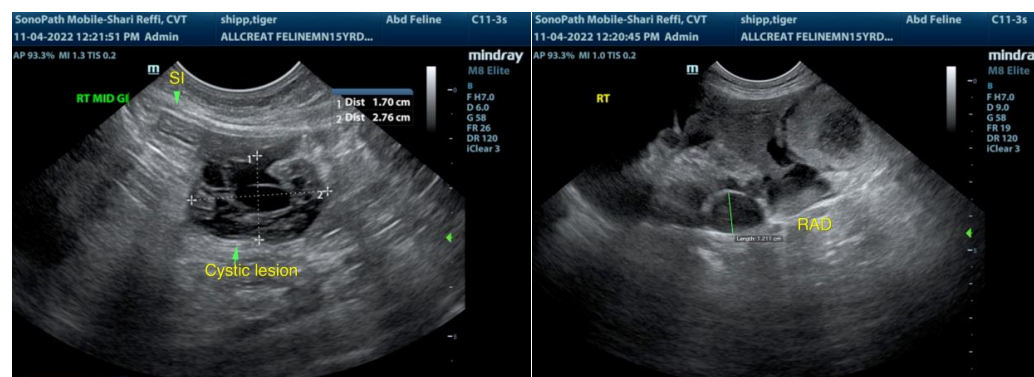
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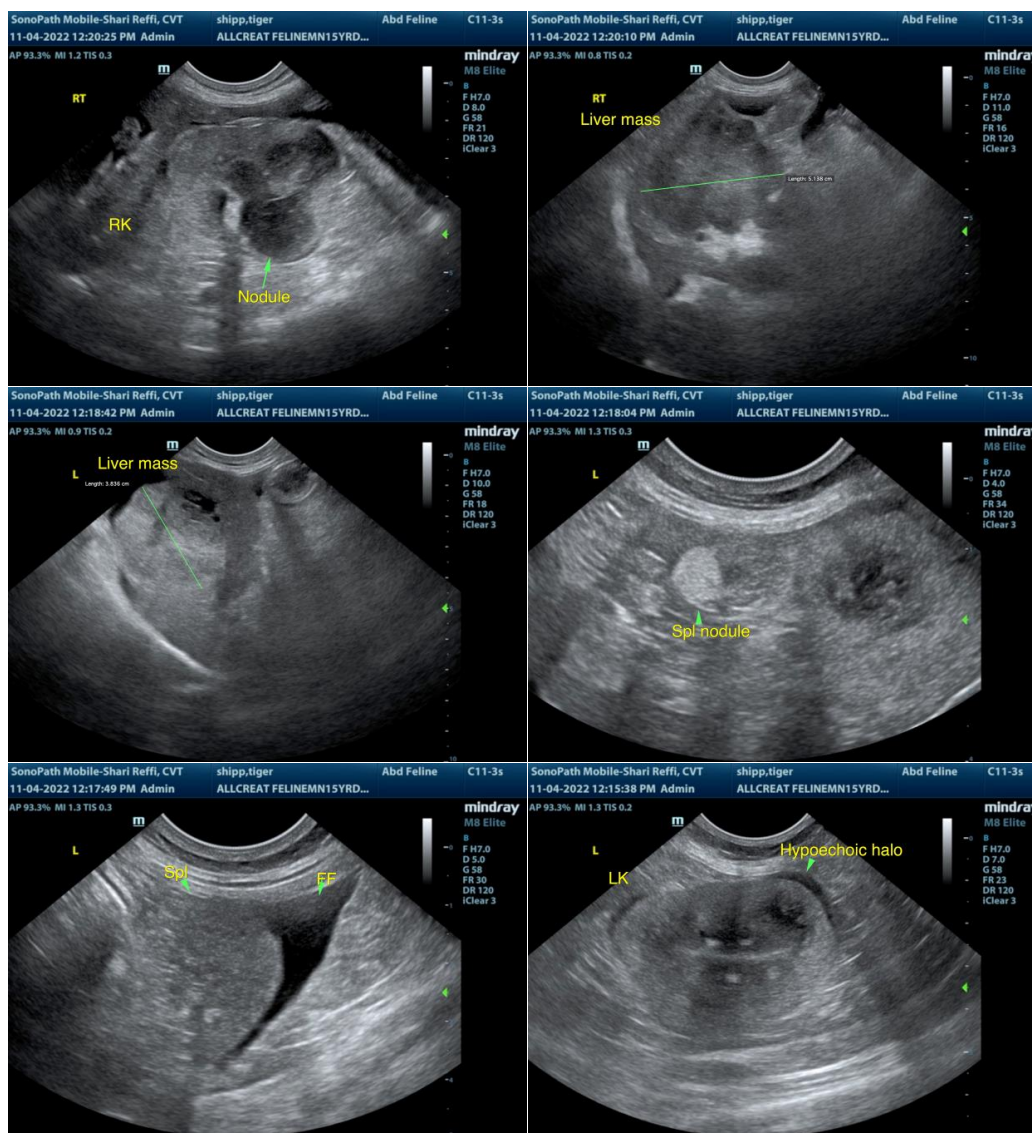
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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