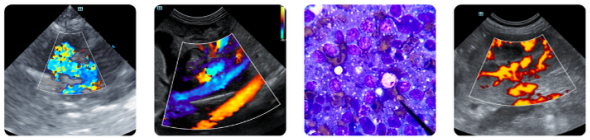


PATIENT

Ginger Massey

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17y

WEIGHT

7.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Harold Mike Beard

INVOICE

13318

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- Hematuria, weight loss, hyperthyroidism - treating with Methimazole.

Abnormal PE/Chem/CBC/UA Results: A thin, older cat. CBC normal. Chemistry BUN elevated, Albumin low, SDMA elevated, T4 elevated. UA 3+ blood, spG 1.015, protein, WBCs & RBCs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction exhibited normal thickness and tone. The urethra exhibited normal structure and tone with subtle decreased proximal urethra tone to a depth of 2.0 cm. No evidence of obstruction to urine outflow. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild peyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

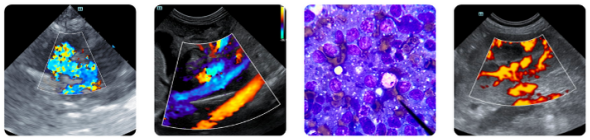
Non-homogeneous, mildly expansive splenic mass was present with associated splenic capsule distortion. No evidence of capsular escape. The remainder of the splenic parenchyma exhibited mild non-homogeneous to subtle micronodular changes. The mass measured 4.0 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Non-homogeneous to cystic mid liver non-capsule deforming mass was present measuring 3.0 cm in diameter. The gallbladder was subnormal in size likely given presence of gastric ingesta.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta consistent with food echogenicity.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild, segmental, similar appearing ingesta/chyme. Small intestine wall measured 0.22 cm.

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

Pancreas

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 was evident.

Free Abdomen

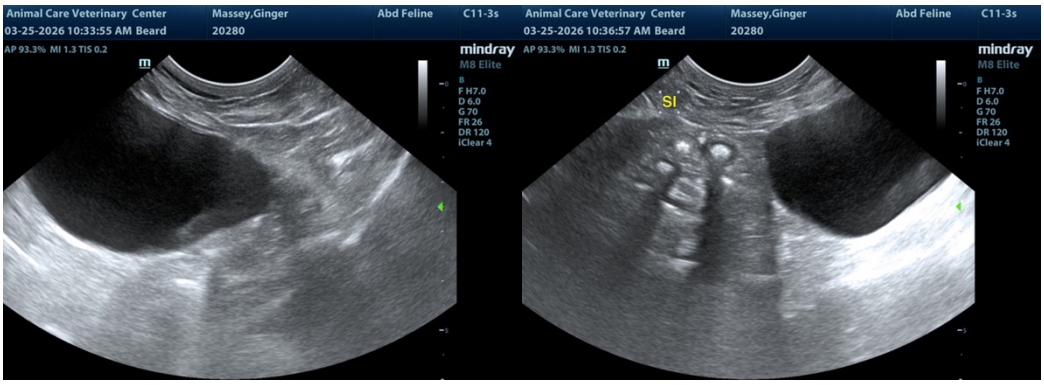
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild urine sediment
- Splenic mass with heterogeneous subtle micronodular splenic parenchyma
- Cystic non-homogeneous liver mass
- Normal gastrointestinal tract with gastric and segmental intestinal ingesta
- Chronic renal changes exhibiting bilateral pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall spleen and splenic mass are strongly suggestive of neoplastic criteria, i.e. round cell neoplasia, lymphoma, mast cell neoplasia or other. The cystic non-homogeneous liver mass may indicate biliary cystadenoma, although biliary cystadenocarcinoma not definitively excluded. Assuming normal clotting status and using 25-gauge needle as well as Benadryl pre-treatment, splenic mass FNA cytology warranted for further assessment. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult pathology may be considered.



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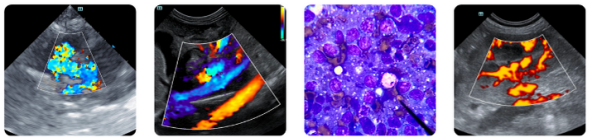

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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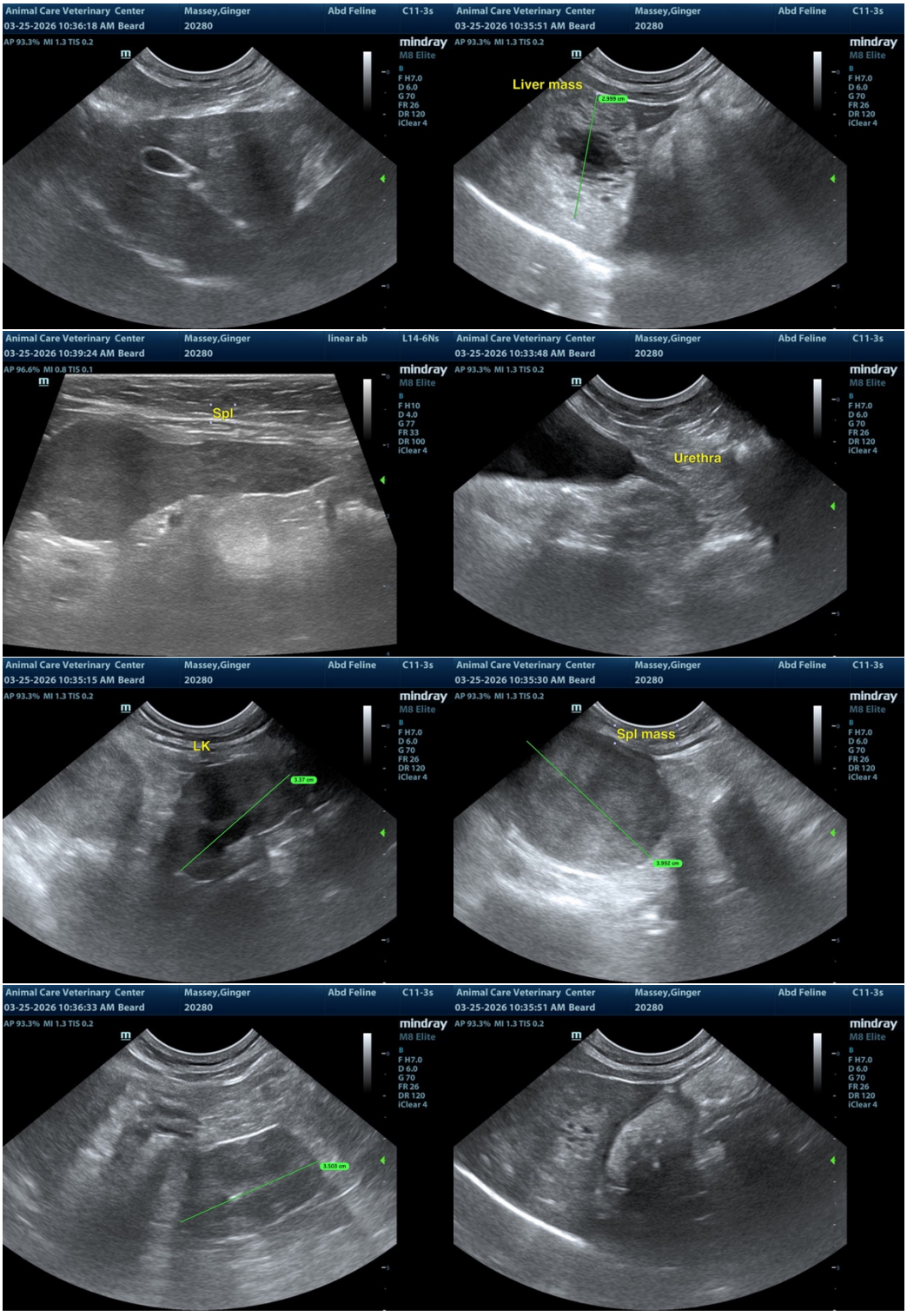

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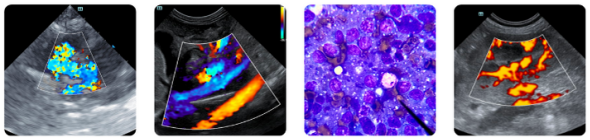

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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