



PATIENT

Mafia Pinzon

SPECIES

Feline

BREED

American Short Hair

SEX

F/S

AGE

12 years

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

16161

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Did a fully abdominal ultrasound due to having high values in the pancreas decrease in appetite, and not drinking a lot of water

This submitted study contained 23 still images and 7 videos for review.

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.

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 3.9 cm in length. The right kidney measured 3.6 cm in length. Potential for pinpoint dystrophic medullary mineral is noted.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. The spleen measured 0.77 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited asymmetrical enlargement primarily owing to multiple, variably sized to expansive, nonhomogeneous to cystic intraparenchymal masses. An example of a deep mid to right liver mass measured 3.3 cm in diameter. The cystic components may indicate concurrent inter-mass cysts, necrosis, or possible hemorrhage. 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. Mild possibly retained nonshadowing ingesta / chyme was present.

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.



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

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Pancreas

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The left pancreatic limb was sonographically normal. The right pancreatic limb was not definitively visualized.

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Free Abdomen

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Scant to minor, primarily peri hepatic free fluid was present. Intermittent, mildly prominent to swollen hypoechoic mesenteric lymph nodes were present with an example measuring 1.7 cm x 0.82 cm.

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An ill-defined mass in the area of the right pancreatic limb and right adrenal gland exhibiting nonhomogeneous potentially pinpoint mineralized parenchyma was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Hepatomegaly exhibiting multifocal variably sized nonhomogeneous to cystic intraparenchymal masses - sonographically consistent with primary or metastatic neoplastic criteria
- Ill-defined nonhomogeneous possibly pinpoint mineralized mass in the area of the right pancreatic limb / right adrenal gland
- Mild volume primarily perihepatic free fluid
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered for further clarification and possible oncology consult. This case appears to be nonsurgical. Concern for possible multicentric neoplasia is indicated. Unfortunately, an unfavorable prognosis is warranted.

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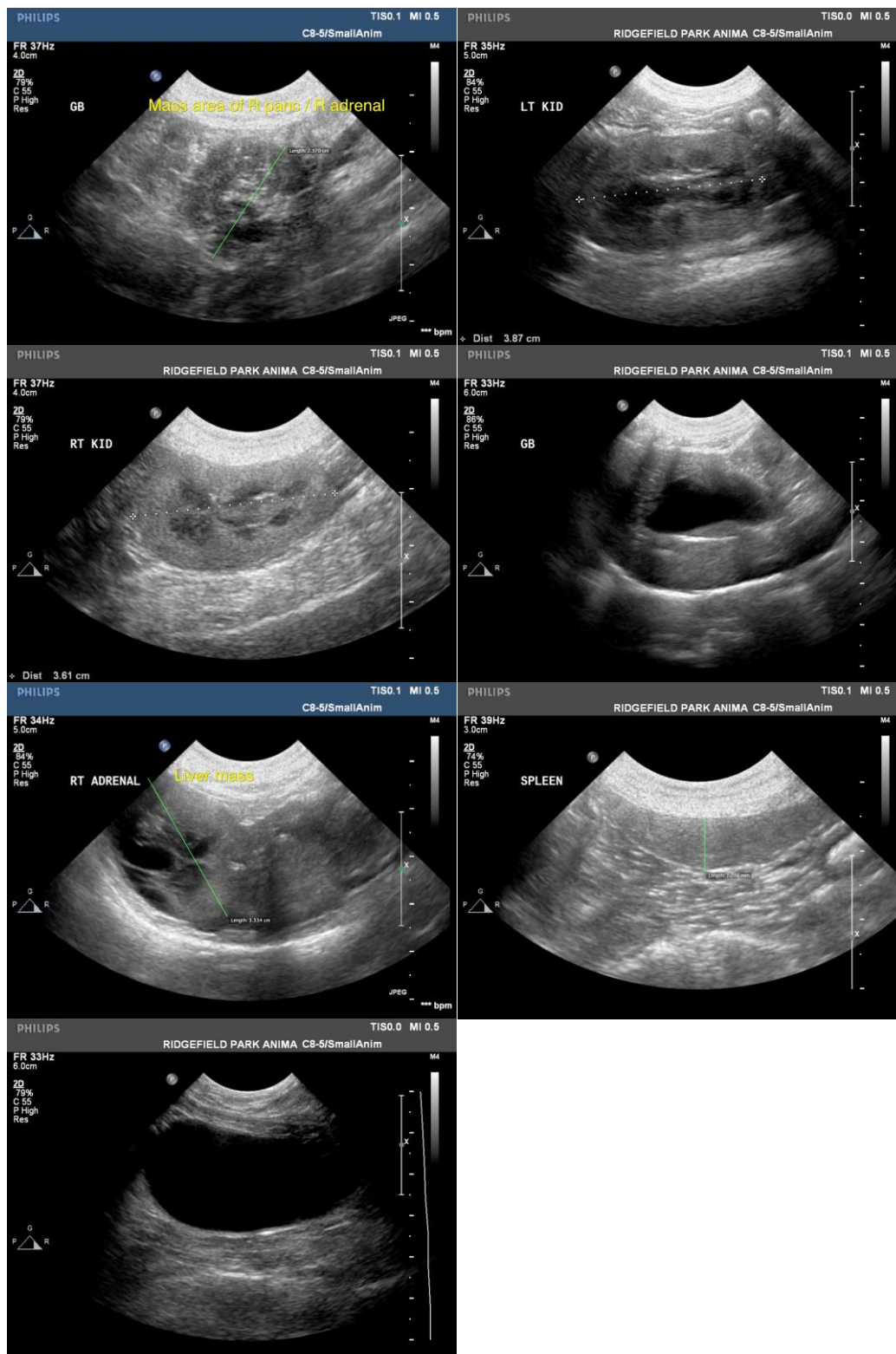
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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