



PATIENT PRESENTING CLINICAL SIGNS

Bella Dacosta History: anorexia, weight loss, possible mass felt in cranial abd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

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.

BREED

DSH

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 increased echogenicity and mild 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 4.0 cm in length.

SEX

FS

AGE

7 yr

The area of the aortic trifurcation was free of pathology.

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

WEIGHT

13 lb

Spleen

The spleen was not definitively visualized potentially owing to displacement secondary to peritoneal free fluid or volume contraction.

INTERPRETED BY

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

Liver

The liver exhibited generalized enlargement with multiple variably sized cystic appearing nodules to masses with associated capsule distortion, an example measuring 3.7 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate luminal debris. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Kelly Reschny

Gastrointestinal

HOSPITAL NAME

Maples AH

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.

REFERRING VET

Dr. Kazienko

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.

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

INVOICE

10632ag

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.

DATE

05/16/2022

Free Abdomen

Generalized ill-defined nonuniform to regional nodular omentum to potential mass lesion noted in the area of the left pancreas.



PATIENT

Moderate volume peritoneal free fluid was present.

Bella Dacosta

ULTRASONOGRAPHIC FINDINGS

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- Multifocal variably sized hepatic nodules to masses with cystic component, potential for necrosis
- Generalized nodular omentum more prominent in the area of the left pancreas with potential ill defined omental vs pancreatic mass
- Moderate volume peritoneal effusion exhibiting cellular component
- Nonspecific mild chronic renal changes

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Concurrent ultrasound guided FNA of the omentum adjacent to the left pancreas as well as hepatic FNA could also be considered. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. Carcinomatosis, lymphomatosis or similar diffuse intra-abdominal neoplasia involving the liver and pancreas are the primary differentials.

FS

AGE

7 yr

Unfortunately, an unfavorable prognosis is likely indicated.

WEIGHT

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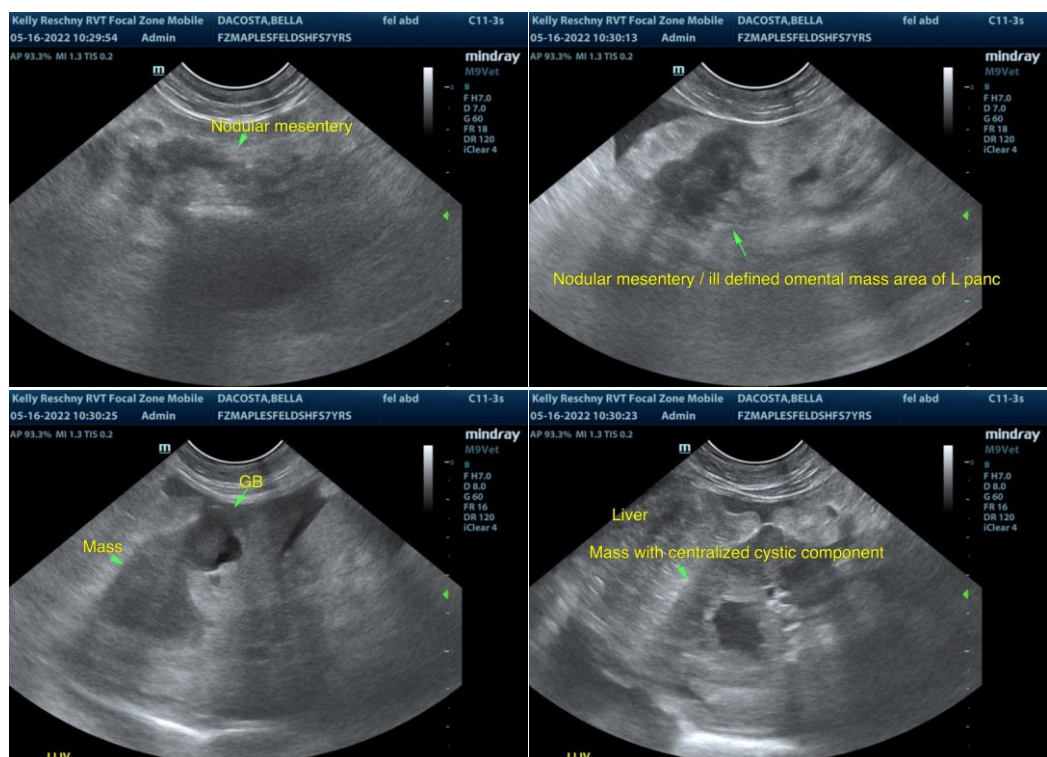
Dr. Kazienko

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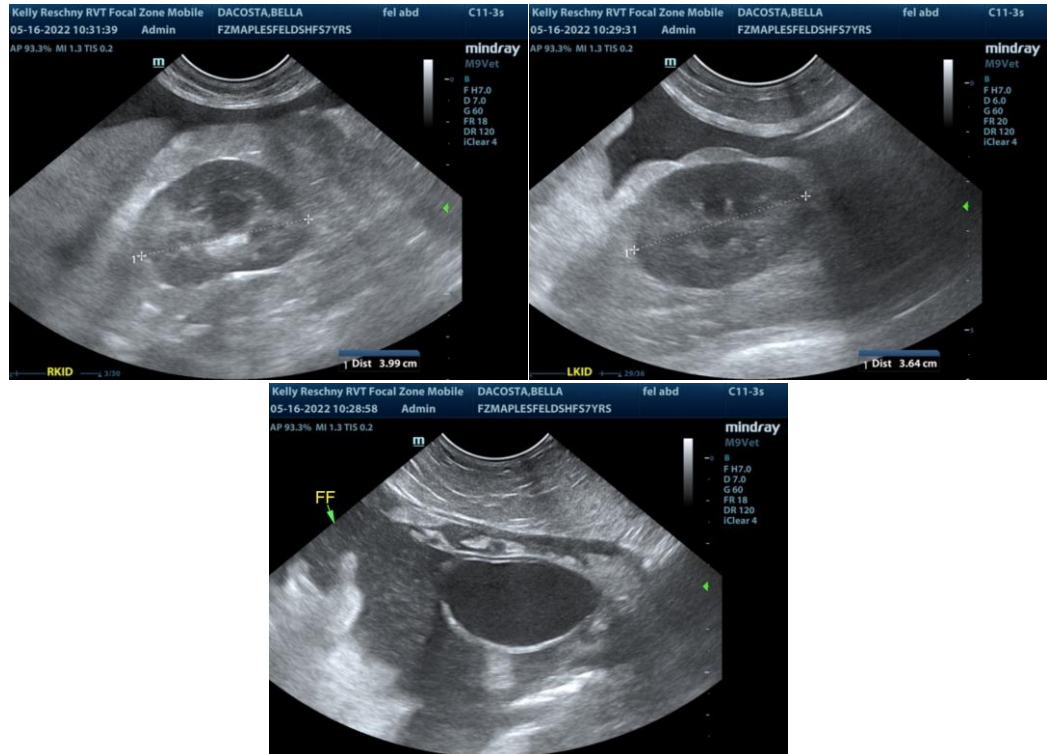
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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