

PATIENT	PRESENTING CLINICAL SIGNS
Tiger Lomotowska	For the past 2 weeks owner noticed Tiger been decreased appetite, weight loss, vomiting on/off, on vomit food/foam, dark loss stool, no other medical HX.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Muscle waste, DDZ gr 1-2. loss weight. mass on abdomen, 8 % dehydrated. X-rays = clean chest, mass on abdomen, +/-FF. BW: non-performed UA: non-performed
Feline	
BREED	
DSH	
SEX	
CM	
AGE	
11 years	
WEIGHT	
6.5 lbs.	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jose	
HOSPITAL NAME	
Animal Clinic of Queens	
REFERRING VET	
Dr. Mucera	
INVOICE	
14077	
DATE	
6/14/22	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention with minimal anechoic urine present. No overt evidence of neoplastic criteria was noted, although full evaluation of the urinary bladder was limited owing to lack of urine distention. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A 1:3 cortex / medulla ratio was maintained. Uniform mildly hyperechoic cortex echogenicity with enhanced corticomedullary border demarcation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was not definitively visualized.

Liver/ Gallbladder

The liver exhibited subjective moderate to marked generalized enlargement with areas of capsule asymmetry and hypoechoic to nonhomogeneous, focally nodular parenchyma. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

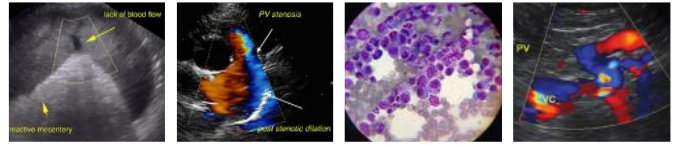
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained, nonshadowing, hyperechoic ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine was indistinctly visualized. Suspect areas of intestinal hypomotility / ileus were noted. A large, nonhomogeneously hypoechoic mass occupying the majority of the mid abdomen was present, measuring approximately 6.0 cm in diameter.

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

Pancreas

The pancreas was indistinctly visualized owing to regional peripancreatic pathology.



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Free Abdomen

Mild volume peritoneal free fluid exhibiting mild echogenic changes was present. Generalized nonuniform to nodular mesentery was present.

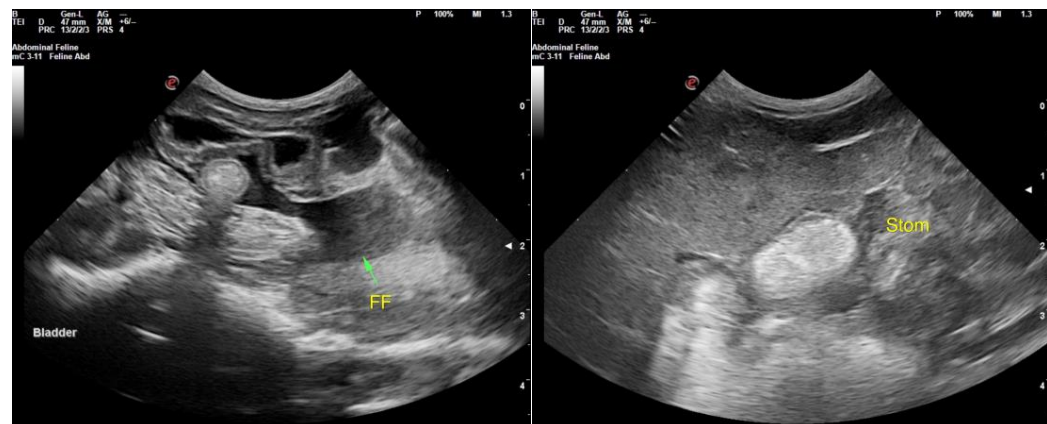
ULTRASONOGRAPHIC FINDINGS

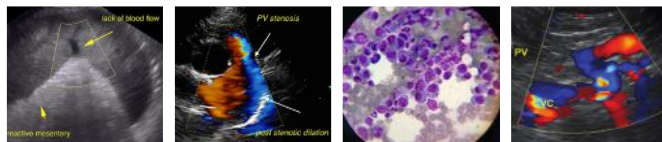
- Large unspecified nonhomogeneous to hypoechoic mid abdominal mass
- Moderate to marked irregular hepatomegaly
- Generalized nonuniform to nodular mesentery and mild volume peritoneal free fluid exhibiting echogenic changes
- Nonspecific mild chronic renal changes exhibiting increased cortex echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the abdominal presentation is consistent with diffuse to multicentric neoplastic disease involving the liver, omentum, and potential midabdominal lymphatic mass, as with lymphomatosis, carcinomatosis, or similar.

Assuming normal clotting status and using a 25-gauge needle, FNA of the liver and midabdominal mass +/- effusion analysis and cytospin cytology could be considered for further assessment with potential for oncology consultation and immediate chemotherapeutic intervention. However, given this presentation, an unfavorable long-term prognosis is likely indicated.





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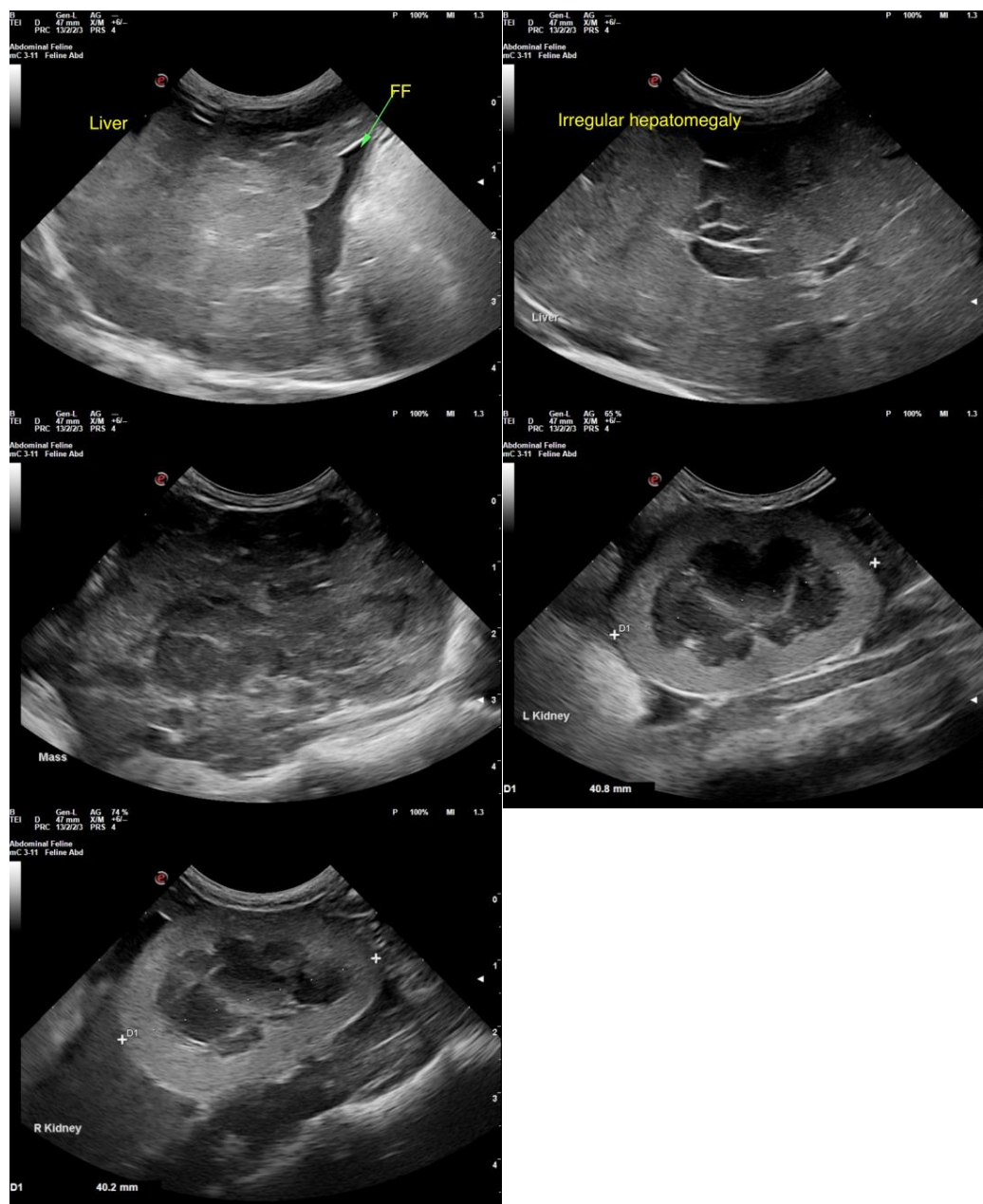
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com