

PATIENT

Benji Ward

SPECIES

Feline

BREED

DSH

SEX

Male Neuter

AGE

18

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ramsay Vet Clinic

REFERRING VET

Dr. Gupta

INVOICE

12503ag

DATE

12/21/22

PRESENTING CLINICAL SIGNS

Lethargic enlarged liver on Ab x rays. Ascites in Ab drained on Sat and today. Abdominal skin was markedly bruised. Patient has a history of chronic pancreatitis for the last year
Abnormal PE/Chem/CBC/UA Results: Elevated pancreatic enzymes

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 was 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 to 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 3.5 cm in length. The right kidney measured 4.5 cm in length

Adrenal Glands

No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule exhibited areas of lateral and medial capsule asymmetry. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.65 cm in width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited generalized enlargement with several to multiple variable sized to coalescing non-homogeneous masses were present. The largest present in the right medial to lateral liver measured 5.0 cm in diameter. Associated areas of asymmetrical capsule were present secondary to the masses. Some of the masses exhibited focal cystic components which may indicate cysts, intra mass hemorrhage or necrosis. 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

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 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 left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

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Generalized mild non-uniform hyperechoic mesentery was present with mild volume peritoneal free fluid.

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An undifferentiated non-homogeneous to mild irregular mass present in the mid abdomen measuring 4.0 cm in diameter was present. The mass was not definitively attached to a specific organ.

ULTRASONOGRAPHIC FINDINGS

AGE

Primary Findings

18

- Several variably sized potentially coalescing liver masses
- Undifferentiated mid abdominal mass
- Chronic to chronic active pancreatitis pattered
- Mild volume peritoneal free fluid and generalized non-uniform mesentery

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Secondary Findings

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- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

The sonographic abnormalities are consistent with multicentric hepatic to unspecified neoplasia with high potential for carcinomatosis or similar. The possibility of the mid abdominal mass associated with the left pancreas is of concern but not definitive. Assuming normal clotting status and using a 25g needle, a hepatic mass/mid abdominal mass FNA for screening cytology could be considered for further assessment and potential oncology consult. An unfavorable prognosis is indicated.

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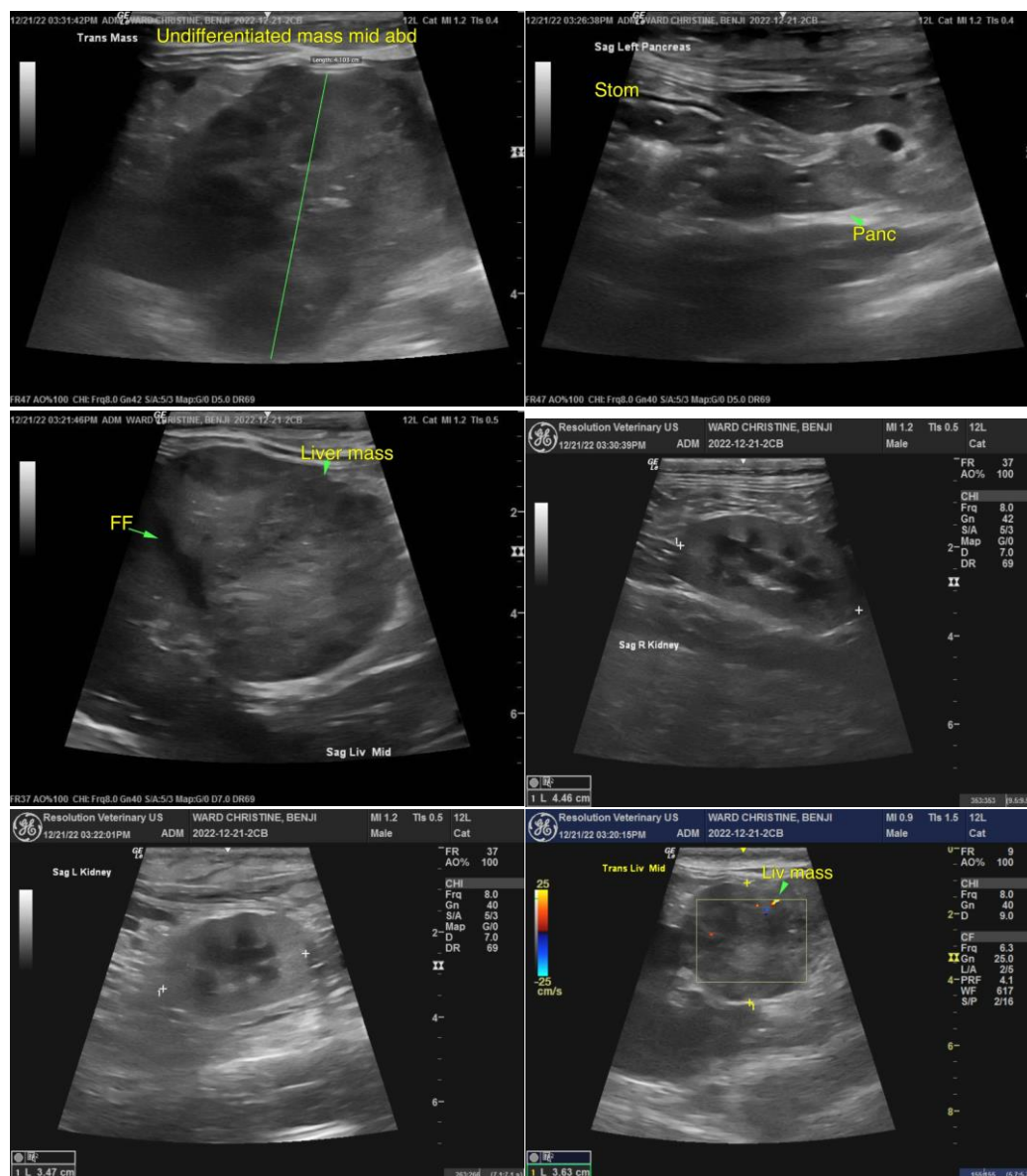
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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