



PATIENT

Tuxie Trenary

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16.8 Years

WEIGHT

16.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook-SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Ken Fletcher

INVOICE

14497

DATE

3/24/22

PRESENTING CLINICAL SIGNS

History: Weight loss, hyporexia, coughing, sneezing Patient presented for blood work - when attempting blood draw, she became cyanotic

Abnormal PE/Chem/CBC/UA Results: No lab work was performed due to P compromised status Radiographs were not sent by rDVM to compare

LIMITED ULTRASONOGRAPHIC EXAMINATION

Abdomen

A brief sonographic assessment of the abdomen revealed ill-defined hypoechoic to mildly expansive mass lesions, either originating from the liver or within the cranial abdomen, directly effacing the caudal aspect of the liver. An example of ill-defined cranial abdominal to potential hepatic mass measured 3.2 cm in diameter. The ill-defined hypoechoic masses were also noted within the area of the stomach and potentially left pancreatic limb.

Sonographic assessment of a single kidney revealed moderate chronic renal changes with evidence of dystrophic mineralization.

Thorax

Overtly normal left and right atrium size. The left ventricle presented overtly normal thicknesses with potential for mild pseudohypertrophy, owing to decreased cardiac volume. No evidence of left ventricle dilation or restriction. The myocardium exhibited overtly normal echogenicity without obvious evidence of fibrotic disease. Contractility of the ventricular walls was subjectively adequate without evidence of LV systolic dysfunction. The right ventricle was of normal size. Moderate volume free pleural fluid was present without overt evidence of concurrent pericardial free fluid. Possible, ill-defined nodular pericardial mass lesion was present in the area of the cranial thorax to heart base, measuring approximately 4.0 cm x 2.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal heart with possible cardiac volume contraction
- Non-cardiogenic peritoneal effusion
- Possible ill-defined nodular pericardial mass lesion
- Unspecified cranial abdominal hypoechoic perihepatic mass lesions
- Moderate chronic kidney change with mild medullar mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, given the likelihood of unspecified bicavitary masses, and without evidence of cardiac component to the pleural effusion, multicentric neoplasia with potential effusion secondary to lymphatic obstruction is probable. Further assessment could include effusion analysis, cytology +/- culture and sensitivity, if clinically indicated. An unfavorable prognosis is most likely indicated given this presentation.



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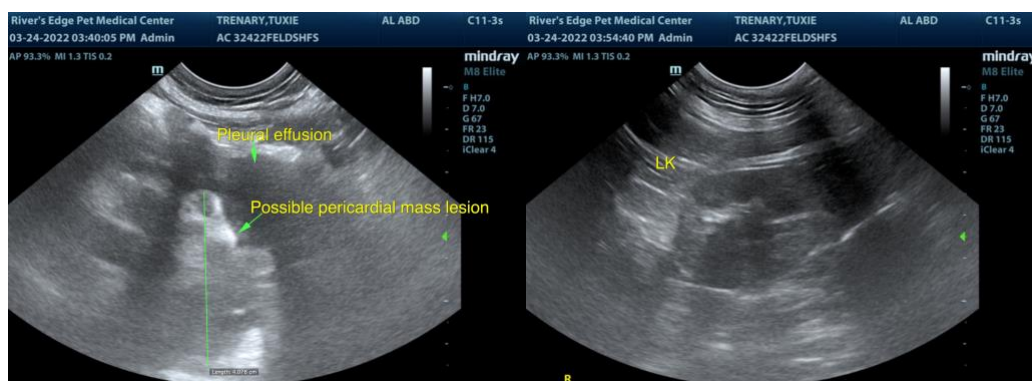
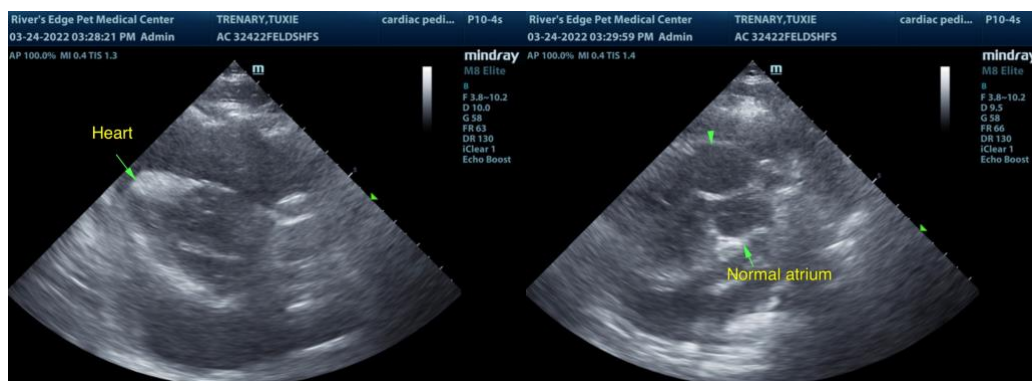
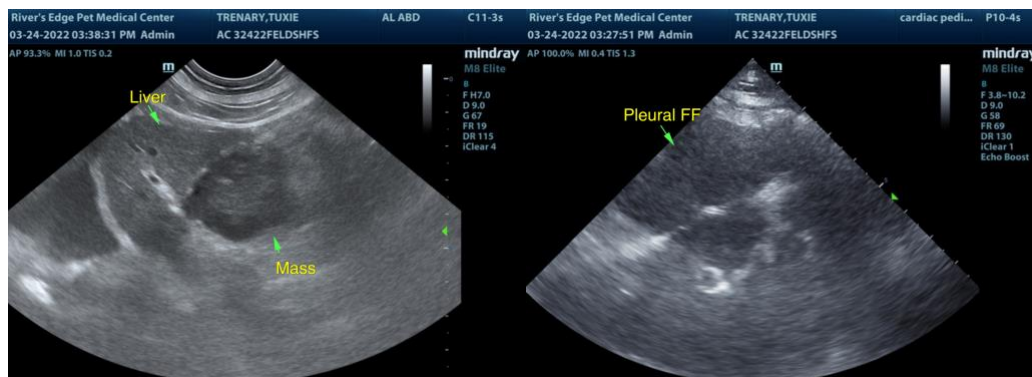
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com