



PATIENT	PRESENTING CLINICAL SIGNS
Boots Kempton	Severe ascites, 3.5 oz bloody serous fluid removed (12/14)
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: muscle wasting, abdominal distension. High WBC ct, Neutrophilia. Amylase 1167, BUN 31 RADS: fluid filled abdomen
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.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
17 years	
WEIGHT	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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts were present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.7cm in length.
12.9 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized.
IMAGING PERFORMED BY	Spleen
Dr. Ebersole	The spleen exhibited generalized enlargement with undifferentiated nonhomogeneous medial parenchymal expansion and associated mild capsule distortion. The spleen measured 1.5 cm in width.
HOSPITAL NAME	Liver/ Gallbladder
Scanvet	The liver exhibited a large nonhomogeneous mass occupying the majority of the hepatic parenchyma. The mass exhibited multifocal small cystic areas measuring 8.0 - 9.0 cm in diameter. Intermittent intraparenchymal hepatic cysts were present in the hepatic parenchyma, not associated with the mass. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Sheridan	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.
INVOICE	
12841	
DATE	
12/17/21	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.



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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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Pancreas

The pancreas was indistinctly visualized owing to the presence of peritoneal effusion and regional peripancreatic omental artifact. Potential for pancreatic pathology cannot be definitively excluded.

Free Abdomen

Moderate to marked cellular peritoneal effusion was present. Generalized nonuniform to nodular omentum, most notable in the mid-abdomen, with potential for small undifferentiated mid-abdominal omental mass, was present. The areas of mid abdominal nodular omentum measured approximately 3.0 cm in diameter. However, diffuse subtle nodular omental changes were present. No evidence of significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate to marked cellular peritoneal effusion
- Nonuniform nodular omentum, potential for small, undifferentiated mid-abdominal omental mass
- Cystic liver mass with concurrent intermittent intraparenchymal hepatic cysts - cystic biliary adenoma, cystic biliary adenocarcinoma, or other
- Mild splenomegaly with mild undifferentiated nonhomogeneous medial parenchymal expansion

Secondary Findings

- Bilateral chronic renal changes with left kidney cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling or fluid analysis is required for further clarification, sonographic findings in this case are most consistent with diffuse intraabdominal neoplasia such as carcinomatosis potentially deriving from the liver or omentum. Abdominocentesis, cytospin cytology, +/- C/S of the abdominal fluid could be considered for further interpretation. Unfortunately, an unfavorable prognosis is indicated.





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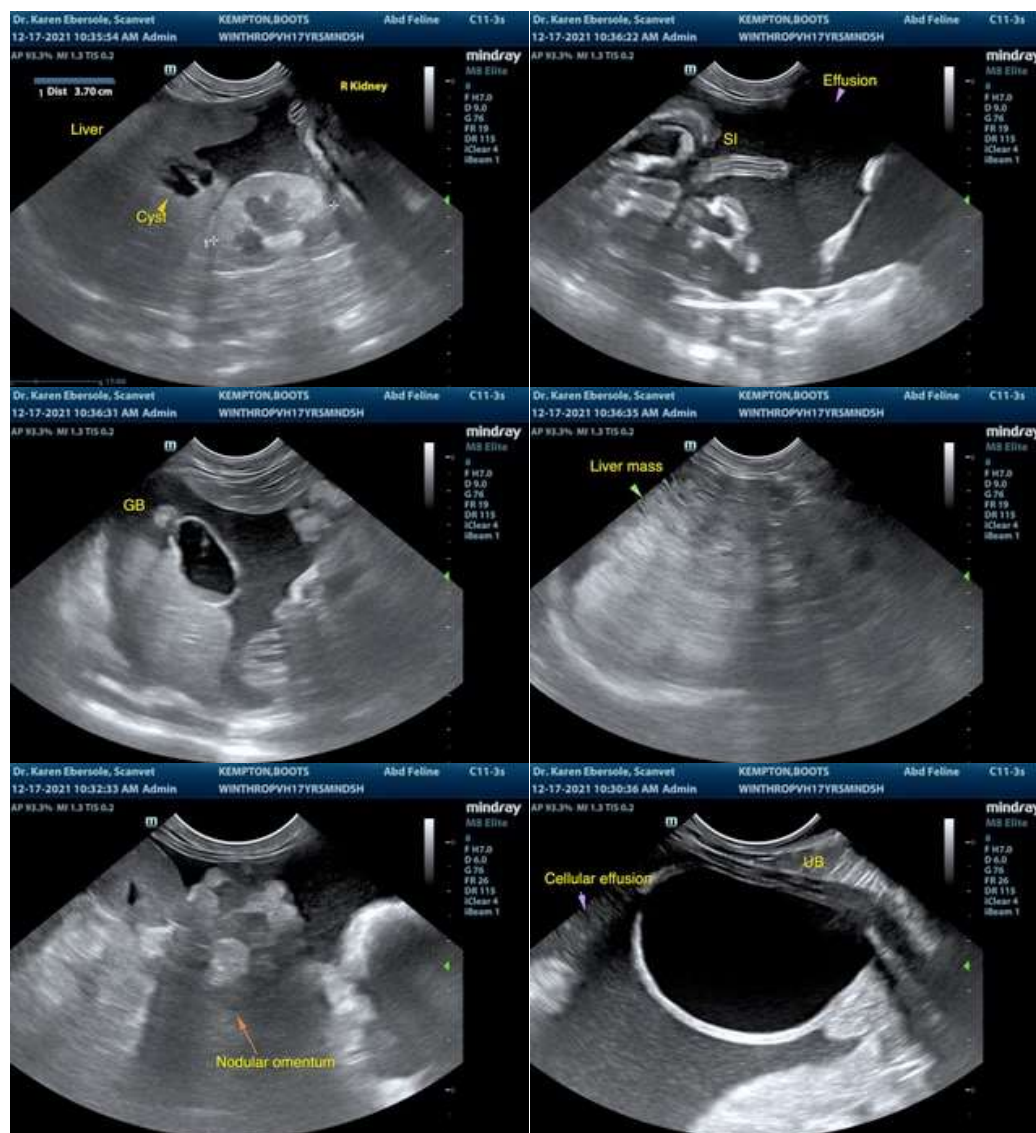
Dr. Sheridan

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com