

PATIENT

Will Moffit

PRESENTING CLINICAL SIGNS

History: P presenting for check mass on right side of the body, per O the mass has been there since Christmas, sometimes O is able to feel it on both sides of the abdomen, P has had on and off dry/runny stools, e/d normal, u/d normal (more often than not)

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: AUS to find source of mass and if surgical - GLOB 5.4, RADS chest WNL

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate 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.

SEX

Neutered male

AGE

10 years

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 mild to moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

12 pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.40 cm width.

INTERPRETED BY

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

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Liver

The liver revealed a large expansive nonhomogeneous cystic mass appearing to occupy the majority of the caudal left mid and right liver measuring at least 10 cm in diameter. The mass appears to extend into the right and left lateral abdomen with potential body wall impingement. Normal appearing hepatic parenchyma was noted in the deep liver.

HOSPITAL NAME

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Hospital

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The liver mass appeared to extend into the area of the gallbladder without overt evidence of bile outflow obstruction. The cystic and common bile ducts were normal.

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Dr. Johnson

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

INVOICE

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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.

DATE

03/04/2022



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

SPECIES

Pancreas

Feline

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.

BREED

Free Abdomen

DSH

No overt lymphadenopathy noted. Scant peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

- Large nonhomogeneous to cystic liver mass.
- Bilateral chronic renal changes.
- Mild urinary bladder sediment.
- Scant peritoneal effusion.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reported mass in this case is most likely associated with the large hepatic mass with potential for body wall impingement given its size. The mass may indicate either large cystic biliary adenoma with potential for cystic biliary adenocarcinoma or other. Typically, FNA of these types of masses is unrewarding for cytology. Subjectively given the size of the mass and likely involvement of more than one liver lobe, complete surgical resection is considered unlikely.

WEIGHT

12 pounds

If additional assessment is required, referral for CT could be considered. Three view chest radiographs recommended.

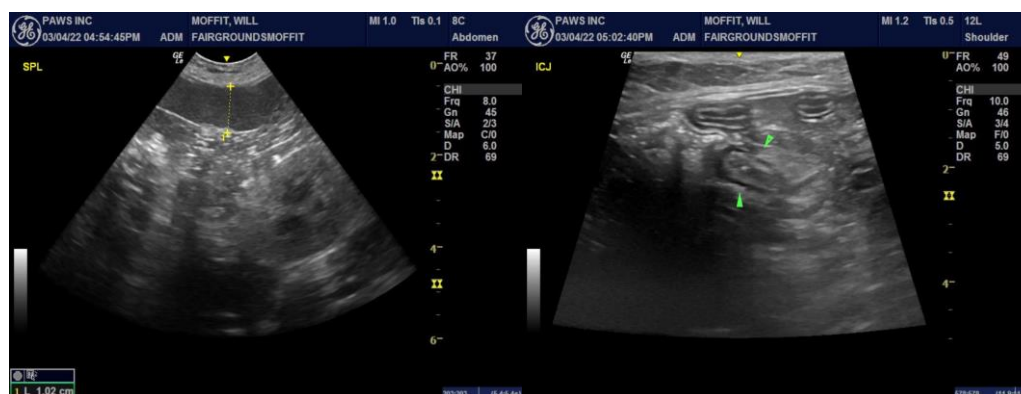
INTERPRETED BY

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

IMAGING BY

Loetitia Saint-Jacques,
LVT



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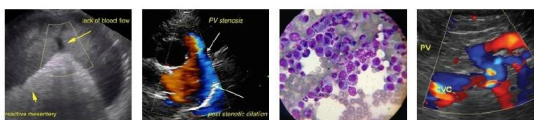
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SPECIES

Feline

BREED

DSH

SEX

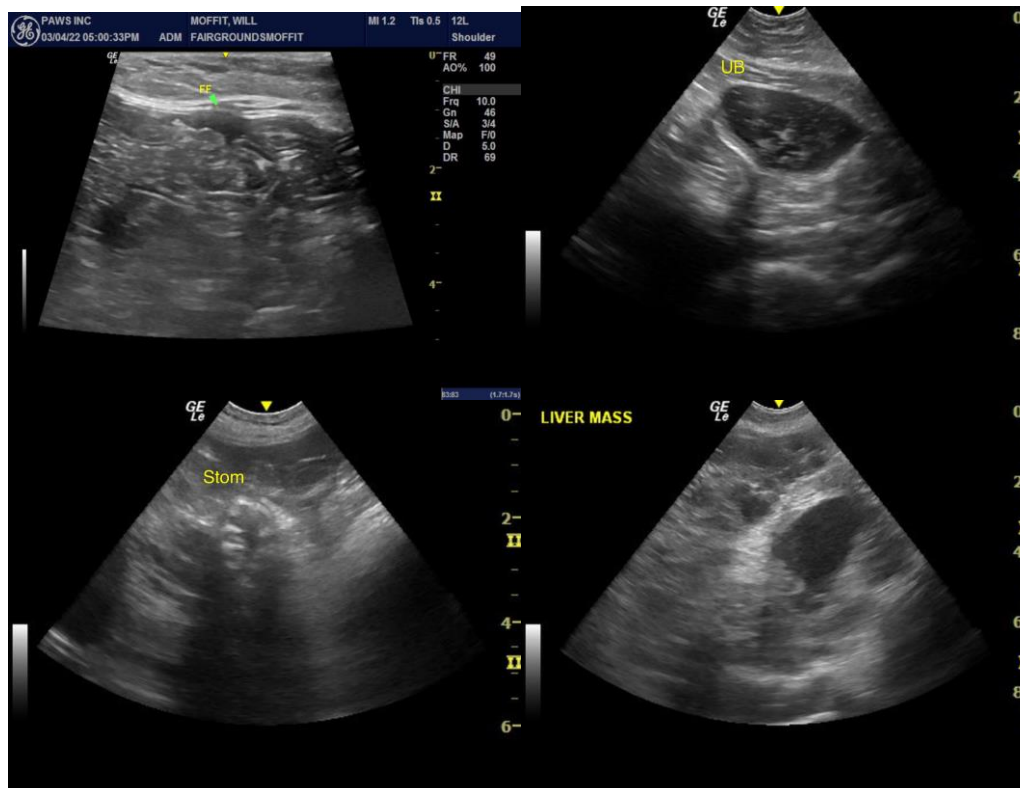
Neutered male

AGE

10 years

WEIGHT

12 pounds



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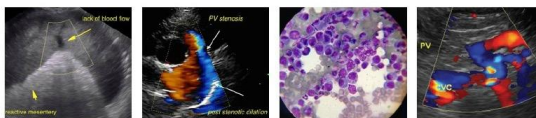
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SPECIES

Feline

BREED

DSH

SEX

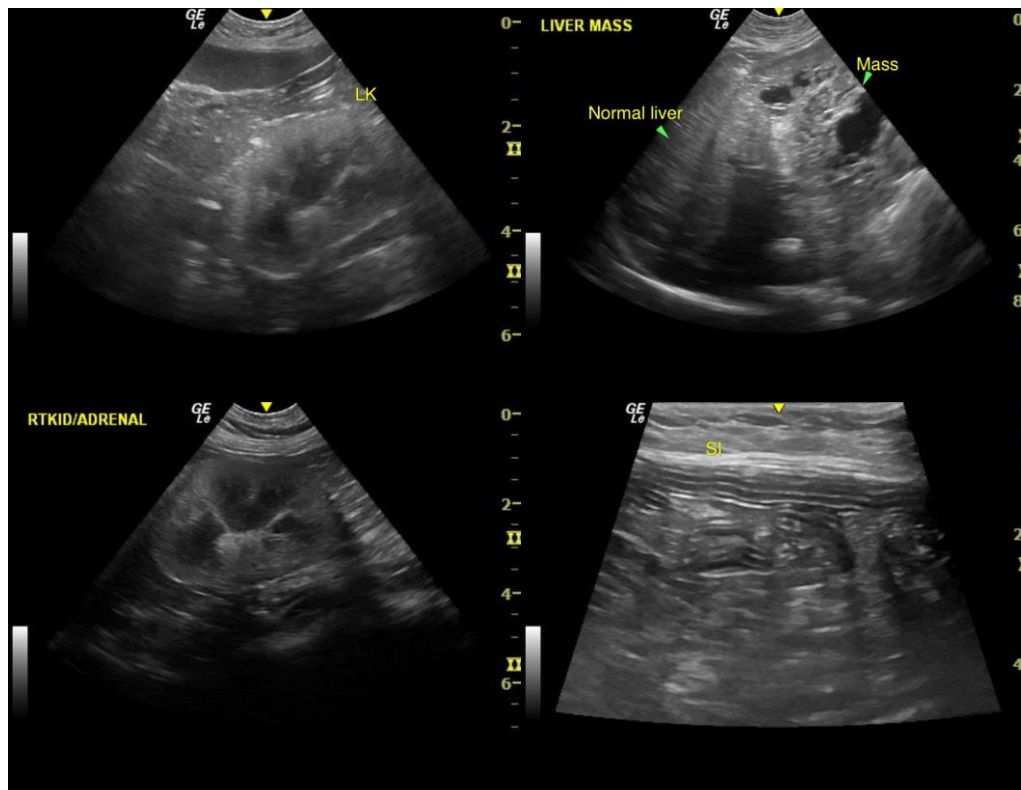
Neuterd male

AGE

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LVT

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.

HOSPITAL NAME

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Hospital

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.

REFERRING VET

Dr. Johnson

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