



PATIENT

Gino Garval

PRESENTING CLINICAL SIGNS

Patient presents for suspicion of possible abdominal mass. No current blood work.

SPECIES

Feline

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.

BREED

DSH

Normal size and margination were present in the right kidney. 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 right kidney measured 4.4 cm in length.

SEX

MN

A moderately sized to expansive hypoechoic mildly non-homogeneous left kidney mass resulting in distortion to obliteration of discernable left kidney parenchyma and corticomedullary architecture was present. Suspect expansion of the mass into the associated left retroperitoneal space measuring ~ 7.0 - 8.0 cm in diameter. Subtle evidence of left retroperitoneal free fluid and increased tissue echogenicity.

AGE

12.5yr

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

WEIGHT

9.5lb

Spleen

The spleen exhibited normal size and a 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 was smooth and regular without apparent expansion. 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 0.62 cm in width at the level of the hilus.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Glen Rock Veterinary
Hospital

REFERRING VET

Dr. Stekler

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.

INVOICE

12375ag

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.

DATE

12/05/2022

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



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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.

SPECIES

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Free Abdomen

Suspect hypoechoic to swollen solitary mid abdominal mesenteric lymphadenopathy measuring 2.3 cm in diameter.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Left kidney mass
- Suspect hypoechoic to swollen mid abdominal solitary mesenteric lymphadenopathy
- Intact right kidney architecture exhibiting mild chronic changes

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney mass and suspected mid abdominal mesentery lymphadenopathy is consistent with neoplastic criteria. Potential for ill defined extension of the left kidney mass into the area of the mid abdomen resulting in similar appearance of an enlarged mid abdominal mesenteric lymph node possible. Assuming normal clotting status and using a 25g needle, a left kidney mass +/- lymph node FNA for screening cytology is warranted for further assessment with potential for oncology consult. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

AGE

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WEIGHT

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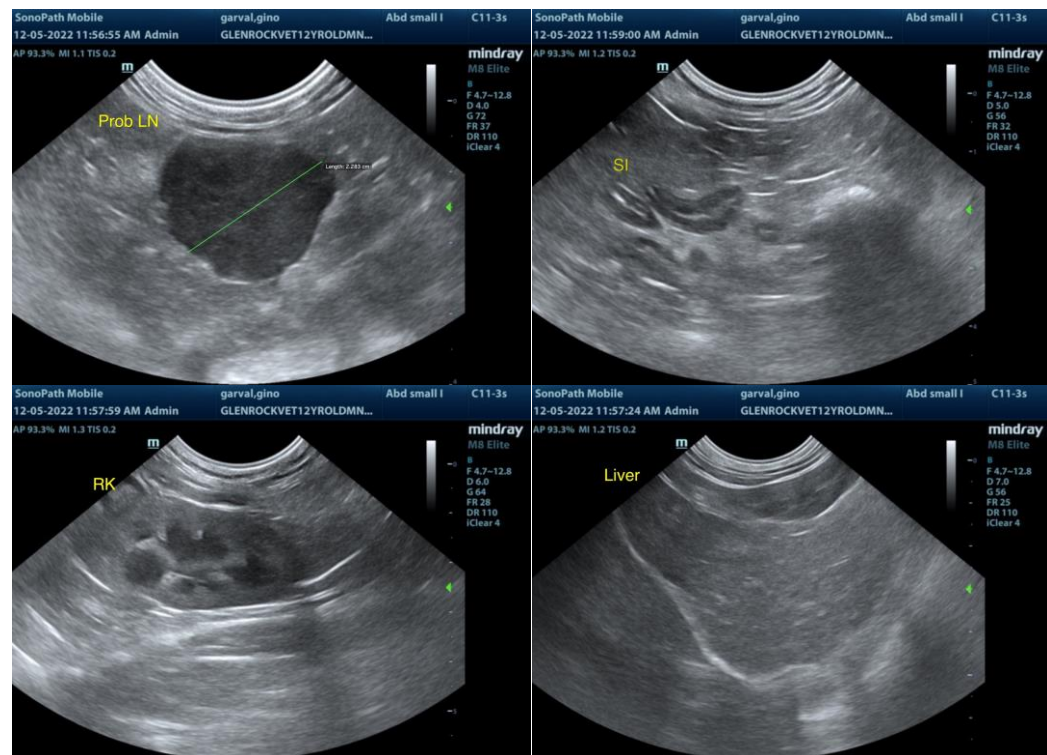
Dr. Stekler

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SPECIES

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SEX

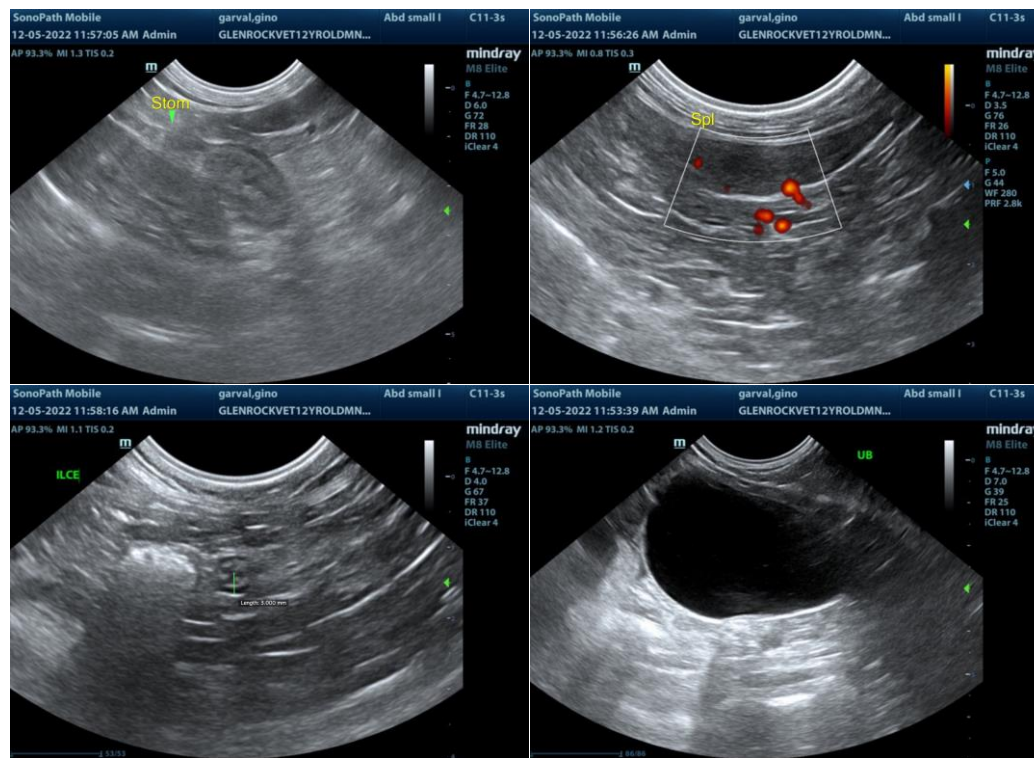
MN

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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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