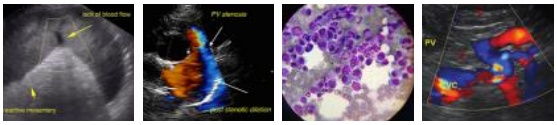
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Clover Matteson

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

11 years

WEIGHT

7.6 years

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yomanda

INVOICE

10333ag

DATE

04/08/2022

PRESENTING CLINICAL SIGNS

History: P has an on-and-off hx of vomiting going back to at least 2020. O usually treats it supportively with cerenia/SQ fluids, and it's fine for a while but then comes back. Clover also has a hx of UTIs and stomatitis (she has no teeth). On 2/11/22, P came into TVH because vomiting/appetite issues were becoming more severe and P was losing weight. Labs run at that time were mostly unremarkable except high lipase, UTI. Treated supportively with SQ Vitamin B12 0.3ml, SQ Cerenia 0.42ml, SQ triamcinolone 0.09ml, SQ fluids LRS 150mls and attempted diet change to hydrolyzed protein. Since starting weekly vit B12 x 4 weeks then monthly, P has been doing much better and is now eating better but will not eat the hydrolyzed diet so is eating American Journey OTC food. P has had facial abscess which resolved on clindamycin, panniculitis lesion which resolved with abxs and today presents for RH lameness without known cause on radiographs (no fxs, signs of chronic OA). P presents today for AUS because abdominal detail in limb rads was poor; concern for ascites, etc. Current Medications Tinkle Tonic, OTC joint supplement, Vitamin B12 0.3ml q. monthly, Cerenia PRN Radiographic Findings Rads from November 2, 2021 - check single lat abdomen to rule out bladder stones - no opacities seen in bladder; good serosal detail Rads from today (4/8/22) - Poor serosal detail in abdomen, possible nodule on lateral chest rad, soft tissue swelling R metatarsal region with no obvious fxs, evidence of OA in multiple vertebrae and tail. Small bony defect on head of femur R side Primary Question/Differential to Be Answered in This Exam Why is the abdominal detail in today's rads poor? Is there fluid? Cancerous lesion, etc.? Is there a known cause for the chronic vomiting and poor appetite?

Abnormal PE/Chem/CBC/UA Results: Senior panel (CBC/CHEM17/UA/T4/SDMA) on 2/11/22 normal other than lipase too high to read, SDMA high at 22, UA showed evidence of UTI (pro 2+, gluc 1+, Sedivue reads rods). UTI has since resolved.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

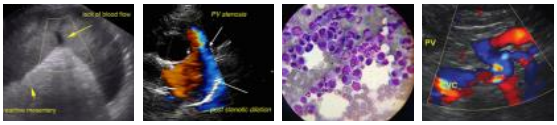
Urinary System

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 pinpoint hyperechoic nondependent sediment likely consistent with minor crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.



PATIENT

Clover Matteson

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

11 years

WEIGHT

7.6 years

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yomanda

INVOICE

10333ag

DATE

04/08/2022

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.

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 0.9 cm in width at the level of the hilus.

Liver

The liver exhibited generalized enlargement primarily owing to a large to expansive mildly nonhomogeneous focally cystic mass occupying the majority of the mid to right lateral and caudate liver measuring approximated 6 cm in diameter. The mass appeared to be located in the area of the porta hepatis and cranial to the gallbladder. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio and moderate gastric distension with progressively shadowing ingesta. The gastric body wall measured 0.20 cm in width. No signs of ileus, obstruction or foreign material were noted.

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 jejunum wall measured 0.22 cm in width.

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

Pancreas

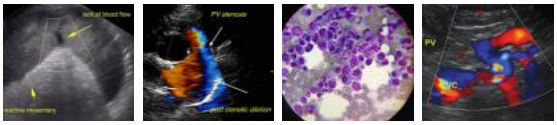
The right pancreas was mildly prominent in size exhibiting subtly hypoechoic to homogeneous parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Moderate volume subjectively mildly cellular peritoneal free fluid and generalized nonuniform to potential indistinctly nodular omentum were present. The nodules within the omentum were nonspecific potential indicative of minor reactive lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Large right lateral to caudate liver mass.
- Bilateral nonspecific renal medullary rim sign.
- Moderate volume peritoneal free fluid and generalized nonuniform nodular mesentery.



PATIENT

Clover Matteson

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

11 years

WEIGHT

7.6 years

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yomanda

INVOICE

10333ag

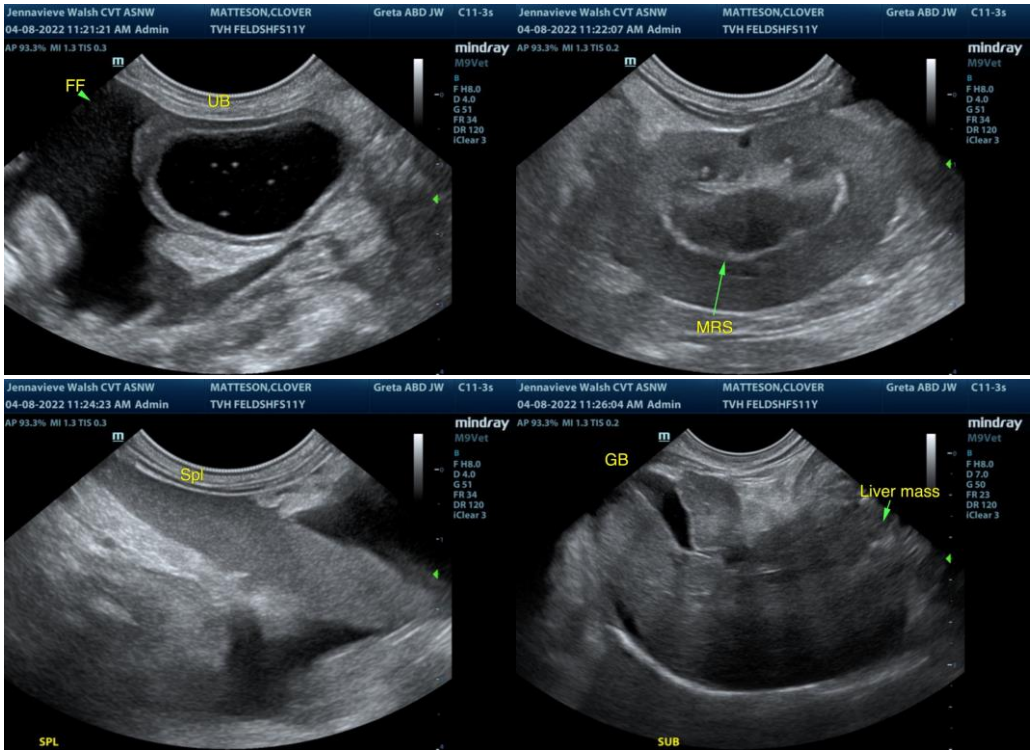
DATE

04/08/2022

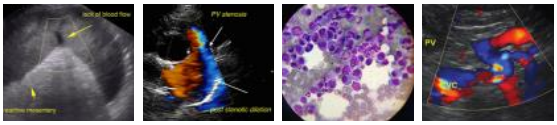
- Gastric distension with retained ingesta/fluid.
- Subtly prominent to hypoechoic right pancreas-patient variant, minor reactive changes, potential for concurrent low grade inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment the liver mass is suggestive of neoplastic criteria. Potential for non-neoplastic etiology i.e. hyperplasia, hematopoiesis, granuloma or similar are possible yet thought less likely. The peritoneal free fluid may be secondary to portal hypertension given the presence and location of the hepatic mass or inflammation while the possibility of omental seeding i.e. carcinomatosis or similar is possible. Correlation with pending hepatic cytology as well as effusion analysis is recommended. Subjectively the hepatic mass does not appear to be amendable to complete surgical resection given the local adjacent to the porta hepatis. A very guarded to likely unfavorable prognosis is unfortunately indicated.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Clover Matteson

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

11 years

WEIGHT

7.6 years

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

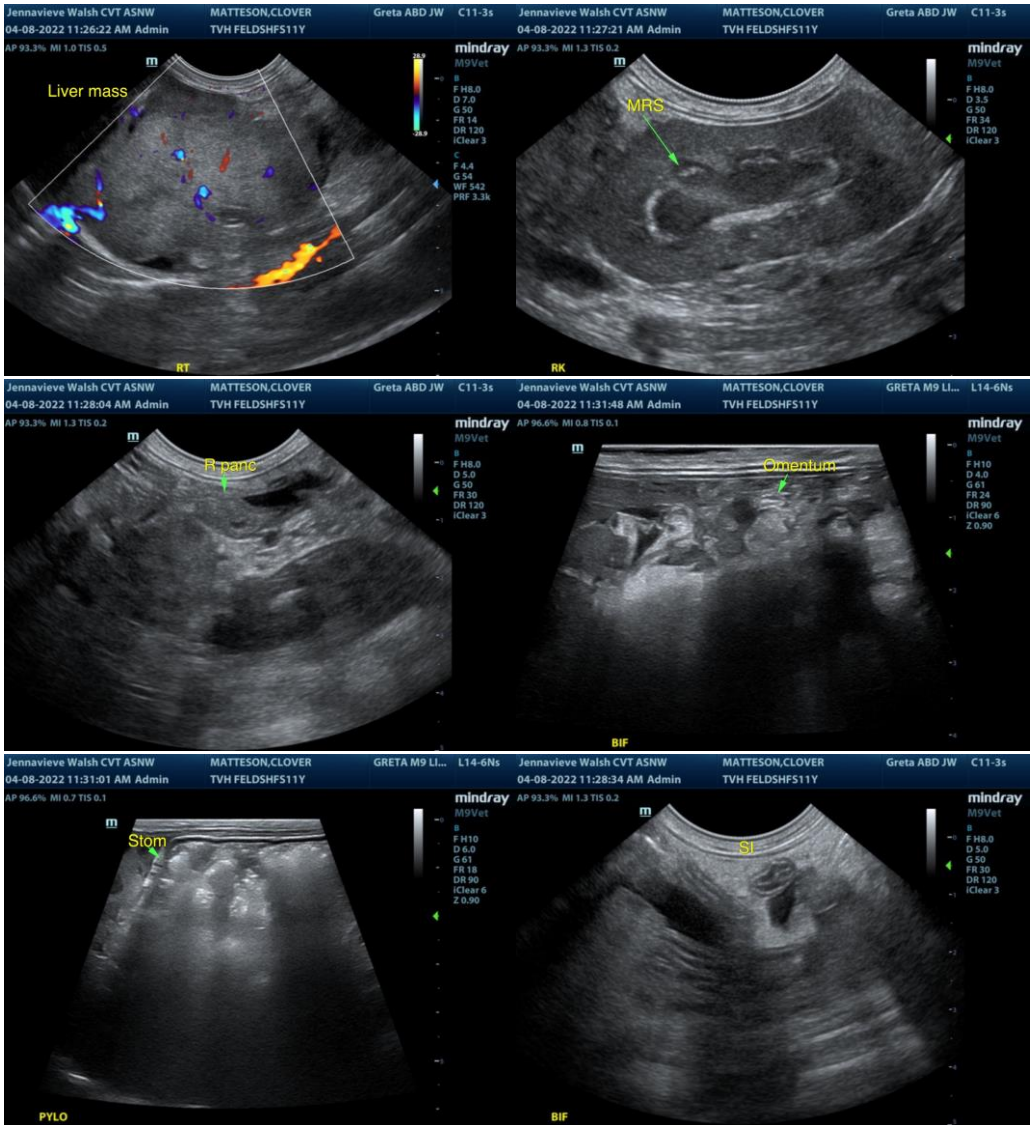
Dr. Yomanda

INVOICE

10333ag

DATE

04/08/2022



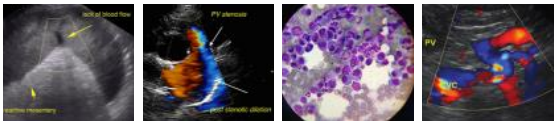
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Clover Matteson

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

11 years

WEIGHT

7.6 years

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yomanda

INVOICE

10333ag

DATE

04/08/2022