



PATIENT

Grey Edgehill

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17

WEIGHT

6.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

13530

DATE

3/22/22

PRESENTING CLINICAL SIGNS

ANOREXIA LETHARGY ENLARGED LIVER BRADYCARDIA

Abnormal PE/Chem/CBC/UA Results: CHEM- ELEVATED ALT, ALPK, GGT, CA, GLOBULIN VBV- MILD NEUTROPHILIA RADIOGRAPH- ENLARGED LIVER, SUSPECTED MASS CRANIAL MASS TO THE HEART

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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was noted in both kidneys. Intermittent cortical cysts were also noted in both kidneys. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was ill visualized owing to the presence of the liver mass yet exhibited mild areas of lateral and medial capsule asymmetry with mild to variable enlargement. The spleen measured 1.0-1.1 cm width in the mid to caudal spleen. No overt splenic masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement primarily owing to moderately sized to expansive, nonhomogeneous, nodular to cystic mass appearing to occupy the majority of the hepatic parenchyma extending caudally into the areas of the gastric axis. The liver mass measured 6.0-7.0 cm in diameter but potentially larger. The gallbladder was non-distended in size with thin walls containing mild gallbladder debris. The gallbladder debris is likely incidental, potentially Indicative of nonclinical cholestasis. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach subjectively contained retained ingesta with no signs of ileus, obstruction, or foreign material.



PATIENT	The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent muscularis layer. No overt evidence of significant intestinal mural hypertrophy, overt loss of Intestinal wall layering or intestinal masses was noted.
Grey Edgehill	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<i>Pancreas</i>
BREED	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 were evident.
DSH	
SEX	<i>Free Abdomen</i>
Male Neutered	No overt lymphadenopathy or obvious peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
17	<i>Primary Findings</i>
WEIGHT	<ul style="list-style-type: none"> • Nodular to cystic expansive liver mass • Subjective variable mild splenomegaly • Bilateral nonspecific chronic renal changes with cortical cysts and mild pyelectasia • Gastric ingesta - mild inflammatory enteropathy pattern
6.4	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Although sampling is required for further clarification, the hepatic mass is suggestive of neoplastic criteria with considerations including adenocarcinoma with cystic component or possible intra-mass areas of necrosis or hemorrhage or other neoplasia. Benign etiologies for the liver mass are possible yet thought less likely.
IMAGING PERFORMED BY	The spleen may indicate secondary or concurrent hyperplasia, hematopoiesis, splenitis, while possible multicentric neoplasia could be present. Assuming normal clotting status, ultrasound-guided hepatosplenic FNA using a 25-gauge needle could be considered for screening cytology.
Dr. Sharkaway	
HOSPITAL NAME	A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment of the gastrointestinal tract.
Kew Gardens AH	
REFERRING VET	Unfortunately, a likely unfavorable prognosis is Indicated.
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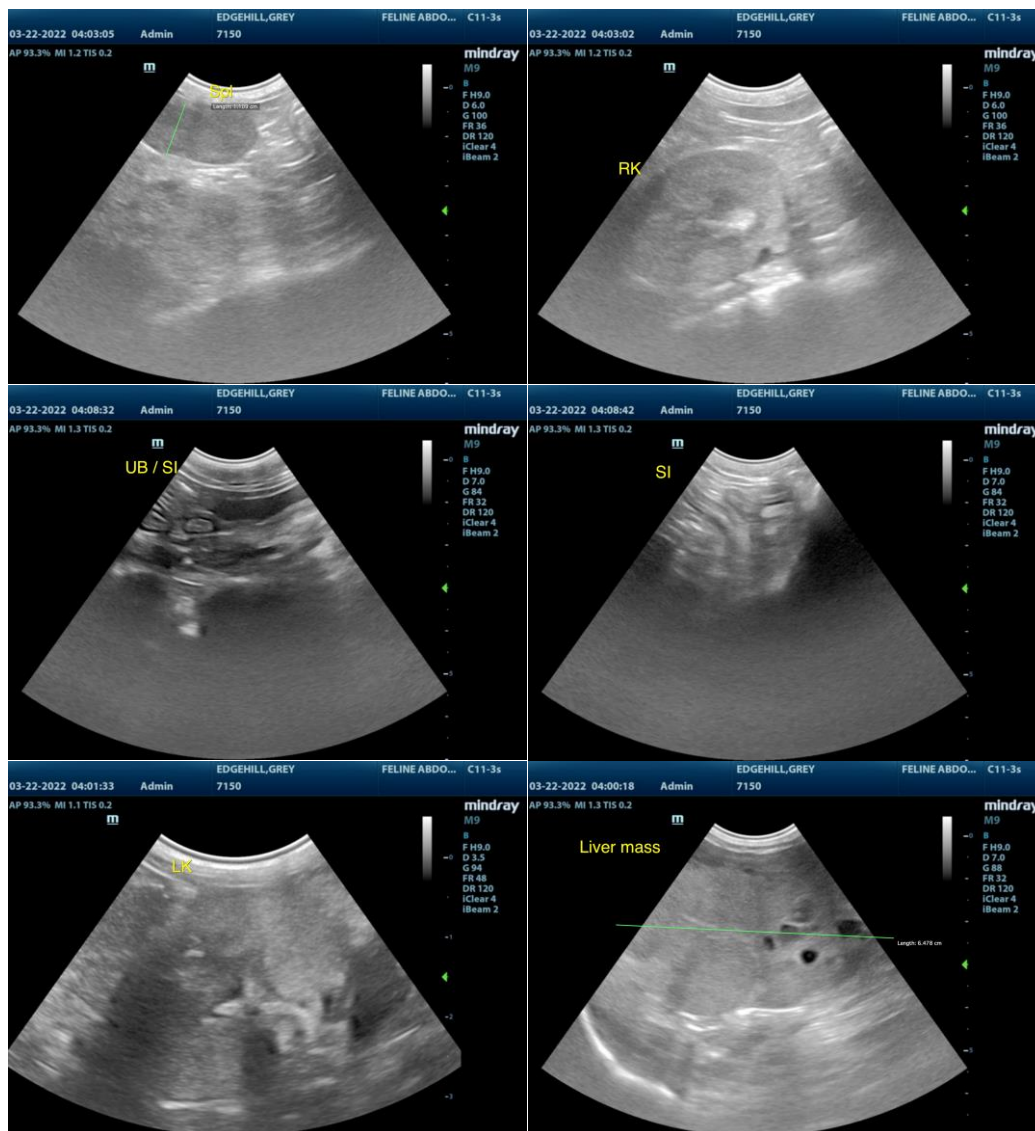
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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