



PATIENT PRESENTING CLINICAL SIGNS

Winston Mendenhall Weight loss. Vomiting, sometimes bloody. Hyporexic. Rads: hepatomegaly. PSL - 31.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

DSH

The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

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 3.8 cm in length. The right kidney measured 3.6 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

9lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver/Gallbladder

HOSPITAL NAME

Dr. Pam Harrigan
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The liver was moderately enlarged with a moderately sized to expansive non-homogenous to microcystic intraparenchymal mass present in the caudoventral liver measuring 4.58 cm in diameter. Concurrent probable intraparenchymal cyst noted dorsal to the urinary bladder containing anechoic fluid. 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.

REFERRING VET

Dr. Harris

Gastrointestinal

INVOICE

12991ag

Regional moderate gastric wall thickening, and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Gastric wall width measured ~2.0 cm. Mild regional perigastric hyperechoic omentum was noted.

DATE

02/17/2023

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.



PATIENT

Pancreas

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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.

SPECIES

Feline

Free Abdomen

No omental masses or peritoneal effusion was present.

BREED

DSH

Focal, mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.82 cm.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Gastric mural mass-consistent with neoplastic criteria, primary concern for lymphoma
- Sonographically unremarkable small bowel
- Possible concurrent low-grade pancreatitis
- Non-homogenous to cystic liver mass with concurrent intraparenchymal cyst
- Bilateral chronic renal changes
- Minor colic lymphadenopathy-subjectively benign/reactive

AGE

13yr

WEIGHT

9lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a thickened stomach wall FNA for screening cytology is warranted for further assessment and possible oncology consult. Subjectively given the extent of gastric wall involvement, surgical options are likely precluded. Sonographically the liver mass is suggestive of benign cystic biliary adenoma, less likely potential for cystic biliary adenocarcinoma.

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As needed GI support and gastroprotectants are recommended. An unfavorable prognosis is likely indicated.

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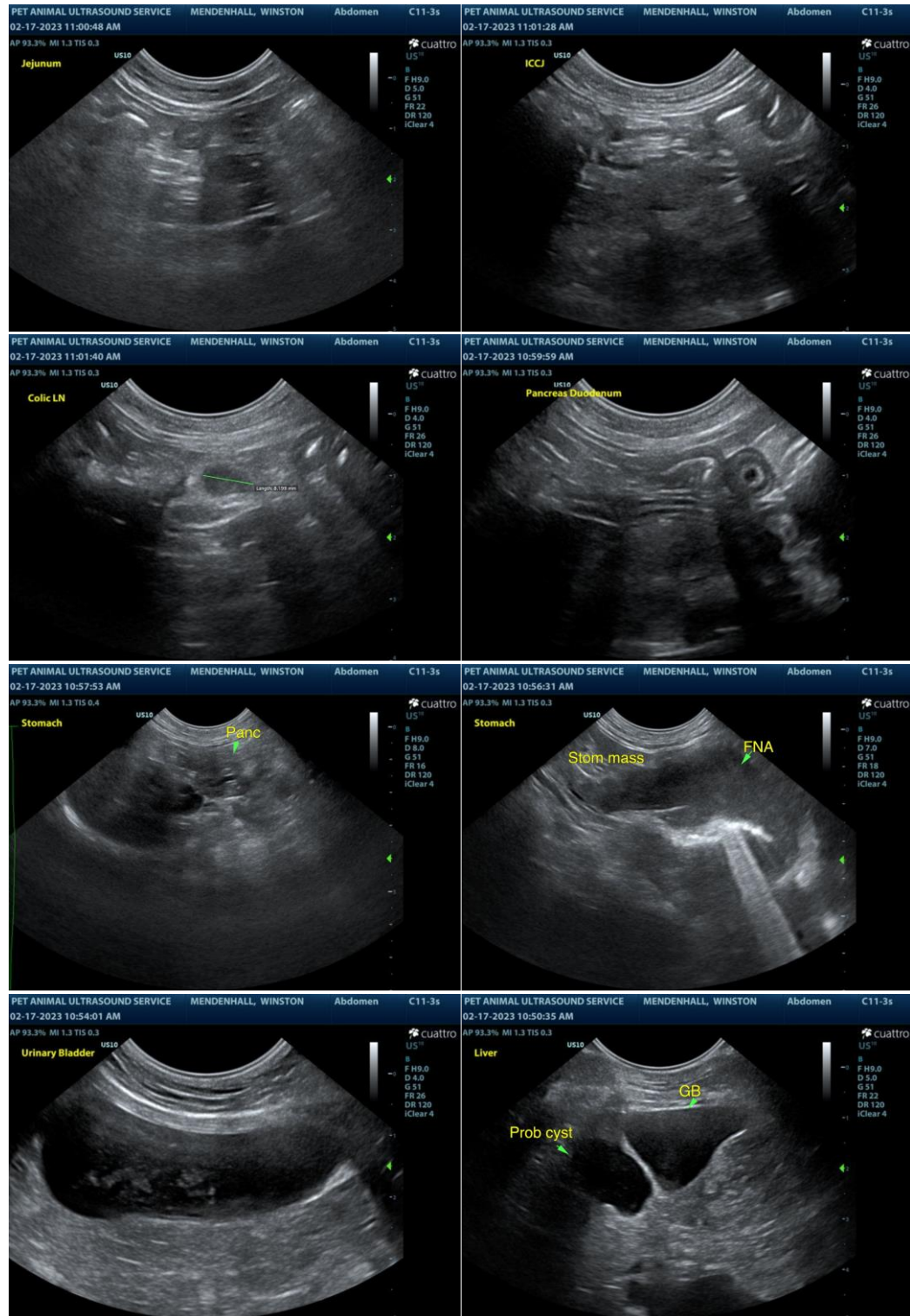
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PATIENT
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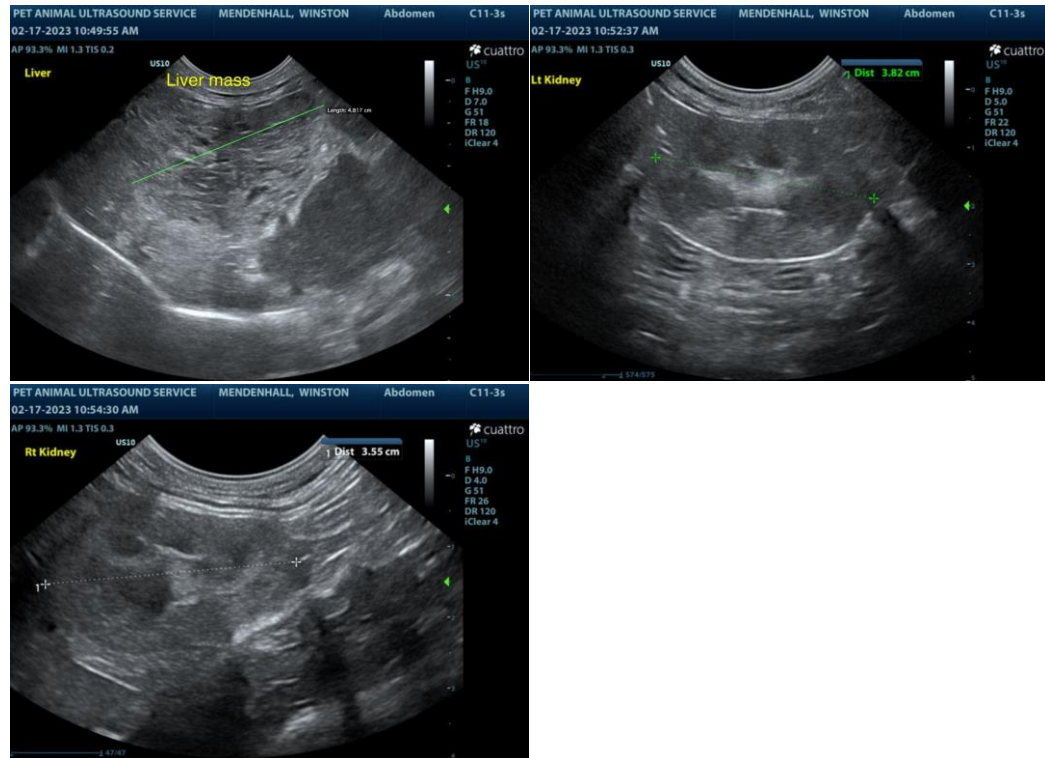
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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