



PATIENT

Pasta Guzman

SPECIES

Feline

BREED

DSH

SEX

Not Provided

AGE

14 Years

WEIGHT

9.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joseph Bassano

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Dr. Joseph Bassano

INVOICE

73920

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Presenting for acute jaundice; 1 week prior diagnosed with severely elevated liver enzymes (bloodwork not available at this time) Diagnosed 6/27 with chronic enteropathy; ultrasound performed showed the following. Hypomotile stomach with non-shadowing fluid/ingesta. Chronic enteropathy. Soft fecal matter in colon. Variable irregular enlarged mesenteric lymph nodes. Chronic pancreatitis. Chronic renal changes. Gallbladder debris

Abnormal PE/Chem/CBC/UA Results: ALT 840 U/L 12 - 130 HIGH ALKP 165 U/L 14 - 111 HIGH GGT 25 U/L 0 - 4 HIGH TBIL 10.6 mg/dL 0.0 - 0.9 HIGH CHOL 268 mg/dL 65 - 225 HIGH PCV/TS 25/8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The kidneys were normal in size and margination with 1:3 cortex to medulla ratio. Mild increased corticomedullary echogenicity with mild indistinct loss of corticomedullary border demarcation. Left kidney measured 4.3 cm. The right kidney measured 4.2 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.31 cm at the caudal pole.

No overt pathology in the area of the right adrenal gland.

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 subjectively mildly enlarged with symmetrical contour. Mild non-homogeneous remodeled parenchyma. A mid liver non-capsule deforming, non-homogeneous, mildly hypoechoic intraparenchymal nodule noted measuring 1.8 cm in diameter. Possible indistinct caudate lobe mass measuring approximately 4.2 cm in diameter. Normal vascular volume.

The gallbladder was non-distended in size with mildly thickened, edematous wall. The gallbladder contained mild anechoic content. The common bile duct was not definitively visualized to the level of the duodenal papilla, with possible mild distal common bile duct dilation. No overt visualized pathology in the area of the duodenal papilla.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing non-shadowing intestinal ingesta. Duodenum wall measures 0.26 cm. Jejunum wall measured 0.25 cm. Ileocolic wall measured 0.35 cm.

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

Pancreas

The pancreas was normal in size with mild capsule asymmetry, isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mildly prominent pancreatic duct noted.

Free Abdomen

Intermittent mildly irregular enlarged, non-homogeneous mesenteric lymph nodes noted. An example measured 1.8 cm in diameter.

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with mid liver nodule and indistinct caudate lobe mass lesion.
- Non-distended mildly edematous gallbladder, indistinctly visualized common bile duct with suspect mild distal common bile duct dilation.
- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta.
- Static chronic pancreatitis.
- Static chronic renal changes.
- Intermittent mild non-homogeneous mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling would be required for further clarification, the hepatic nodule and indistinct caudate lobe mass lesion is highly concerning for neoplastic criteria, with potential generalized chronic cholangiohepatitis pattern. Definitive current evidence of post-hepatic obstruction was not obvious, given indistinct visualized common bile duct and lack of gallbladder distention.

Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and mass lesion/nodule FNA cytology is recommended for further clarification.

Empirical therapy for cholangiohepatitis/Triaditis with clinical monitoring and sonographic reassessment if progressive hepatopathy or icterus would be reasonable.



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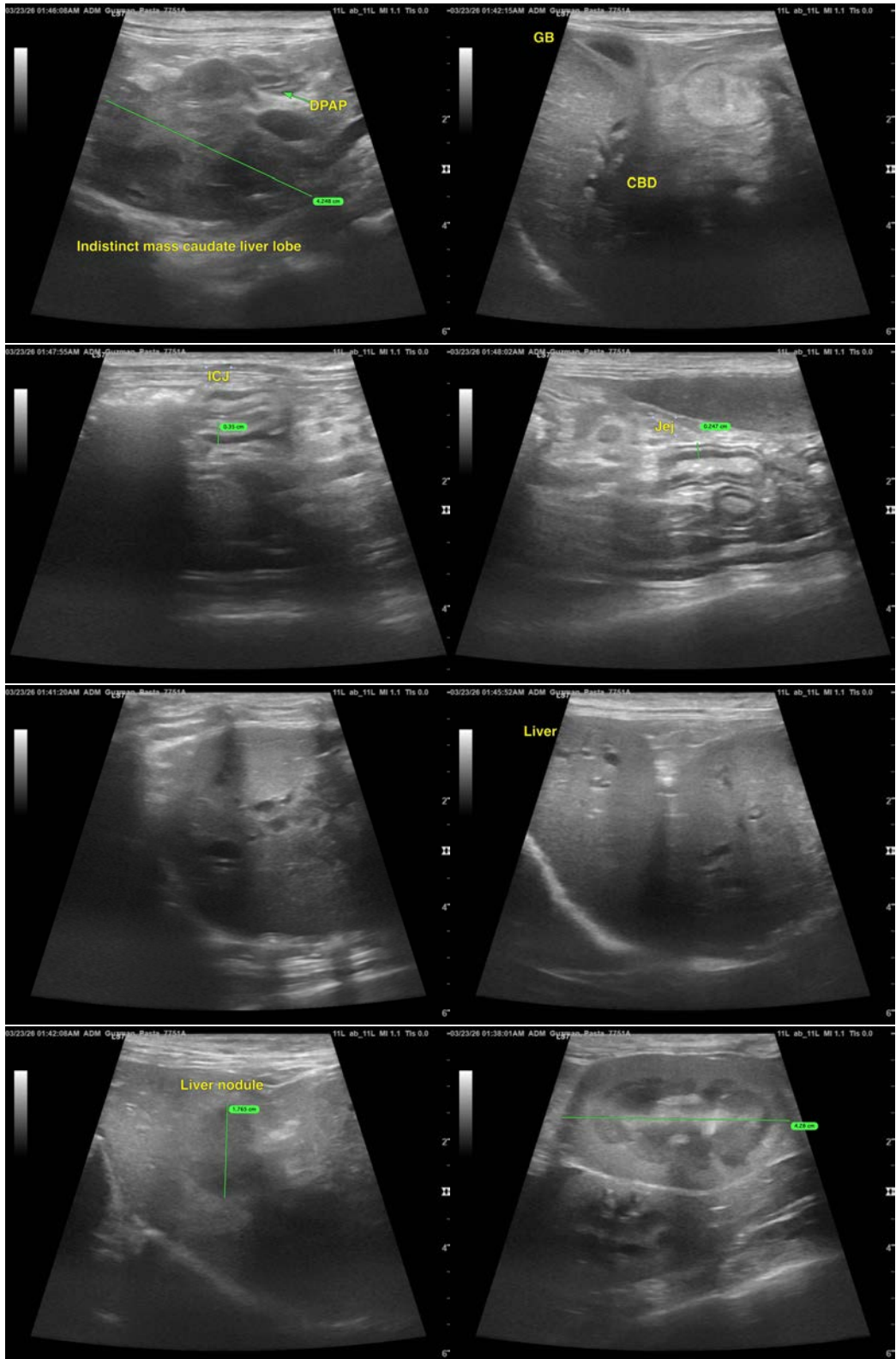
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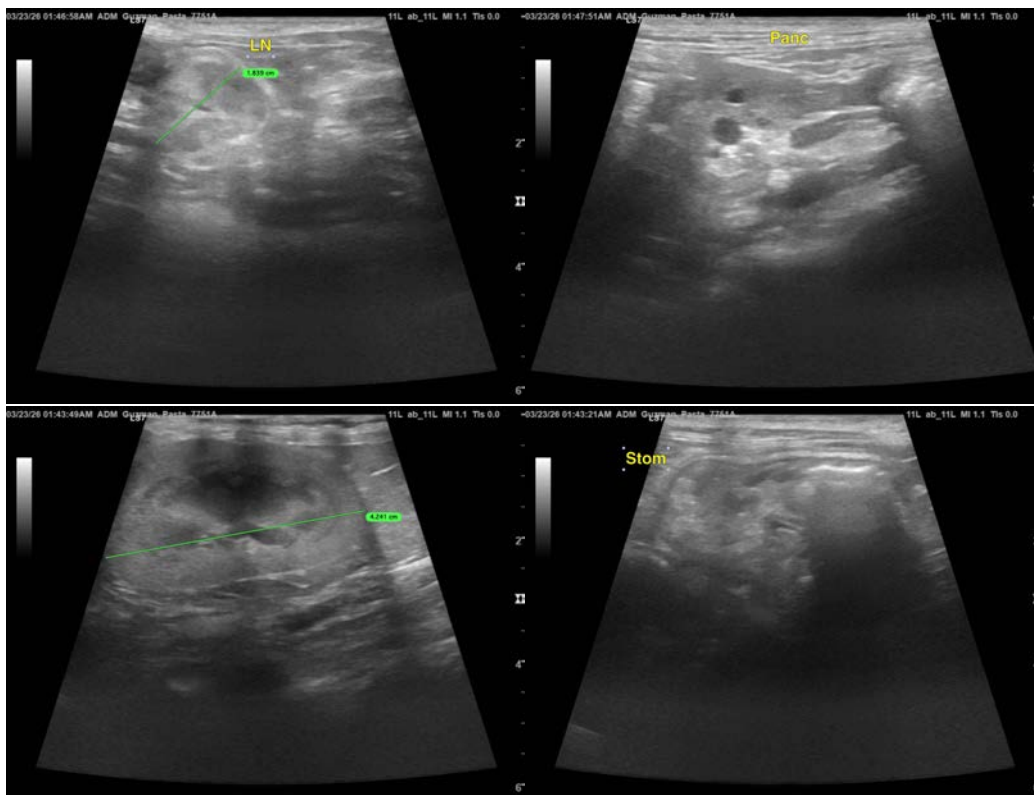
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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