



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Dark Star Macleod	Clinical Exam Findings: Fluid filled pockets found mid-abdomen when scanned in clinic, unsure what they are associated with. Current Medications Aluminum Hydroxide Primary Question/Differential to Be Answered in This Exam Cause of noted abdominal abnormalities
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
DSH	
<b>SEX</b>	
MN	
<b>AGE</b>	
10 years	
<b>WEIGHT</b>	
12.62 lbs.	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Jenna Walsh, CVT	
<b>HOSPITAL NAME</b>	
Willakenzie AC	
<b>REFERRING VET</b>	
Dr. Whalen	
<b>INVOICE</b>	
*	
<b>DATE</b>	
2/9/22	

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Fluid filled pockets found mid-abdomen when scanned in clinic, unsure what they are associated with. Current Medications Aluminum Hydroxide Primary Question/Differential to Be Answered in This Exam Cause of noted abdominal abnormalities

## 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 was 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. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. Evidence of left retroperitoneal free fluid to indistinct peripheral hypoechoic halo sign around the left kidney was present. Focal area of non-obstructive medullary mineral present in the left kidney. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.44 width and the right adrenal gland measured 0.49 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.

### Liver/ Gallbladder

The liver exhibited generalized enlargement, primarily owing to multiple variably sized to expansive non-homogeneous to cystic masses noted in the left mid and right liver, dorsal to the gallbladder. An example measured 6.0 cm in diameter.

The gallbladder and cystic duct presented mildly dilated in size with primarily anechoic content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter.

### Gastrointestinal



<b>PATIENT</b>	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.
Dark Star Macleod	
<b>SPECIES</b>	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.
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The left limb of the pancreas was mildly prominent with symmetrical contour and hypoechoic to mildly non-homogeneous parenchyma.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
MN	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10 years	<ul style="list-style-type: none"> <li>• Bilateral chronic nephropathy with left retroperitoneal free fluid to indistinct peripheral hypoechoic halo sign</li> <li>• Multiple nonhomogeneous to cystic liver masses- biliary cystadenoma, biliary cystadenocarcinoma or other</li> <li>• Possible mild left limb pancreatitis</li> <li>• Mild non-obstructive proximal common bile duct dilation. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.</li> <li>• Pinpoint bilateral adrenal mineral- age-related finding in a cat, not pathological</li> </ul>
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<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Willakenzie AC	The bilateral kidneys may indicate chronic unspecified nephritis, such as interstitial nephritis or other with evidence of left retroperitoneal free fluid. However, potential for emerging left renal lymphoma, which may present in similar sonographic manner, absent evidence of typically associated left renomegaly, is of concern.
<b>REFERRING VET</b>	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic blood pressure for evidence of hypertension recommended. Assuming normal clotting status, ultrasound guided FNA of the left kidney cortex +/- retroperitoneal effusion analysis with cytospin cytology could be considered. FNA of the hepatic masses would likely prove unrewarding given the cystic component, however, could also be considered for further clarification. A spec FPL could be considered for further assessment of the pancreas.
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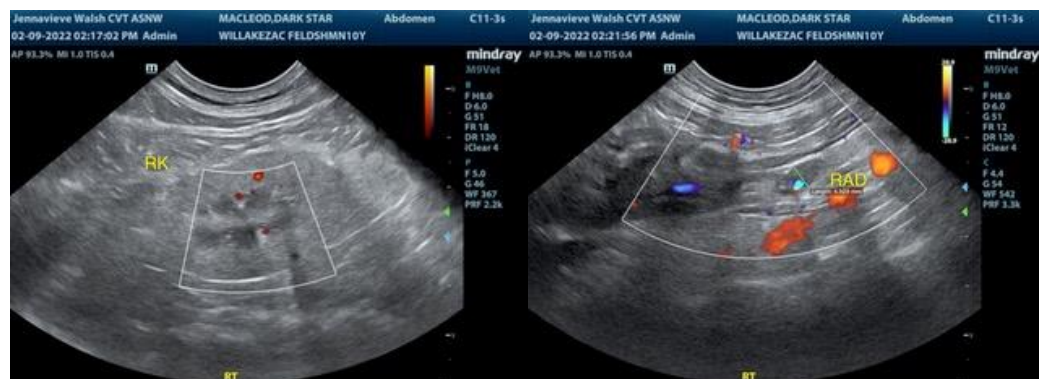
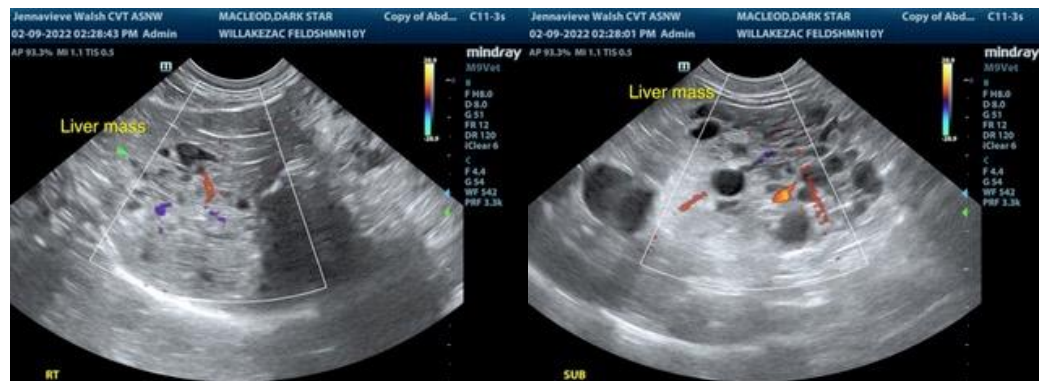
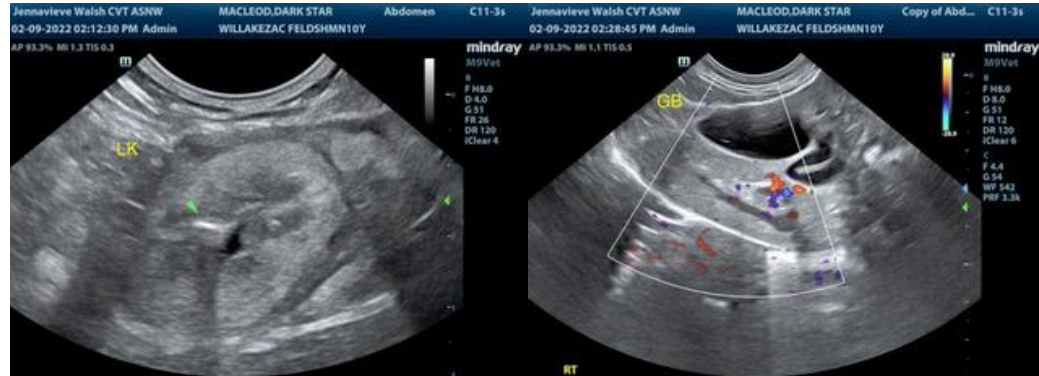
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com