



PATIENT

Peanut Vogler

PRESENTING CLINICAL SIGNS

Mass palpable in cranial abdomen. Anemia, mild increase in SDMA and BUN.

SPECIES

Feline

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.

BREED

DSH

The area of the aortic trifurcation was free of pathology.

SEX

FS

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia was present. Left kidney caudal cortical infarct was noted. Bilateral pinpoint medullary mineral was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

AGE

12 years

WEIGHT

6.25 lbs.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width and the right adrenal gland measured 0.51 cm width.

INTERPRETED BY

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

Spleen

The spleen was borderline enlarged with minor asymmetrical capsule contour and generalized mild parenchyma heterogeneity. No masses were noted.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver/ Gallbladder

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 subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with no evidence of lumen sediment. Mildly prominent isoechoic gallbladder wall was noted. Generalized mild nonobstructive cystic and common bile duct dilation was present. The area of the duodenal papilla was free of obstructive pathology. The common bile duct measured 0.25 cm diameter. The cystic and common bile ducts contained anechoic content.

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REFERRING VET

Mary Ware, DVM

Gastrointestinal

INVOICE

17120

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. The gastric body wall measured 0.24 cm width.

DATE

6/21/23

The small intestine presented primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The jejunum wall measured 0.20 cm width.



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

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Pancreas

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The pancreas was mildly prominent in size with mild asymmetrical capsule contour exhibiting heterogeneous to subtly hypoechoic parenchyma compared to adjacent omentum. Mild pancreatic duct dilation was present.

Feline

Free Abdomen

BREED

Intermittent scant pockets of peritoneal free fluid were present. Heterogeneous asymmetrical cranial abdominal mass was present measuring ~6.0 cm in diameter. Potential for gas artifact was noted within the mass and around the mass periphery.

DSH

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Cranial abdominal mass
- Heterogeneous liver / spleen
- Nondistended gallbladder with nonobstructive cystic and common bile duct dilation - age-related variant, potential mild cholangitis
- Moderate chronic renal changes with bilateral pyelectasia and cortical infarcts
- Heterogeneous prominent pancreas with mild pancreatic duct dilation - suggestive of chronic to chronic active pancreatitis

AGE

12 years

WEIGHT

6.25 lbs.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The confirmed cranial abdominal mass is nonspecific yet suspected to be of intestinal origin, given the potential for gas artifact within the mass and around the mass periphery. Non-intestinal origin, i.e., omental, lymphatic, etc., cannot be definitively excluded. Further assessment may include FNA cytology of the mass assuming normal clotting status.

IMAGING PERFORMED BY

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are suggested if not done. If surgical options are a potential in this patient or for full surgical planning / confirmation of ultrasound findings, a CT could be considered.

Pamela Harrigan, RDCS

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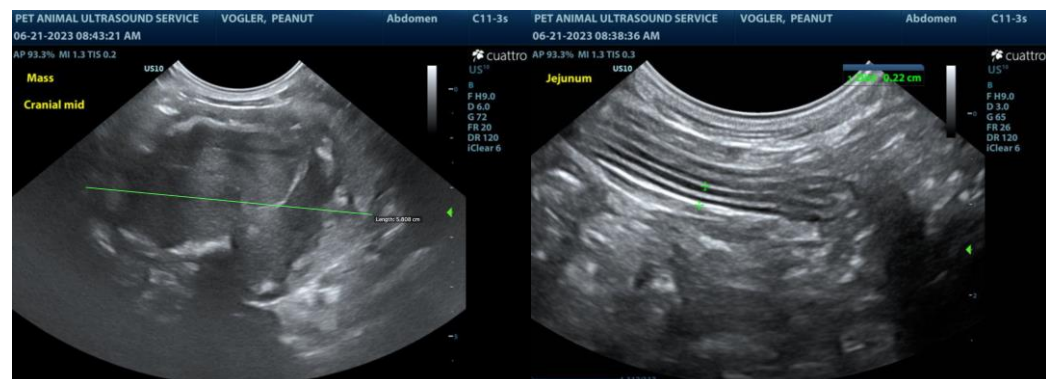
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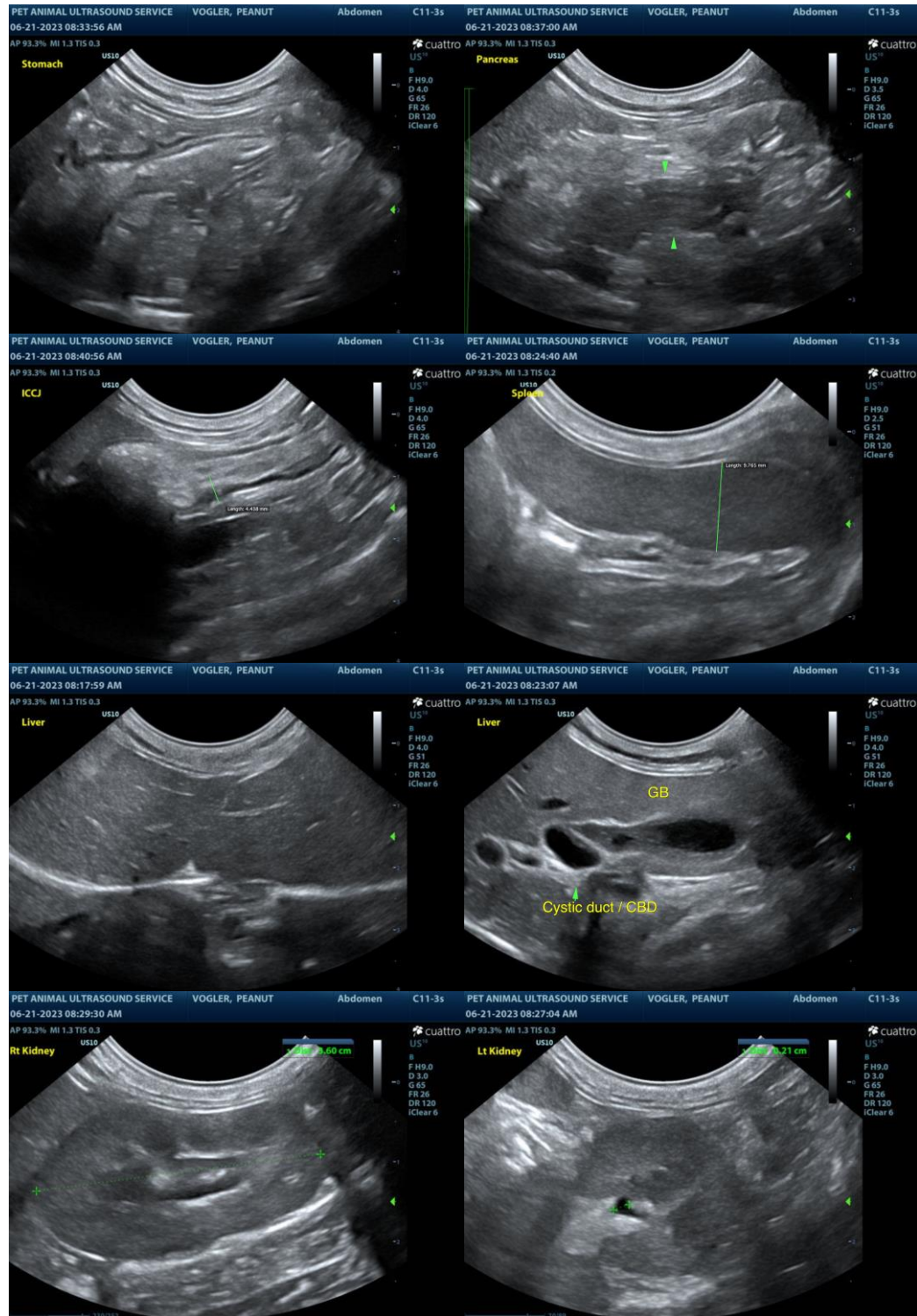
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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