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Clinical Sonography & Telecytology
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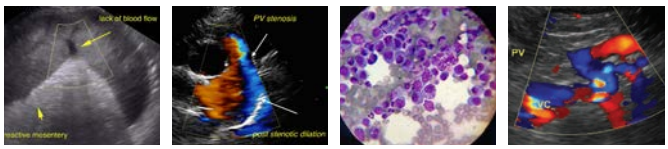

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Blackie Quinn-Lastarza

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Branchville Country Vet

REFERRING VET

Dr. Talbot-Valerio

INVOICE

33586

DATE

12/20/21

PRESENTING CLINICAL SIGNS

Abdominal mas. No current meds.
Abnormal PE/Chem/CBC/UA Results: Elevated amylase and PSL

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 were noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm in width. No overt pathology in the area of the left adrenal gland, although not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.85 cm in width. The capsule was smooth and regular without apparent expansion. No evidence of splenic masses or nodules. 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic nodules or masses. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing.

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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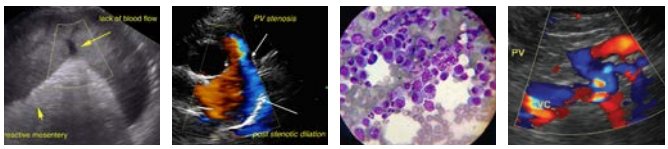

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Pancreas

The pancreas base and right pancreatic limb exhibited nonhomogeneous to subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

A moderately sized, non-homogeneous mass exhibiting intramass cystic to cavitated criteria containing subjective anechoic to mildly cellular fluid was present in the mid to cranial abdomen, caudal to the stomach and medial to the spleen, measuring 6.5 cm x 4.0 cm. Associated regional peritonitis is suspected with associated regional nodular omental lesions, which may indicate areas of omental seeding or potential concurrent lymphadenopathy. Example of omental nodule measured 1.5 cm x 1.3 cm.

Small pockets of scant peritoneal free fluid were present.

PRIMARY FINDINGS

- Non-homogeneous cystic to cavitated mass present in mid cranial abdomen, caudal to the stomach and medial to the spleen.
- Associated regional peritonitis including unspecified omental nodular lesions – associated omental lymphadenopathy with potential for omental seeding.
- Small pockets of scant peritoneal free fluid

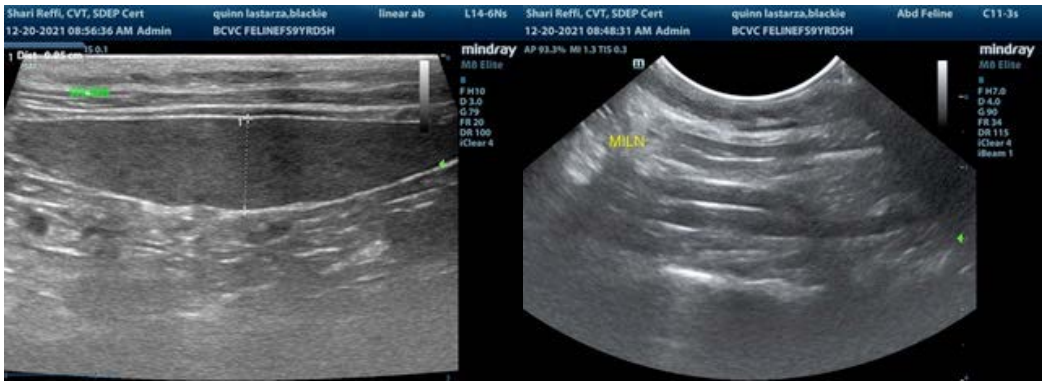
SECONDARY FINDINGS

- Mild age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of an unspecified mass in the mid cranial abdomen. Given the location of the mass in combination with elevated pancreatic enzymes and PSL, pancreatic origin of the mass is strongly suspected. Considerations may include primary suspicion for neoplasia or potential necrotic neoplasia, cystic to necrotic granuloma, consolidated abscess, or other. Potential for non-pancreatic origin (i.e., omental lymphatic origin) of the mass cannot be definitively excluded.

Assuming normal clotting status, ultrasound guided FNA of the mass parenchyma as well as centesis within the cystic to cavitated portion of the mass for fluid analysis +/- culture and sensitivity (if clinically indicated) is recommended for further clarification. 3-view chest radiographs are recommended.



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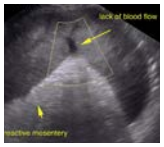
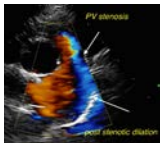
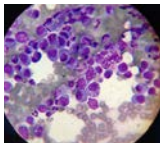
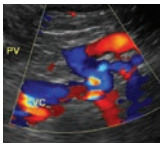

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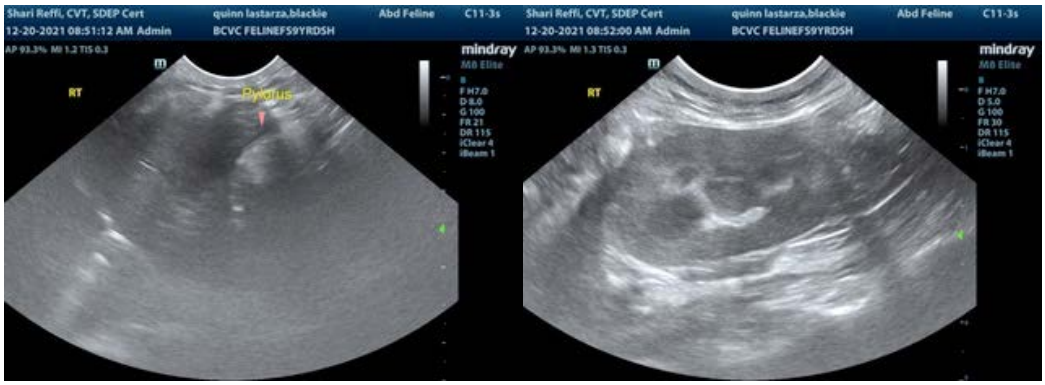

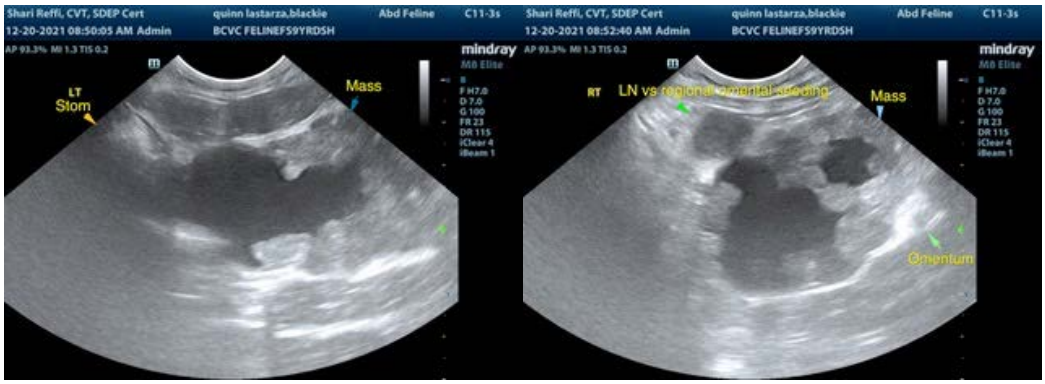

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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