



PATIENT

Casey Albanesa

PRESENTING CLINICAL SIGNS

Anorexia Weight loss Vomiting

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Blood work–within normal limits UA–low specific gravity
Palpation–mid-abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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

FS

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

AGE

13

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

WEIGHT

12.5

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was not definitively visualized.

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. The spleen measured 0.62 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dr. Sharkaway

Liver/Gallbladder

HOSPITAL NAME

Kew Gardens Animal
Hospital

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. 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 and minor echogenic debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.20 cm diameter.

REFERRING VET

Dr. Sharkaway

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

DATE

04/24/2023

The small intestine presented generalized intact wall layering with subtle altered muscularis/mucosa ratio owing to subtle prominent muscularis later and secondary borderline to mild wall thickening. An irregular mixed echogenic mass was present in the mid abdomen with surrounding non-uniformly



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hyperechoic omentum measuring ~ 5 cm in diameter. The mass was directly effacing segments of adjacent small intestine. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.29 cm width.

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

Pancreas

The pancreas base and right pancreatic limb exhibited subtle prominent size with minor capsule asymmetry. Heterogenous mildly hypoechoic parenchyma was present compared to adjacent omentum.

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Free Abdomen

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An irregular mixed echogenic mass was present in the mid abdomen with surrounding non-uniformly hyperechoic omentum measuring ~ 5 cm in diameter. The mass was directly effacing segments of adjacent small intestine.

Minor volume peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Generalized prominent small intestinal wall layering.
- Mid abdomen mixed echogenic to irregular mass with surrounding hyperechoic omentum.
- Minor volume peritoneal free fluid.
- Mild chronic renal changes with intact renal architecture.
- Minor gallbladder sludge, mild non-obstructive proximal common bile duct dilation-possible low grade cholangitis.
- Mildly prominent heterogenous to hypoechoic pancreas-possible concurrent low grade pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed abdominal mass is suspected to be of intestinal origin although definitive location was difficult to ascertain. Potential for non-intestinal origin i.e., impinging significant lymphadenopathy or other unspecified mass cannot be definitively excluded. Neoplastic criteria is favored with secondary peritonitis and potential for regional omental seeding i.e., carcinomatosis, lymphomatosis or similar. The potential for segmental to diffuse concurrent intestinal involvement is possible.

IMAGING PERFORMED BY

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FNA cytology of the mass +/- effusion analysis cytology +/- C/S could be considered for further clarification and possible oncology consult.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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An extremely guarded to unfavorable long term prognosis is indicated.

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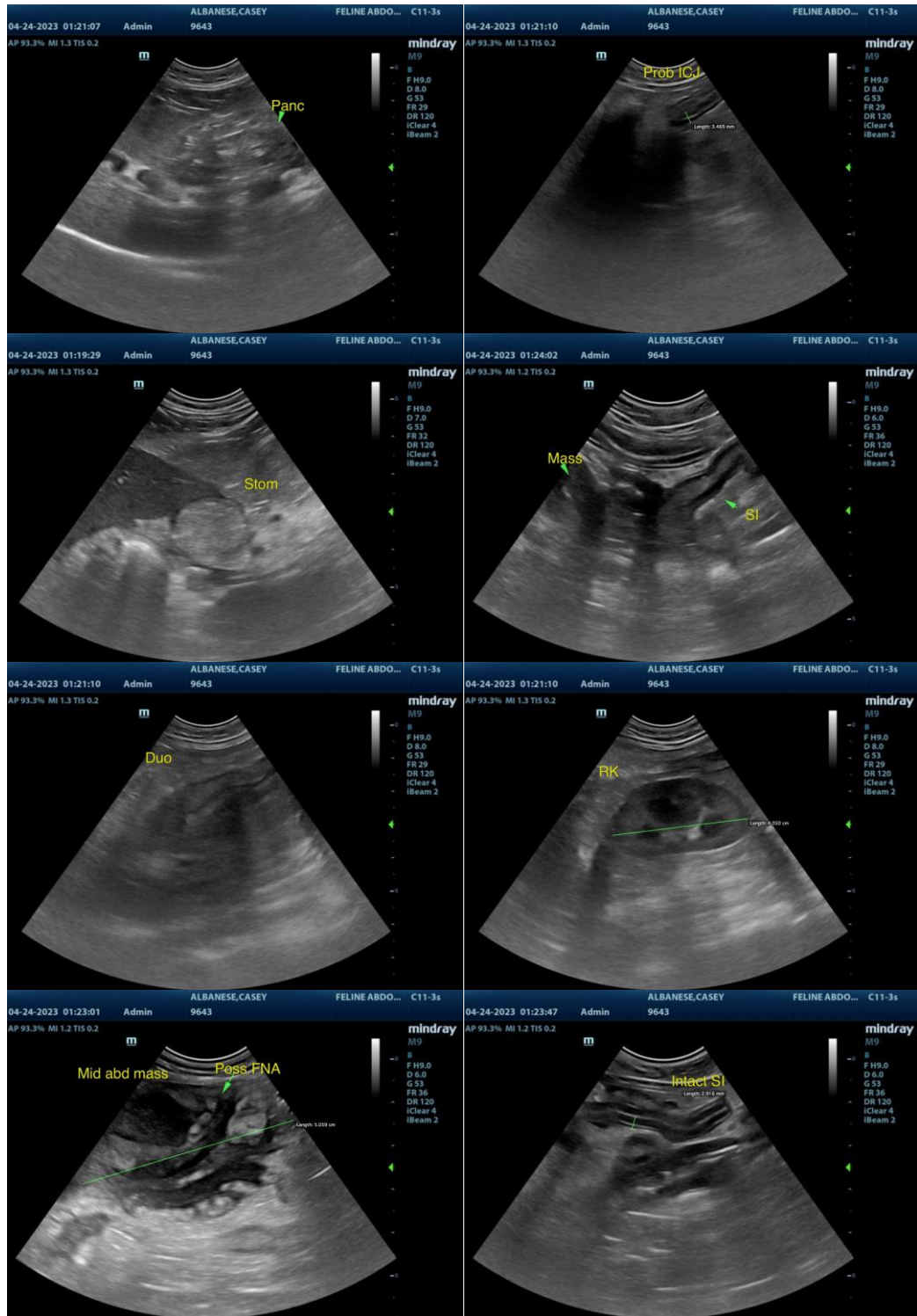
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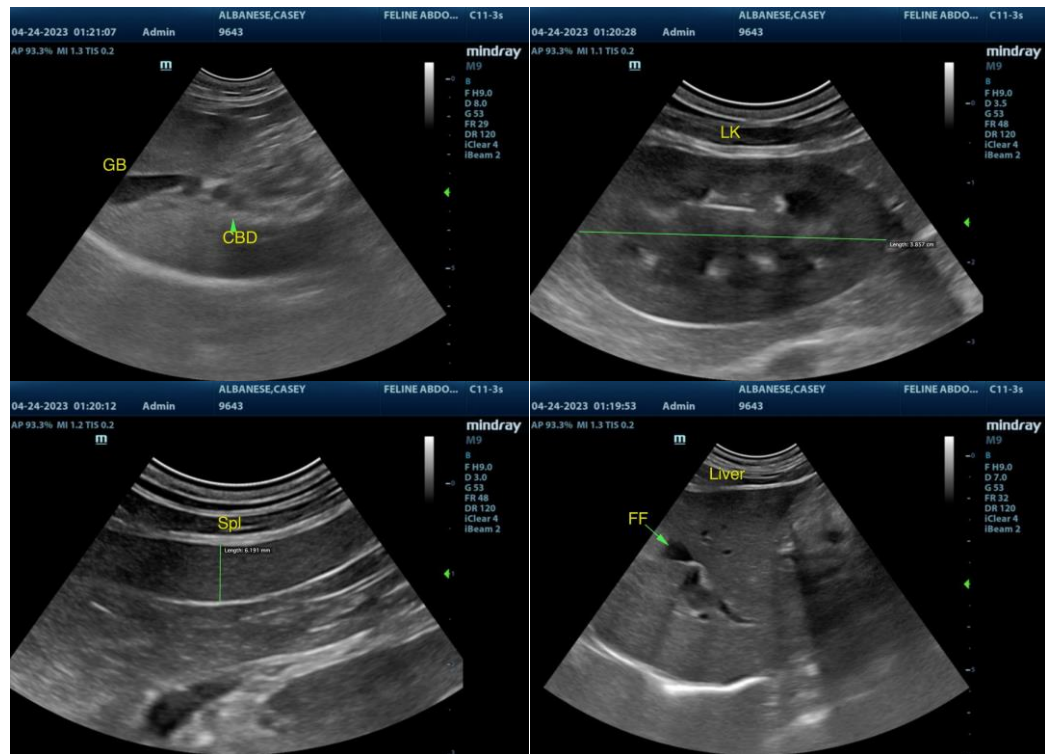
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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