



PATIENT

Harley Hurst

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

11.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Mckenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

14074

DATE

6/10/22

PRESENTING CLINICAL SIGNS

P had dental on 6/1/22 did fine in recovery and over the last few days has slowed down in his eating and is acting lethargic. P was eating and doing better the evening of 6/8/22 and then is refusing food again and acting lethargic. P has had pancreatic cysts that have been monitored via US since 11/2018. Current Medications Budesonide 1mg EOD

Abnormal PE/Chem/CBC/UA Results: P had labs on 5/26 Chemistry profile - Superchem: wnl except Albumin 4.6 (2.5-3.9) Cholesterol 320 (75-220) precision PSL 32 (8-26) renal tech - positive; CBC - Wnl; Heartworm test - HW antibody - neg; Thyroid hormones - TT4 - 1.4 (0.8-3.5) P also had additional labs on 6/8/2022 CBC - WNL except - Neutrophilia 10440 (2500-8500) - lymphopenia 960 (1200-8000); Chemistry profile - Superchem: wnl except - cholesterol 268 (75-220) - albumin 4.1 (2.5-3.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 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 4.1 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.20 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.



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Liver/ Gallbladder

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A large, nonhomogeneously echogenic to diffusely cystic mass occupying the majority of the subjective mid to right liver was present measuring approximately 7.5 cm in diameter. The noninvolved hepatic parenchyma exhibited normal echogenicity with moderate coarse echotexture. The gallbladder was overtly normal without evidence of distention. Anechoic content was present in the gallbladder. The common bile duct was not definitively visualized. The lack of gallbladder distention was not consistent with post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering and a primarily empty lumen with minor retained fluid in the pylorus. The pylorus wall width measured 0.33 cm.

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 width measured 0.23 cm. The jejunum wall width measured 0.22 cm.

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

Pancreas

The pancreas noted caudal to the stomach, as well as the left pancreatic limb exhibited normal size with areas of minor asymmetry, subtle hypoechoic parenchyma, and minor pancreatic duct dilation extending into the area of the pancreas base. Intermittent small previously noted pancreatic cysts were present in the proximal left pancreatic limb.

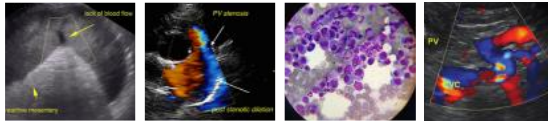
Free Abdomen

A solid-appearing unspecified asymmetrical mass lesion was noted craniodorsal to the area of the pylorus and in the area of the pancreas base, as well as the right lateral to caudate liver lobe and caudal to the nonhomogeneous to cystic liver mass. This solid-appearing mass lesion measured approximately 3.5 cm x 4.0 cm in diameter. The area of the right pancreas was not definitively visualized. No overt effusion was noted. No evidence of overt or obvious intraabdominal lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large nonhomogeneous to cystic liver mass - primary concern for cystic biliary adenoma, possible cystic biliary adenocarcinoma
- Unspecified solid-appearing mass lesion craniodorsal to the gastric pylorus in area of the right lateral to caudate liver and pancreas base
- Mildly hypoechoic discernable pancreas exhibiting pancreatic duct dilation - suspect potential chronic pancreatitis
- Overtly normal stomach and small bowel, potential for mild pyloric gastritis



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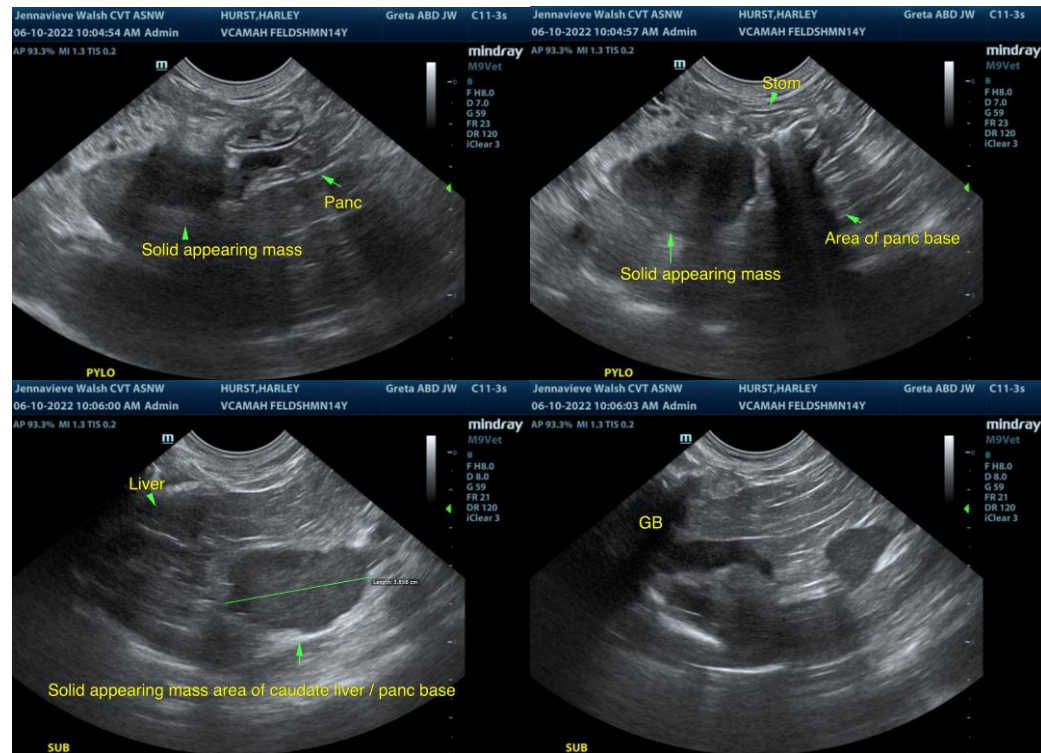
Secondary Findings

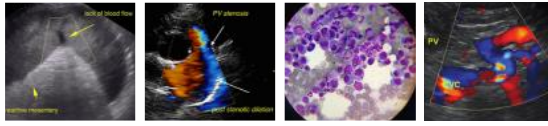
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The solid-appearing mass lesion in the area of the pancreas base and right liver is nonspecific yet suggestive of neoplastic criteria with potential for pancreatic, hepatic or hepatobiliary origin. This mass lesion did not overtly appear to involve or originate from the upper gastrointestinal tract, which is thought less likely.

Ultrasound-guided FNA of the cystic hepatic mass may prove unrewarding, given its appearance. However, ultrasound-guided FNA of the unspecified mass lesion, which appeared to be solid in appearance and assuming normal clotting status, is recommended for further assessment. Three view chest radiographs are suggested if not done.





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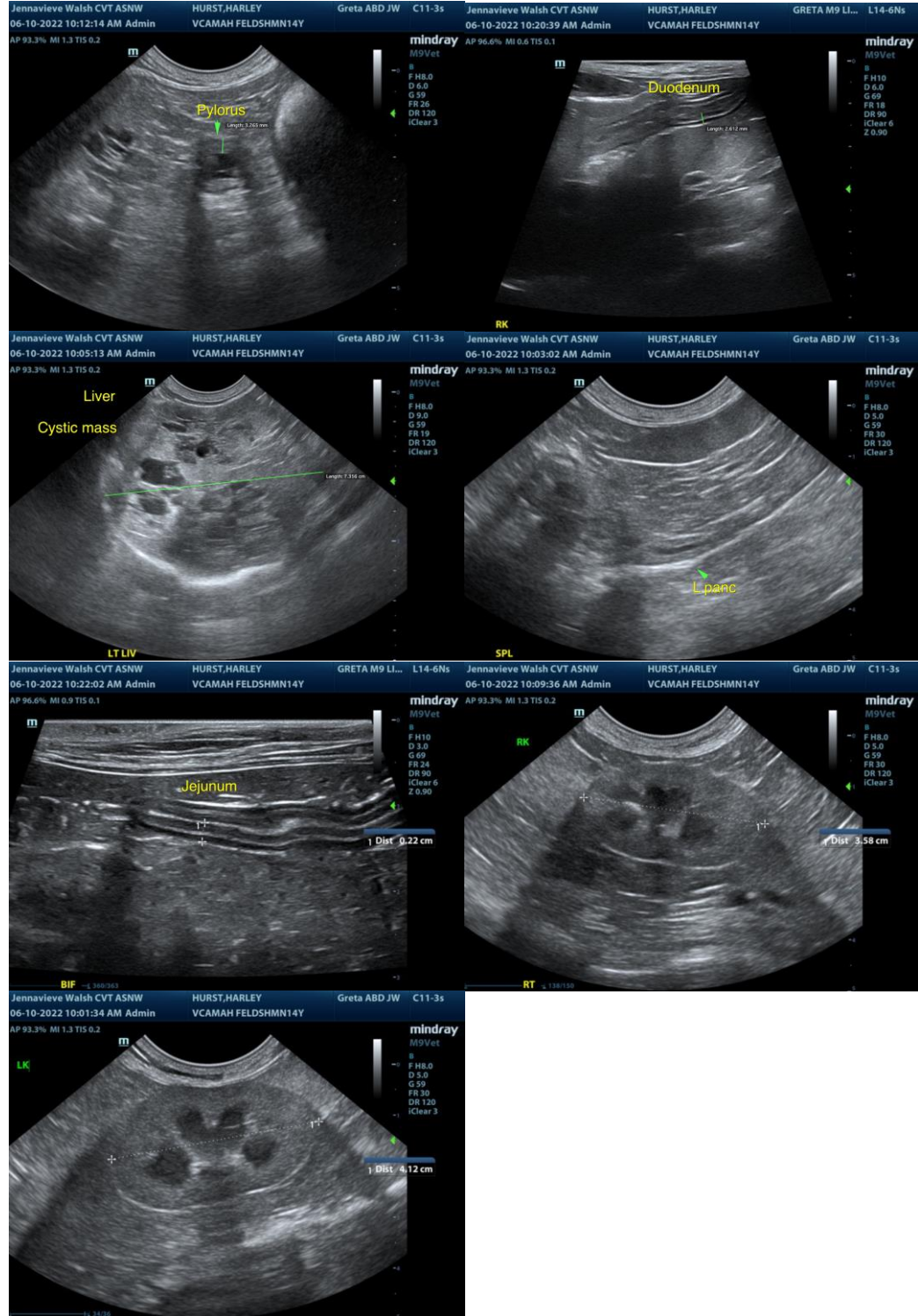
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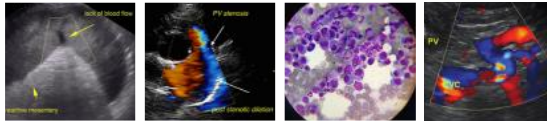
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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