



PATIENT

Onyx Kaitz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

Cambridge VC

REFERRING VET

Dr. Sorbo

INVOICE

21331

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: mammary adenocarcinoma excised 2/10/22
Abnormal PE/Chem/CBC/UA Results: mammary lump - r/o adenocarcinoma vs other periodontal disease stage 2-3 Lab work unremarkable. This is a mets study.

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 were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 4.0 cm in length. The right kidney measured 4.0 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 0.32 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm.

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.

Liver

The liver was normal in size and contour. Normal parenchyma echogenicity was noted, exhibiting mild to moderate coarse echotexture. A solitary nondisruptive cystic intraparenchymal nodule was noted in the mid liver, measuring approximately 2.0 cm in diameter.

The gallbladder was mildly subnormal in size, containing anechoic 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 contained mild nonshadowing ingesta/chyme without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental ingesta/chyme.



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

Onyx Kaitz **Pancreas**

SPECIES 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.

Feline

Free Abdomen

BREED No omental masses, lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild age-related kidneys
- Intraparenchymal cystic nodule in the liver- subjectively benign, mild complex hepatic cyst or cystic biliary adenoma is likely

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- Normal gastrointestinal tract with mild gastric and segmental intestinal ingesta

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant visceral pathology, including no evidence of intraabdominal primary or metastatic neoplastic criteria. Sonographic monitoring of the liver cystic nodule for evidence of progression, as well as based on oncology recommendations is recommended.

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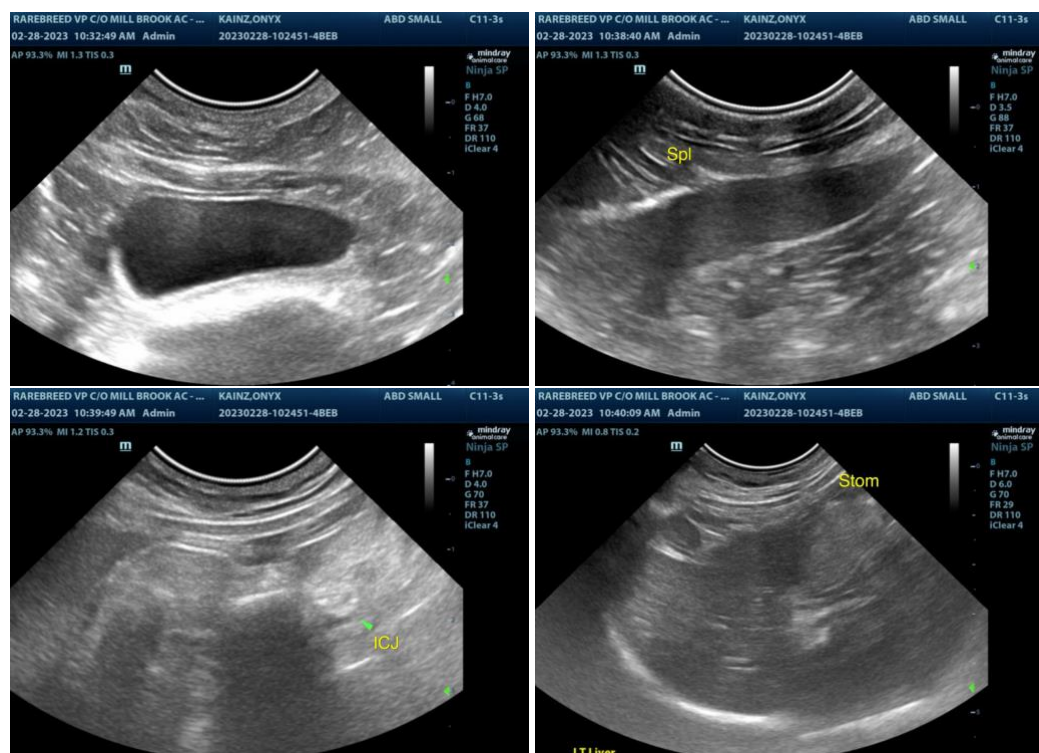
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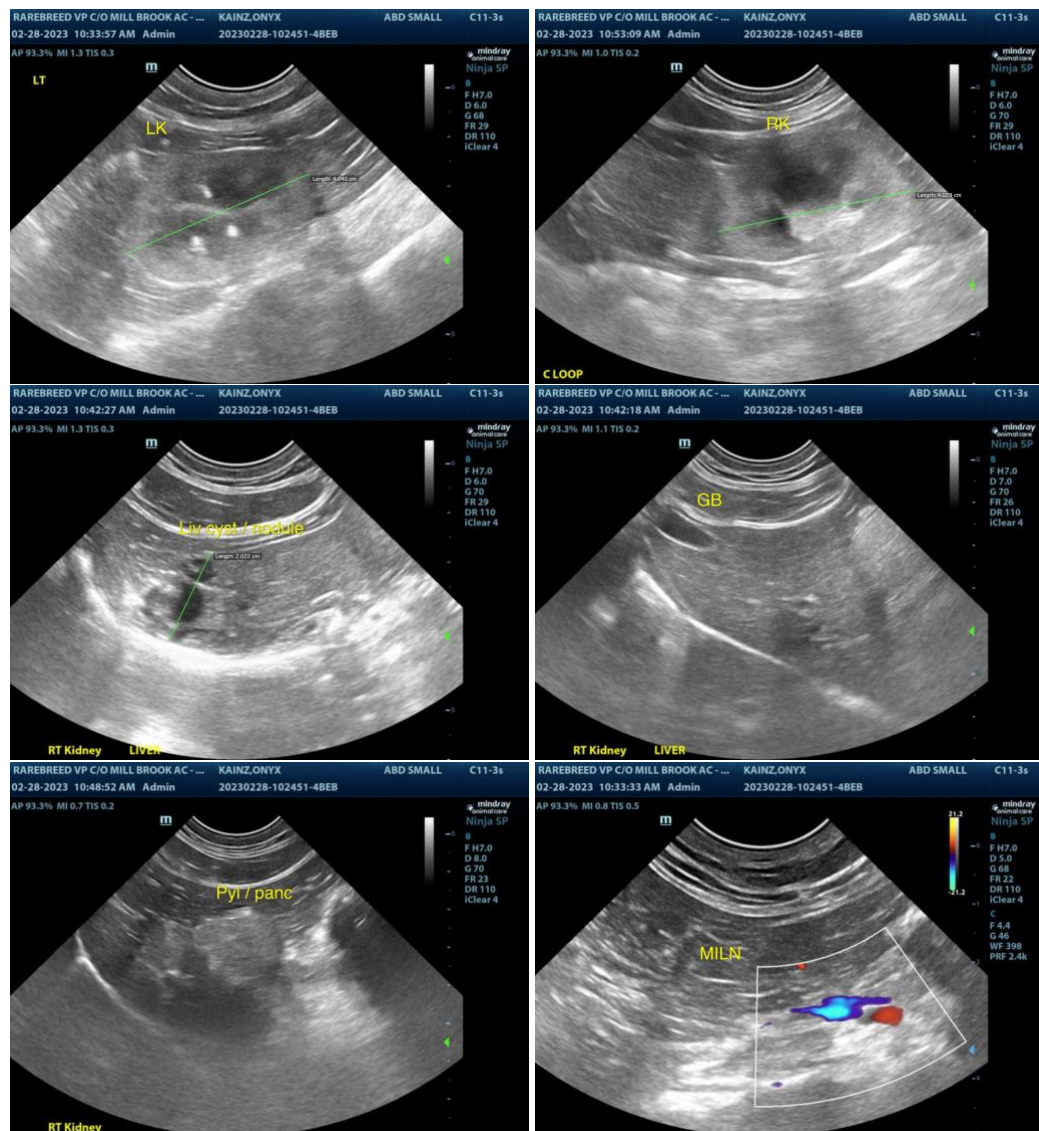
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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