
PATIENT PRESENTING CLINICAL SIGNS

Atlee O'Brien anorexia, weight loss, mass felt in mid abdomen

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0cm 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.

BREED

DLH

The area of the aortic trifurcation was free of pathology.

SEX

Spayed Female

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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Focal to mild medullary to pelvic mineral noted. Moderate pyelectasia noted in the left kidney without evidence of concurrent left ureter dilation. The left kidney measured 4.2 cm. The right kidney measured 4.3 cm.

AGE

17 Years

Adrenal Glands

WEIGHT

6.24 kg

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.36 cm.

Spleen

INTERPRETED BY

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 1.0 cm in width at the level of the hilus. 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

Kelly Reschny

Liver

HOSPITAL NAME

Tansley Woods AH

The liver was subjectively normal in size, structure, and contour. The mid to deep liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. An expansive non-homogeneous to indistinctly nodular, mildly cystic mass was present, appearing to involve or originate from the mid to caudal liver, extending caudally into the mid to cranial abdomen. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

REFERRING VET

Dr. El-Ghawazi

Gastrointestinal

INVOICE

36159

Suspect potential for gastric displacement associated with the hepatic mass. The stomach was otherwise structurally normal with mild retained fluid and non-shadowing ingesta/chyme. Potential for some degree of delayed gastric emptying possible, secondary to gastric displacement owing to the hepatic mass.

DATE

3/14/22

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized subjectively non-obstructive small intestinal hypomotility was present, exhibited by segmental to generalized mild retained small intestinal fluid.



PATIENT

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

Atlee O'Brien

Pancreas

The pancreas was not definitively visualized owing to peripancreatic/hepatic pathology.

SPECIES

Free Abdomen

Feline

Small pockets of scant free fluid noted. No evidence of significant lymphadenopathy.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

AGE

17 Years

WEIGHT

6.24 kg

- Large, non-homogeneous to indistinctly nodular liver mass extending into the cranial to mid abdomen.
- Mild gallbladder debris – non-specific, yet potentially owing to cholestasis.
- Overtly normal gastrointestinal tract exhibiting potential for gastric displacement secondary to the hepatic mass as well as generalized hypomotility.
- Bilateral chronic interstitial nephrosis renal pattern with medullary mineral and moderate left kidney pyelectasia.
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment and potential definitive diagnosis, the hepatic mass appears to be consistent with hepatic or hepatobiliary neoplastic criteria. Benign etiologies for this mass are possible, yet thought less likely.

INTERPRETED BY

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Assuming normal clotting status, ultrasound guided FNA of the mass using 25-gauge needle could be considered for screening cytology and potential for oncology consult. However, given the size of the mass, involvement of more than one liver lobe, and potential expansion into the area of the porta hepatis, the mass does not appear to be amenable to surgical resection.

IMAGING PERFORMED BY

Kelly Reschny

Empirically, continued as needed gastrointestinal supportive care is recommended. GI panel could be considered to assess for or rule out occult pancreatic or gastrointestinal pathology as a contributing factor to the weight loss. Overall, very guarded to likely unfavorable long-term prognosis.

HOSPITAL NAME

Tansley Woods AH

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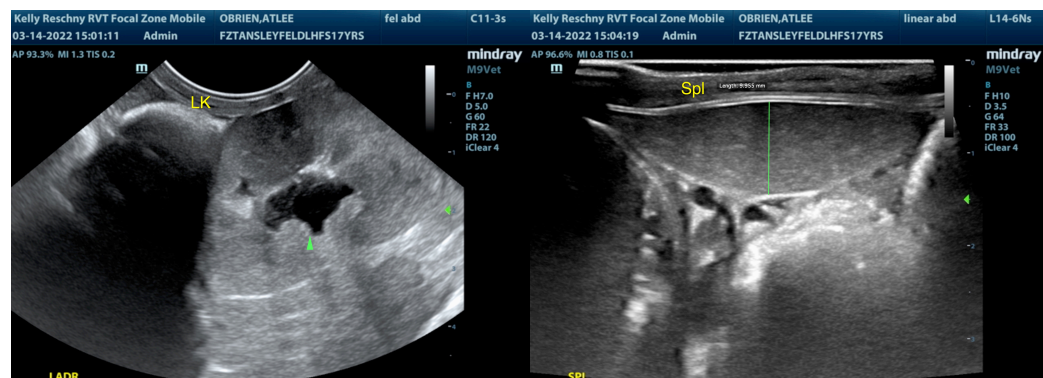
Dr. El-Ghawazi

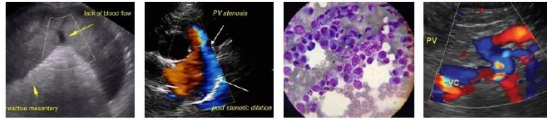
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SPECIES

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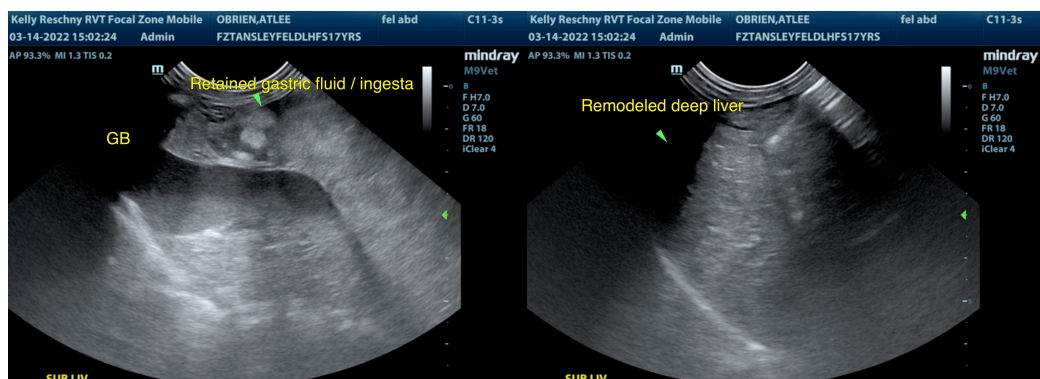
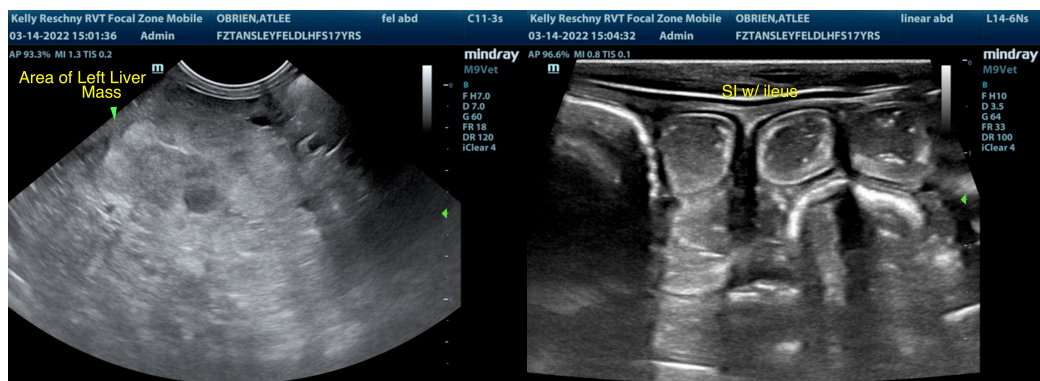
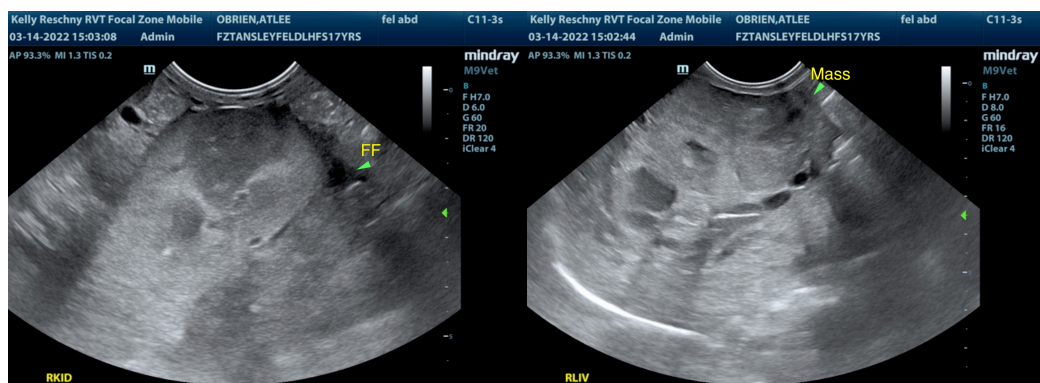
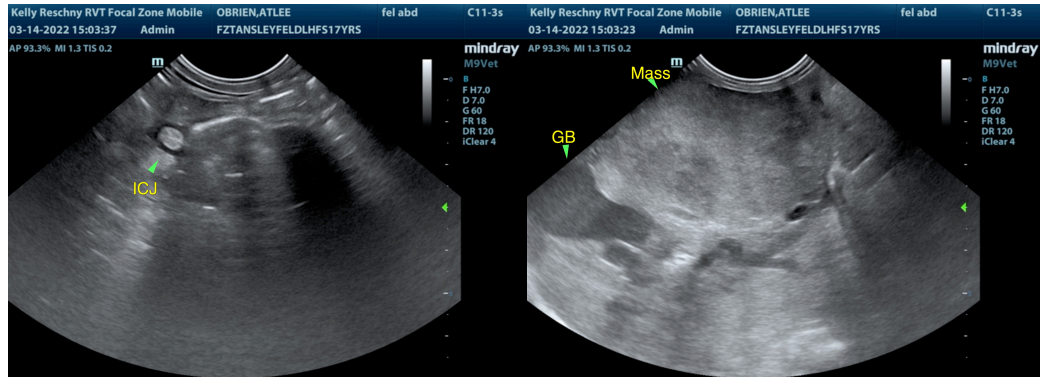
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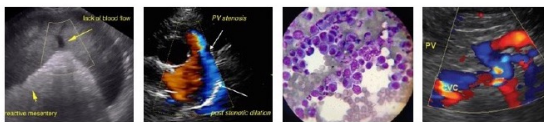
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

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