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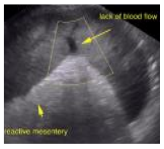
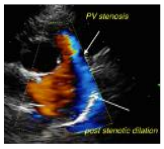
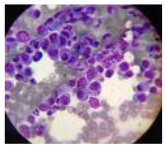
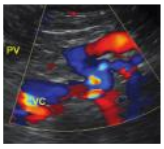

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bugaboo Olson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Parker-Ark Animal

INVOICE

16252

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: Presented for abdominal ultrasound Cranial abdominal mass palpated on exam. No other history or clinical signs provided
Abnormal PE/Chem/CBC/UA Results: elevated total protein 12.4 elevated globulin 9.8 cytology of mass pending; but in house cytology; predominately neutrophils, degenerative neutrophils and rod bacteria.

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 were noted.

Normal size and margination was 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 3.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively 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.

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 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 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 was empty with no signs of ileus, obstruction or foreign material.

The visualized segments of discernable small intestine exhibited subjective intact wall layering and maintained 1:3 muscularis/mucosa ratio. The ileocolic junction was definitively visualized and without overt pathology.

The visualized colon was sonographically normal.

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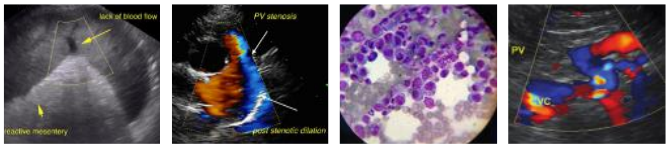

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Pancreas

The left pancreatic limb, adjacent to and caudal to the stomach revealed mild capsule asymmetry and subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

A moderately sized asymmetrical to potentially lobulated, possibly encapsulated undifferentiated mass, occupying the majority of the mid abdomen was present. The mass measured approximately 6.0 cm in diameter. The mass exhibited mixed echogenicity with suspect intramass fluid component containing cellular debris. Subtle evidence of reactive mesentery was noted around the mass. No evidence of peritoneal free fluid.

Aside from the undifferentiated mass, no overt evidence of omental lymphadenopathy or peritoneal free fluid.

Other

A rapid view of the heart was overtly normal without evidence of pericardial masses or obvious pericardial/peritoneal effusion.

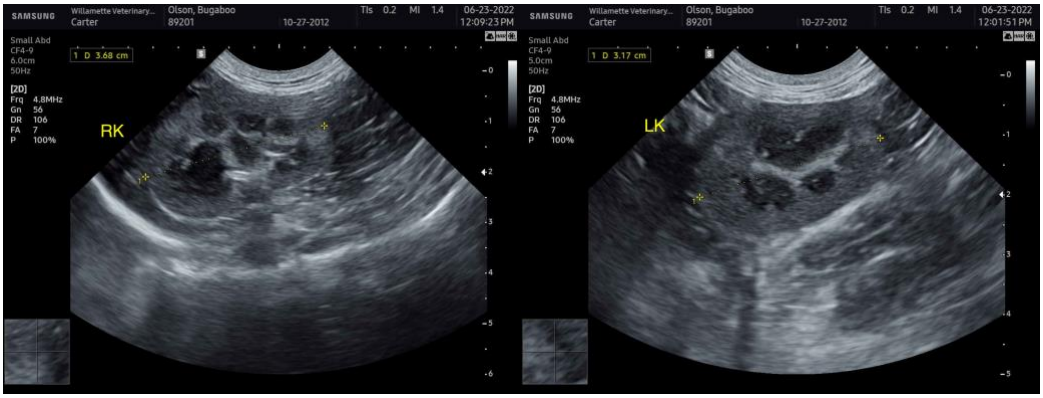
ULTRASONOGRAPHIC FINDINGS

- Undifferentiated abdominal mass
- Mild chronic renal changes
- Minor hepatic parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size and location of the confirmed mid abdominal mass, a definitive origin of the mass was not able to be ascertained. Generalized considerations for the mass may include neoplasia, necrosis, consolidated abscess, necrotic granuloma or other. The mass did not appear to overtly originate from the liver, spleen or bilateral kidneys. Potential origin may include omental lymphatic, pancreatic or nonobvious gastrointestinal origin. Correlation with mass cytology and culture and sensitivity could be considered.

Options in this case may include abdominal CT for further assessment and surgical planning, which is likely ideal and recommended, if possible, versus exploratory laparotomy for gross inspection of the mass, potential resection and/or biopsy. Three-view chest radiographs recommended prior to surgical considerations.



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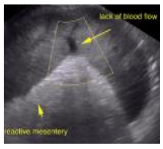
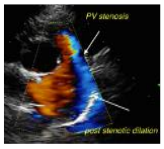
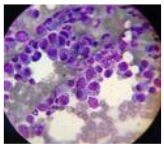
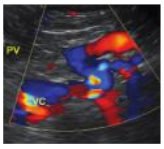

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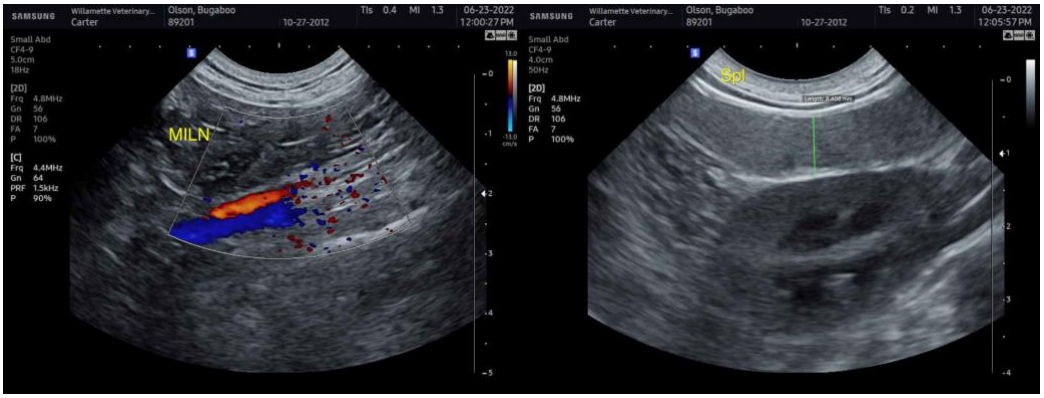

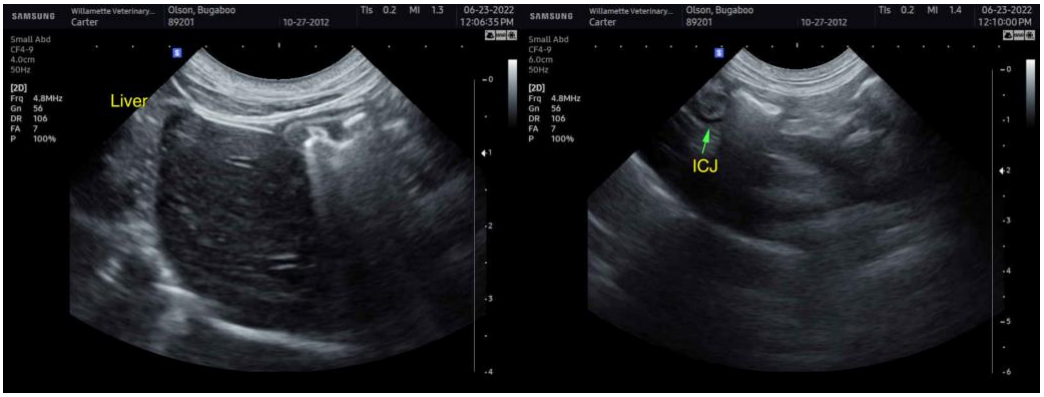

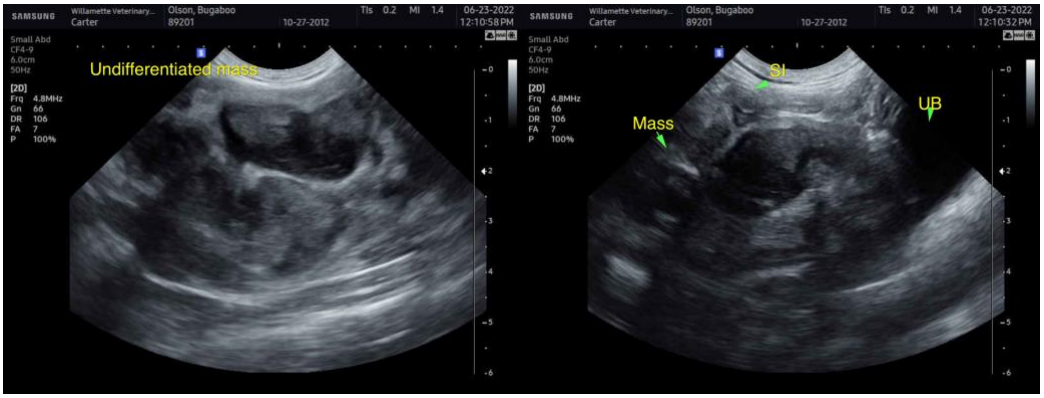

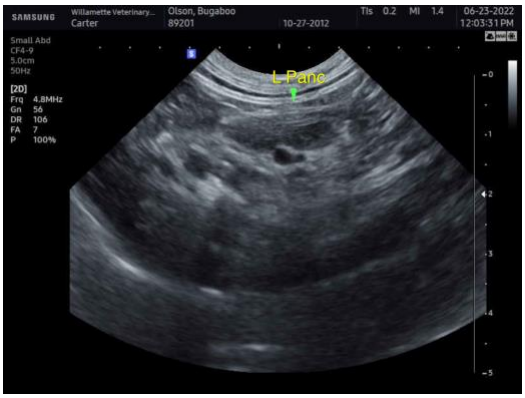

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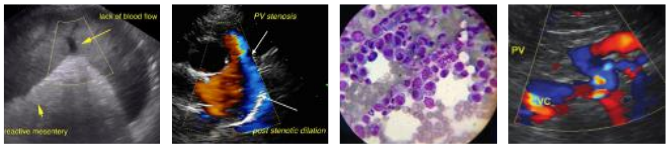

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com