



PATIENT

Maximillian Brazina

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

18 Years 11 Months

WEIGHT

9.18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Welch

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Russell Earl

INVOICE

15858

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: Progressive weight loss (3 lbs in 1 year). History of possible constipation/firm stools and mild kidney value elevations. On K/d and gets SQ fluid therapy at home (recently started).
Abnormal PE/Chem/CBC/UA Results: SDMA 20 (Crea 1.4, BUN 27) Hgb 8.9 Hct 7.0 T4 - 2.0

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and mild asymmetrical margination was present in the kidneys. Suspect cortical microinfarction noted. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No overt pathology in the left or right adrenal glands, although indistinctly visualized.

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 0.75 cm in width at the level of the hilus.

Liver

A large nonhomogeneous echogenic to diffusely cystic mass, occupying the majority of the hepatic parenchyma was present, measuring approximately 6-7 cm in diameter. The mass was potentially larger, as the entire mass would not fit into a single viewing window. Possible mild gastric displacement owing to the mass.

The gallbladder was indistinctly visualized owing to the large cystic liver mass.

Gastrointestinal

Possible mild gastric displacement owing to the liver mass is possible, yet the stomach appeared to be overtly normal, exhibiting intact and sonographically unremarkable wall layering. The stomach was empty without evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.24 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 measured 0.22 cm. The jejunum wall measured 0.23 cm. The ileocolic wall measured 0.45 cm.



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Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic 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.

Feline

Free Abdomen

BREED

No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

Ragdoll

ULTRASONOGRAPHIC FINDINGS

SEX

- Moderate chronic renal changes with suspect minor cortical infarcts
- Large cystic liver mass- suspect large cystic biliary adenoma, potential for cystic biliary adenocarcinoma or other possible
- Overtly normal gastrointestinal tract/pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Baseline UPC level could be considered, if no evidence of inflammatory cells.

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Ultrasound guided FNA of the large cystic liver mass could be considered for screening cytology +/- fluid analysis, however, FNA of this type of mass is often unrewarding. The mass does not appear to be amenable to complete surgical resection given its size and likely involvement of more than one liver lobe and potential extension into the area of the portohepatis. The liver mass may be the primary underlying cause of the patients weight loss.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and, if not done, three-view chest radiographs to rule out occult disease as contributing factors.

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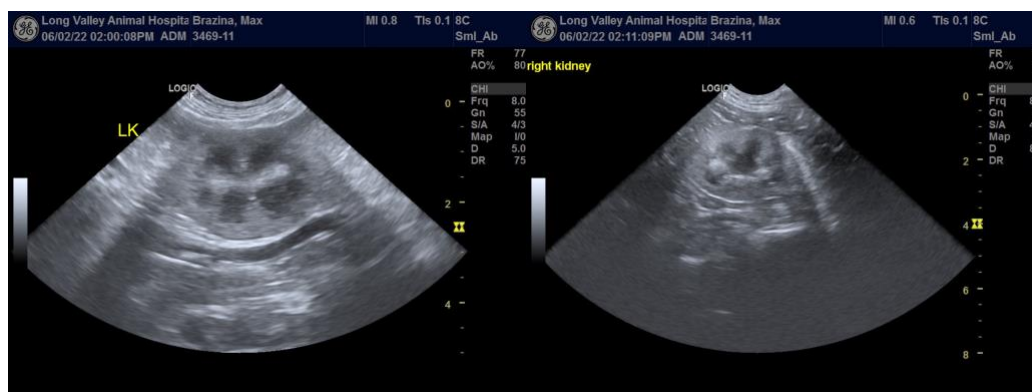
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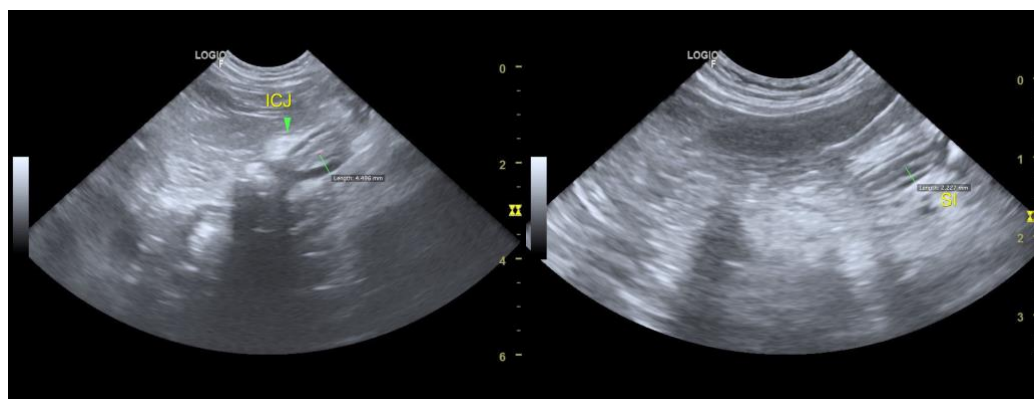
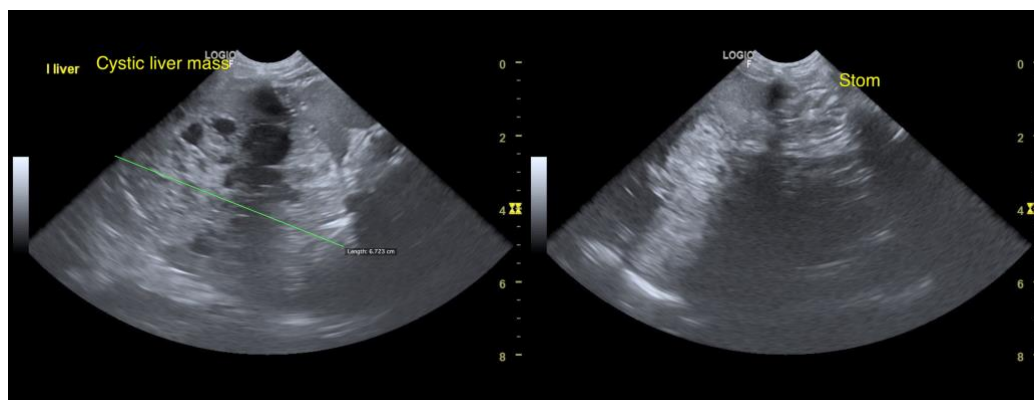
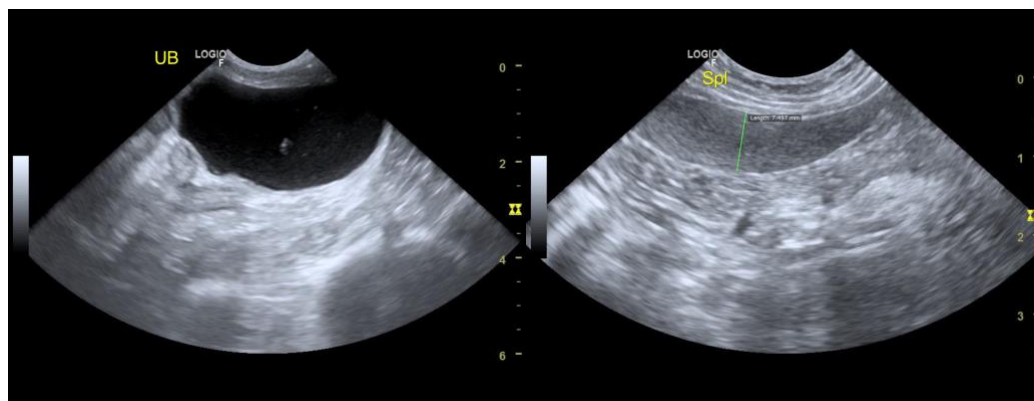
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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