

PATIENT

Newton Lee

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years 9 months

WEIGHT

7.12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME
VCA Westmoreland
AH

REFERRING VET

Dr Bugarovich

INVOICE

13402

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Inappetence Dehydration Elevated Liver Enzymes Current Medications Compounded Denosyl 125 mg/ml - 90 mg SID

Abnormal PE/Chem/CBC/UA Results: ALT 531 (10-100) ALP 182 (6-102) BUN 45 (14-36) HCT 27% (29-48) PLT 564 (200-500) Abs Neuts 10842 (2500-8500)

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 renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomodullary distinction was also present. More prominent chronic renal changes were present in the right kidney. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

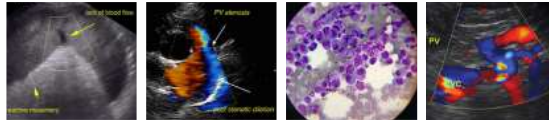
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

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. Potential for mild splenic volume contraction is possible. No overt evidence of neoplastic criteria was noted. The spleen measured 0.59 cm width.

Liver/ Gallbladder

The liver revealed a moderately sized, nonhomogeneous, focally cystic to nodular mass subjectively involving the majority of the caudal left, mid to right liver. The mass measured approximately 5.0-6.0 cm in diameter, but potentially larger. The mass was noted within the caudal liver and both left and right cranial abdominal views of the liver. Mid to deep hepatic parenchyma not involved with the mass exhibited mild variable parenchyma echogenicity with evidence of parenchymal remodeling.



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Mild gallbladder debris was noted. The gallbladder was otherwise nondistended and sonographically unremarkable. The cystic and common bile ducts were normal.

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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 gastric body wall measured 0.25 cm width.

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. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.20 cm width.

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

Pancreas

The left pancreatic limb 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.

Free Abdomen

Very small pockets of scant peritoneal free fluid were present. No overt lymphadenopathy was noted. Regional mild to peripancreatic to perihepatic mesentery was present.

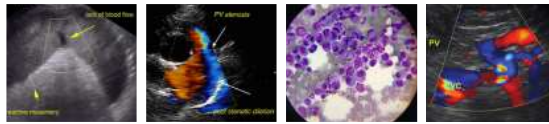
ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous focally cystic to nodular hepatic mass
- Mild gallbladder debris - nonspecific, potentially owing to mild cholestasis or secondary to fasting
- Moderate bilateral chronic renal changes
- Suspect mild chronic to chronic active pancreatitis
- Small pockets of very scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the hepatic mass is suggestive of neoplastic criteria such as hepatocellular or cholangiocellular carcinoma, cystic biliary adenoma / adenocarcinoma, or other. Ideally, ultrasound guided FNA of the liver mass using a 25-gauge needle is recommended for screening cytology. This may potentially be considered if coagulation parameters normalize.

Further assessment of the pancreas may include Spec fPL or a GI panel to also include Cobalamin/Folate levels if evidence of weight loss. Empirically, continued hepatic and gastrointestinal support is recommended.



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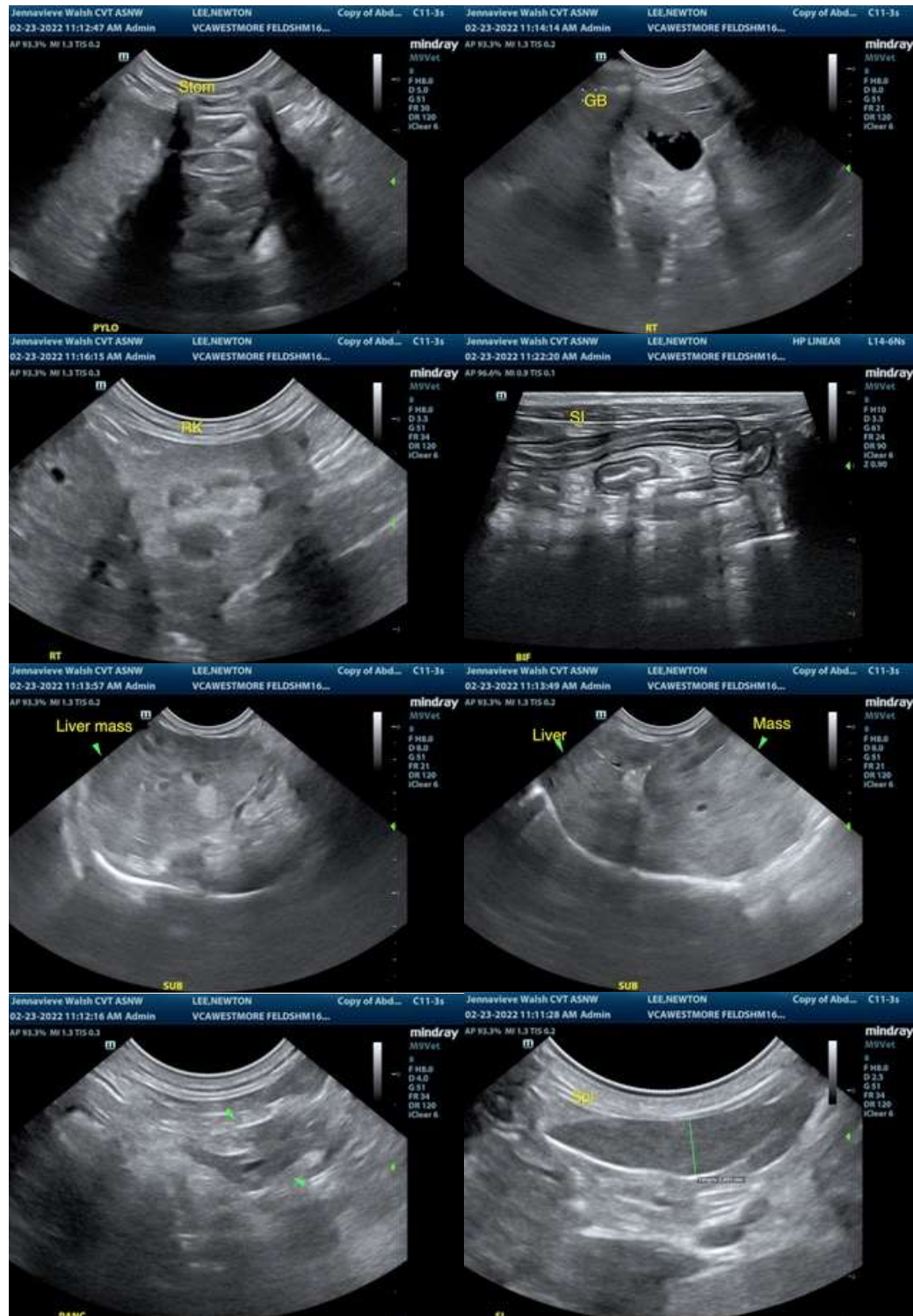
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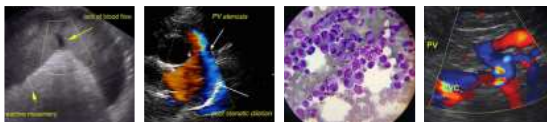
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com