



PATIENT

Sugar Clune

PRESENTING CLINICAL SIGNS

Presented 4/18 for weight loss. Bloodwork was done (see results below), Denamarin was recommended. At recheck 4/27, patient was icteric, so abdominal ultrasound was recommended.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: High ALT 194 (10-100) High BUN (38), high creatinine (3.0), high SDMA (18.7) Normal WBC, RBC, platelets Normal T4 (2.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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 with asymmetrical 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. Pinpoint to focal areas of non-obstructive medullary mineral were present. Minor bilateral pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

AGE

12yr

WEIGHT

12lb

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

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands were mildly prominent in size which is non-specific and not consistent with overt neoplastic criteria. Potential adrenal stress hyperplasia possible. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.62 width and the right adrenal gland measured 0.65 width.

IMAGING PERFORMED BY

Tudor Suciu

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 1.0 cm in width at the level of the hilus.

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr Robert Thomas

Liver/Gallbladder

The liver exhibited moderate to marked enlargement with areas of mild capsule asymmetry and subtle non-homogenous decreased parenchymal echogenicity. Lobar biliary tree dilation and focal areas of biliary tree mineral was present.

INVOICE

13635ag

The gallbladder was distended in size with prominent to hyperechoic walls and mild echogenic debris. Moderate to significant torturous common duct dilation was present containing subjective anechoic bile duct content. The common bile duct measured 0.64 cm in diameter.

DATE

04/28/2023

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid/chyme with no signs of ileus, obstruction or foreign material.
Sugar Clune	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized mildly prominent muscularis layer was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
DSH	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Pancreatic duct dilation was present in the left pancreatic limb extending into the pancreas base.
SEX	<i>Free Abdomen</i>
MN	Moderate volume peritoneal effusion with generalized mild non-uniform hyperechoic omentum was present.
AGE	A non-homogenous irregular mass was present in the area of the caudal right lateral to caudate liver lobe and pancreas base dorsal to the stomach with mild gastric displacement. The mass measured ~ 4.0 cm in diameter.
12yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
12lb	<ul style="list-style-type: none"> • Hepatomegaly exhibiting lobar biliary tree dilation and lobar biliary tree mineral. • Distended gallbladder with moderate to significant generalized common bile duct dilation. • Ill-defined mass area of caudal caudate to right liver and pancreas base. • Moderate volume peritoneal effusion with generalized mild non-uniform hyperechoic omentum. • Possible chronic enteropathy.
INTERPRETED BY	Secondary findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Moderate chronic renal changes with mild medullary mineral and bilateral pyelectasia.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Tudor Suciu	The primary finding of the mass consistent with neoplastic criteria is suspected to be hepatobiliary origin although potential for pancreatic or less likely gastric origin is possible. This mass appears to be obstructing bile outflow as indicated by the degree of CBD dilation, gallbladder dilation and evidence of lobar biliary tree dilation consistent with chronic post hepatic obstruction. Concern for associated carcinomatosis or similar given the non-uniform omentum and concurrent peritoneal effusion is indicated.
HOSPITAL NAME	Referral for abdominal CT for further clarification and assessment of surgical options could be considered however, given concurrent azotemia and concern for neoplastic criteria, a suspected unfavorable prognosis is likely.
Animal Clinic of Queens	
REFERRING VET	
Dr Robert Thomas	
INVOICE	
13635ag	
DATE	
04/28/2023	



PATIENT

Sugar Clune

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

12lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Tudor Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

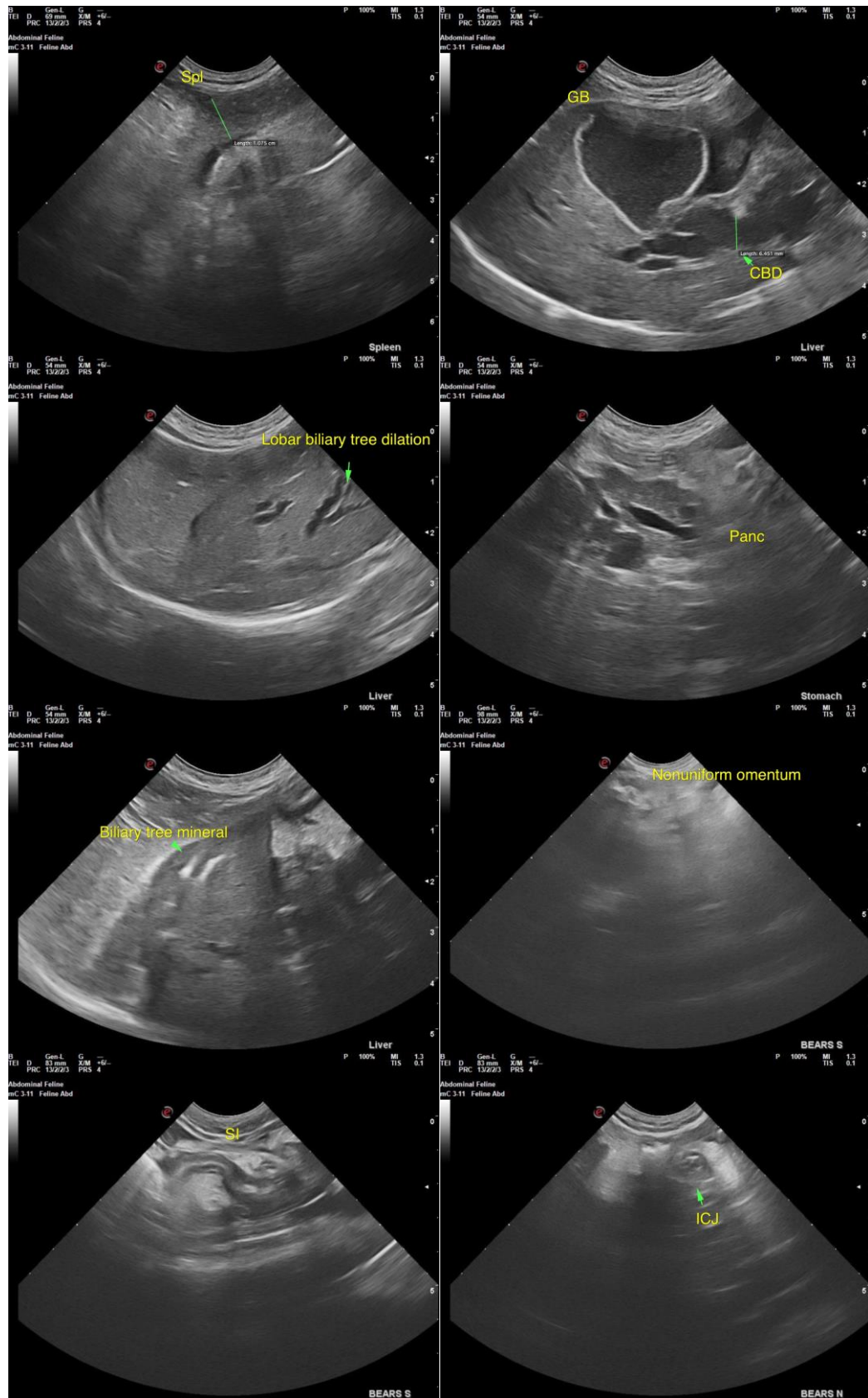
Dr Robert Thomas

INVOICE

13635ag

DATE

04/28/2023





PATIENT

Sugar Clune

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

12lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Tudor Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

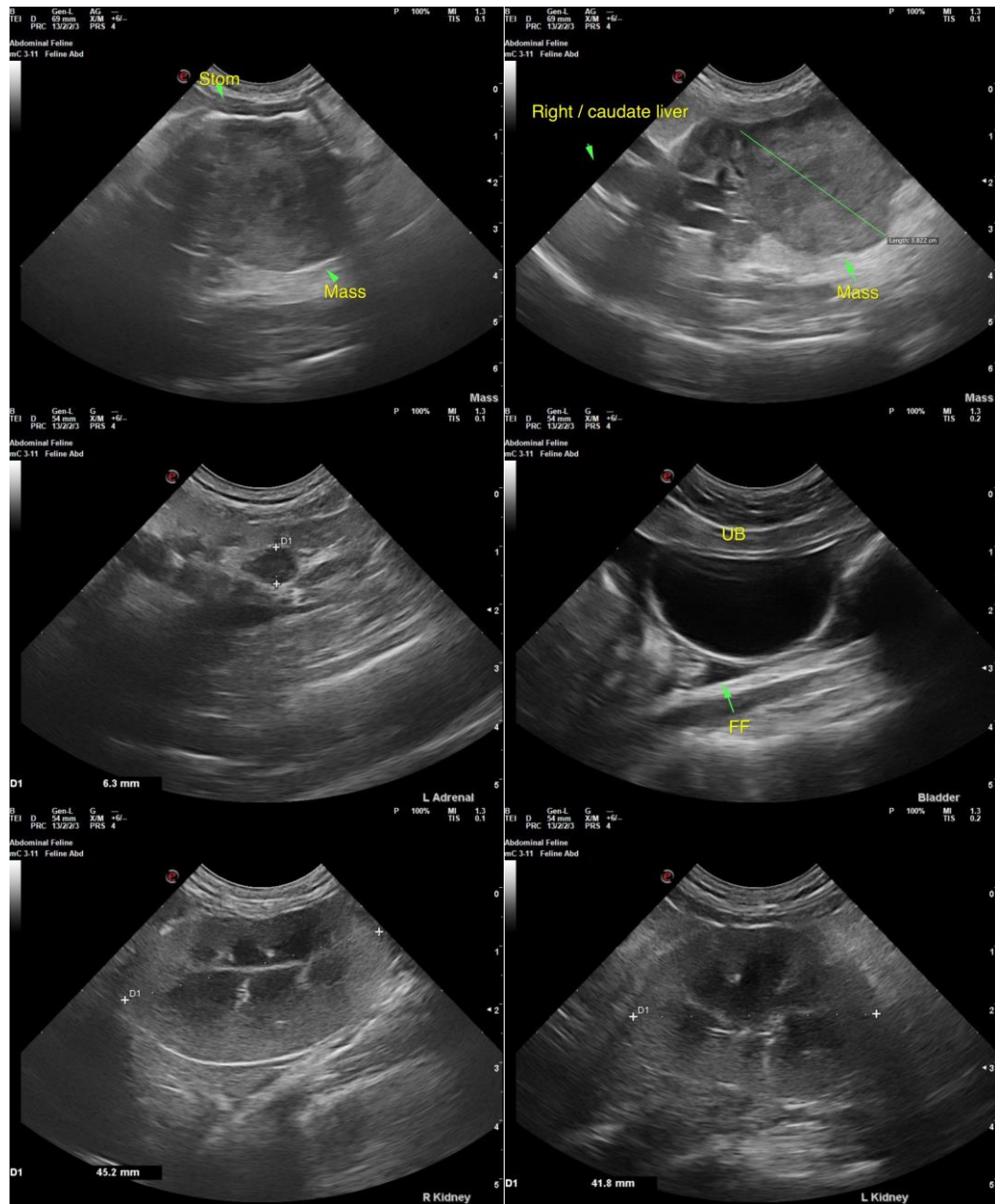
Dr Robert Thomas

INVOICE

13635ag

DATE

04/28/2023



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)
mac.daniel@sonopath.com