



PATIENT

Mr. Bighead Cimini

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Foster VC

REFERRING VET

Stacey Hattan, DVM

INVOICE

15733

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History elevated cardiopet BNP with overtly normal cardiac structure and function on prior echocardiogram (1/18/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.29 cm; LA:Ao 1.19; LV 2.1 cm; IVS 0.42 cm; PW 0.41 cm; normal LA size; mildly dilated LV; no flow abnormalities. Current status: elevated cardiac marker; non-regenerative anemia becoming more severe. Having bicavity ultrasound studies.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. The left kidney measured 4.2 cm in length. The right kidney measured 5.2 cm in length. Minor pyelectasia was present in the right kidney.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.38 cm.

Spleen

The spleen exhibited borderline enlargement. A finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma was noted. 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 1.0 cm in width at the level of the hilus. No splenic masses or nodules noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling, exhibiting generalized mild increased parenchyma echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion. Thinly walled intraparenchymal cyst (1.3 cm) noted in the left liver containing anechoic fluid. Concurrent multichambered intraparenchymal cyst to cystic nodule was noted dorsal to the gallbladder, measuring 1.7 cm in diameter.

The gallbladder was non-distended with primarily anechoic content and mild gallbladder sediment, as well as mild cystic biliary duct debris. The gallbladder walls were sonographically normal without evidence of gallbladder or peripheral gallbladder inflammation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained nonshadowing ingesta/chyme primarily in the gastric antrum and pylorus. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.22 cm.

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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. The duodenum wall measured 0.31 cm. The ileocolic wall measured 0.43 cm. The jejunum wall measured 0.26 cm.

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

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation noted.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Intermittent hepatic intraparenchymal cysts to cystic nodules- subjectively benign. Benign hepatic cysts or potentially cystic biliary adenoma suspected.
- Mild gallbladder and cystic biliary duct debris
- Nonspecific chronic renal changes
- Mild heterogeneous pancreas with minor pancreatic duct dilation- suspect age-related pancreatic changes and likely incidental, potential for low-grade to chronic pancreatitis possible
- Borderline symmetrical splenomegaly
- Overtly normal gastrointestinal tract with gastric ingesta/chyme

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade to chronic pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec FPL could be considered.

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The borderline splenomegaly, although nonspecific is not overtly suggestive of neoplastic criteria with considerations, including hyperplasia or hematopoiesis secondary to anemia, patient variant, incidental splenitis, neoplastic criteria thought less likely.

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Assuming normal clotting status, ultrasound guided FNA of the spleen, using a 25-gauge needle, could be considered for screening cytology, primarily to ensure only benign changes are present. Continued monitoring for evidence of progressive splenomegaly would also be reasonable. A CBC pathology review is suggested if not done. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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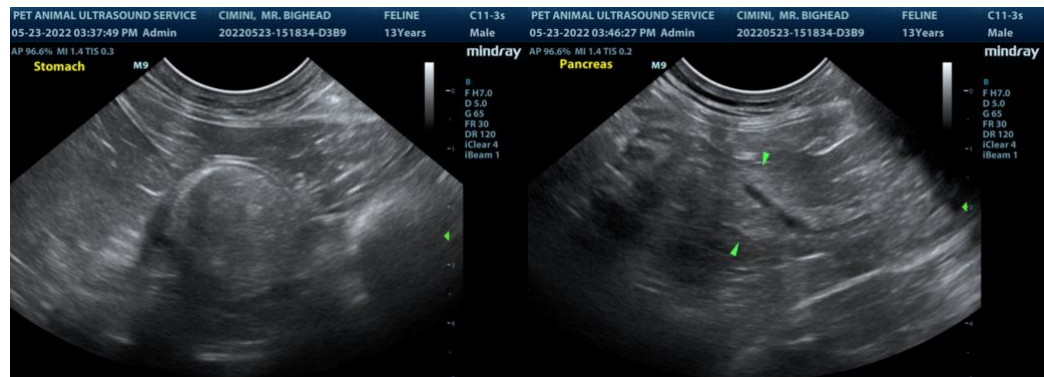
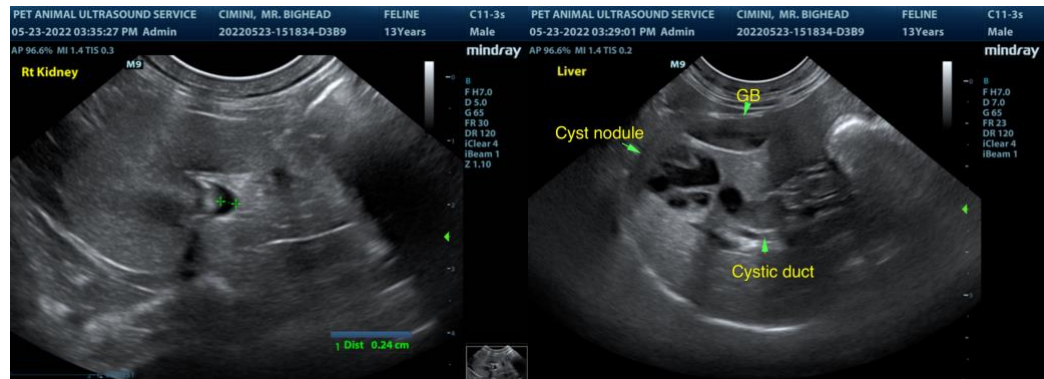
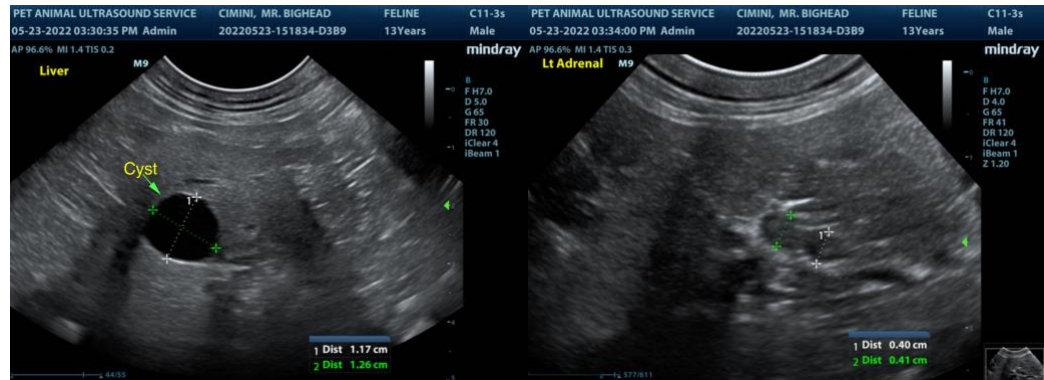
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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