



**PATIENT**

James Farmer

**PRESENTING CLINICAL SIGNS**

Not eating, losing weight and vomiting. Long history IMHA. Sedated with Alfaxan.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: PE: Thin BW (1/23): most recent PCV 28%, rest WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX**

MN

Normal renal size and 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. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

**AGE**

14yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

8.5lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width. No pathology in the area of the right adrenal gland.

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited generalized enlargement with primarily symmetrical capsule contour and minor medial capsule asymmetry. A finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No splenic masses or nodules noted. The spleen measured 1.4 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Dr. Ebersole

**Liver/Gallbladder**

**HOSPITAL NAME**

Scanvet

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A moderately sized non-homogenous to cystic mass was present in the ventrocaudal liver measuring ~ 4.0 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Goodman

**Gastrointestinal**

**INVOICE**

13288ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.30 cm in width.

**DATE**

03/27/2023

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.24 cm width.

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



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**Pancreas**

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Subjective left limb thinly walled cyst containing anechoic fluid was present measuring 1.1 cm in diameter. No signs of active inflammation or neoplasia.

**SPECIES**

Feline

**Free Abdomen**

No omental masses or overt lymphadenopathy was present.

**BREED**

DSH

A small pocket of scant free fluid noted between the cranial spleen and caudal left liver.

**SEX**

MN

**AGE**

14yr

**ULTRASONOGRAPHIC FINDINGS**

- Cystic non-homogenous liver mass-subjectively benign, suspect cystic biliary adenoma. Minor potential for cystic biliary adenocarcinoma.
- Structurally normal GI tract, potential mild pyloric gastritis.
- Non-specific chronic renal changes.
- Subtle heterogenous pancreas with left limb cyst-benign.
- Small pocket of scant perisplenic/perihepatic free fluid.
- Splenomegaly-hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded

**WEIGHT**

8.5lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment. FNA of the cystic non-homogenous liver mass could also be considered yet may prove unrewarding given the cystic aspect of the mass.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Pending additional diagnostics, canned hydrolyzed diet trial and gastroprotectants may prove beneficial.

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

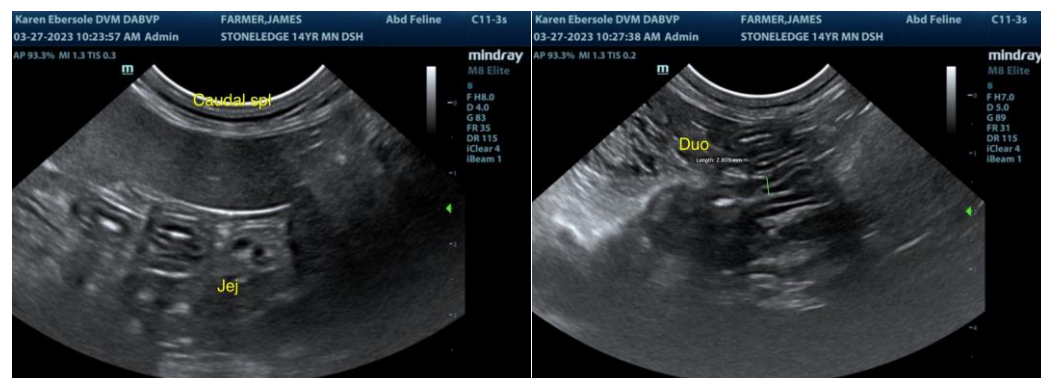
Dr. Goodman

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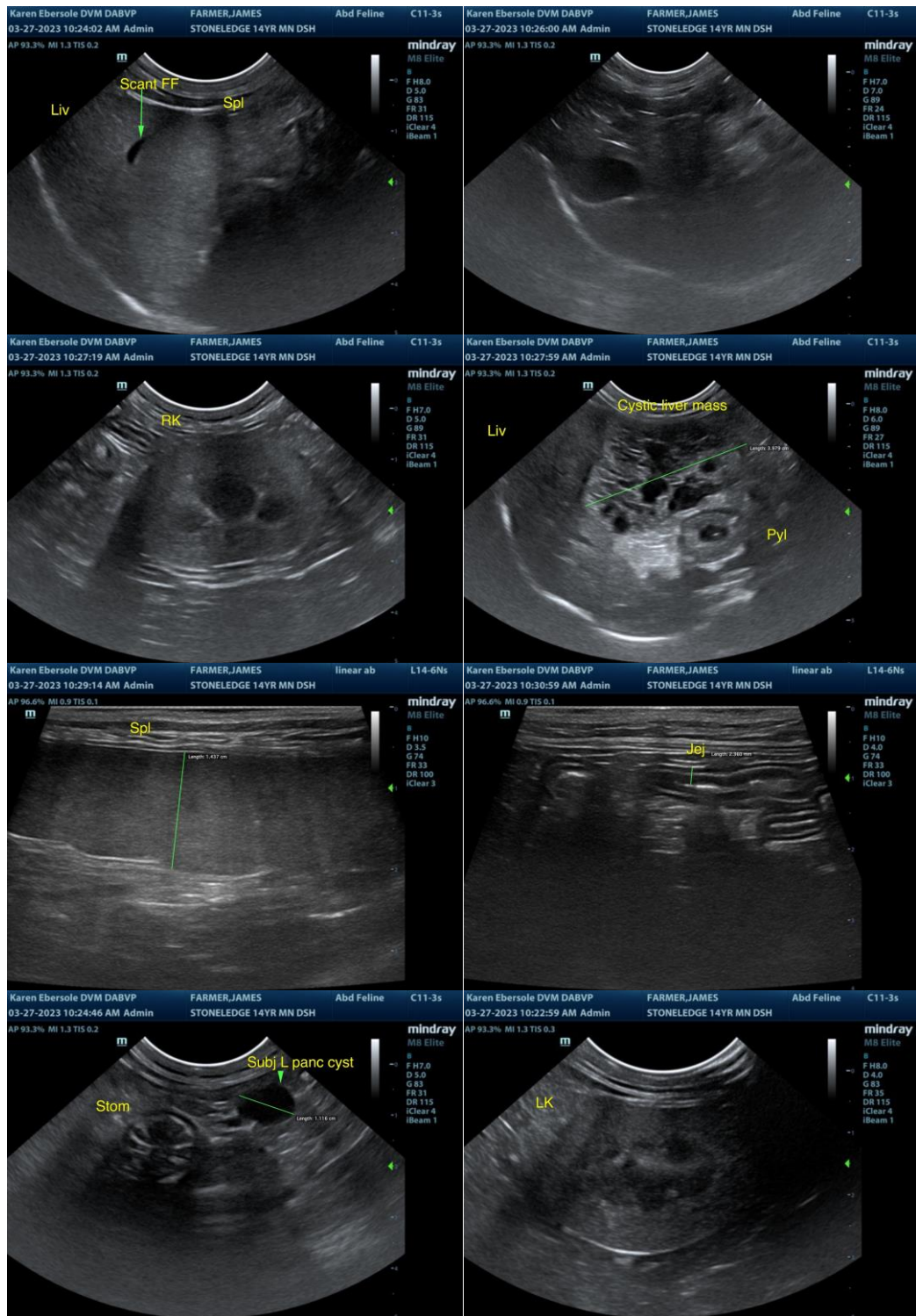
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

James Farmer

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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