



PATIENT

Griz Friel

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

Dr. Catania

INVOICE

17245

DATE

7/14/23

PRESENTING CLINICAL SIGNS

Abnormal looking liver vs other on AUS during cysto.
Abnormal PE/Chem/CBC/UA Results: BUN 40

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mild distention with normal tone. The 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.

No evidence of pathology in the area of the aortic trifurcation.

The bilateral kidneys were mildly subnormal in size with asymmetrical renal margination and mild to moderate loss of corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 2.7 cm in length. The right kidney measured 2.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was overtly normal in size and appearance although indistinctly visualized. The left adrenal gland measured 0.46 cm width and the right adrenal gland subjectively measured 0.40 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.

Liver/ Gallbladder

A moderately sized to enlarged, mildly irregular, nonhomogeneous, hyperechoic to microcystic mass was noted occupying the majority of the hepatic parenchyma measuring ~8.0 cm in diameter likely involving the left, mid, and right medial liver lobes. The mass appeared to potentially extend into the level of the porta hepatis. Discernable intact hepatic parenchyma exhibited overall normal echogenicity with mild to moderate coarse echotexture. Overall mild generalized hepatomegaly was noted.

The gallbladder was normal in size containing anechoic content. The gallbladder appeared to potentially be mildly displaced secondary to the liver mass with mild nonobstructive to torturous proximal to mid common bile duct dilation measuring 0.35 cm common bile duct diameter.

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 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.



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

Griz Friel **Pancreas**

SPECIES 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 were evident.

Feline

BREED **Free Abdomen**

DSH No omental masses or overt lymphadenopathy were noted. A scant pocket of peritoneal free fluid was noted in the caudal abdomen adjacent to the urinary bladder.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

AGE

- Nonhomogeneous hyperechoic microcystic liver mass - nonspecific, biliary cyst adenoma, carcinoma i.e., biliary cyst adenocarcinoma, or other all potentials
- Nondistended yet subjective mildly displaced gallbladder with mild proximal nonobstructive common bile duct dilation
- Subnormal bilateral kidneys exhibiting mild to moderate chronic changes
- Scant caudal abdominal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Assuming normal clotting status, FNA cytology of the liver mass is recommended for initial cytology and potential further clarification. Hepatic core surgical biopsy is likely required for a definitive diagnosis. Abdominal CT, if clinically indicated, could be considered for further assessment of the liver mass. Sonographic monitoring of the mass for evidence of progression would be a more conservative approach. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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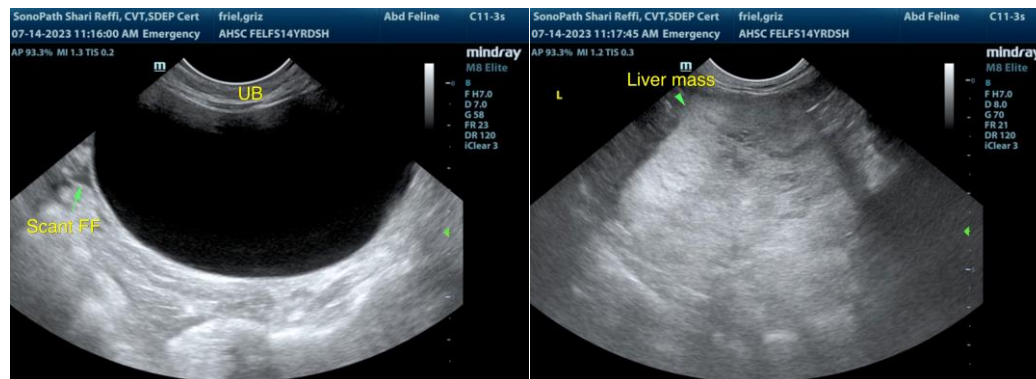
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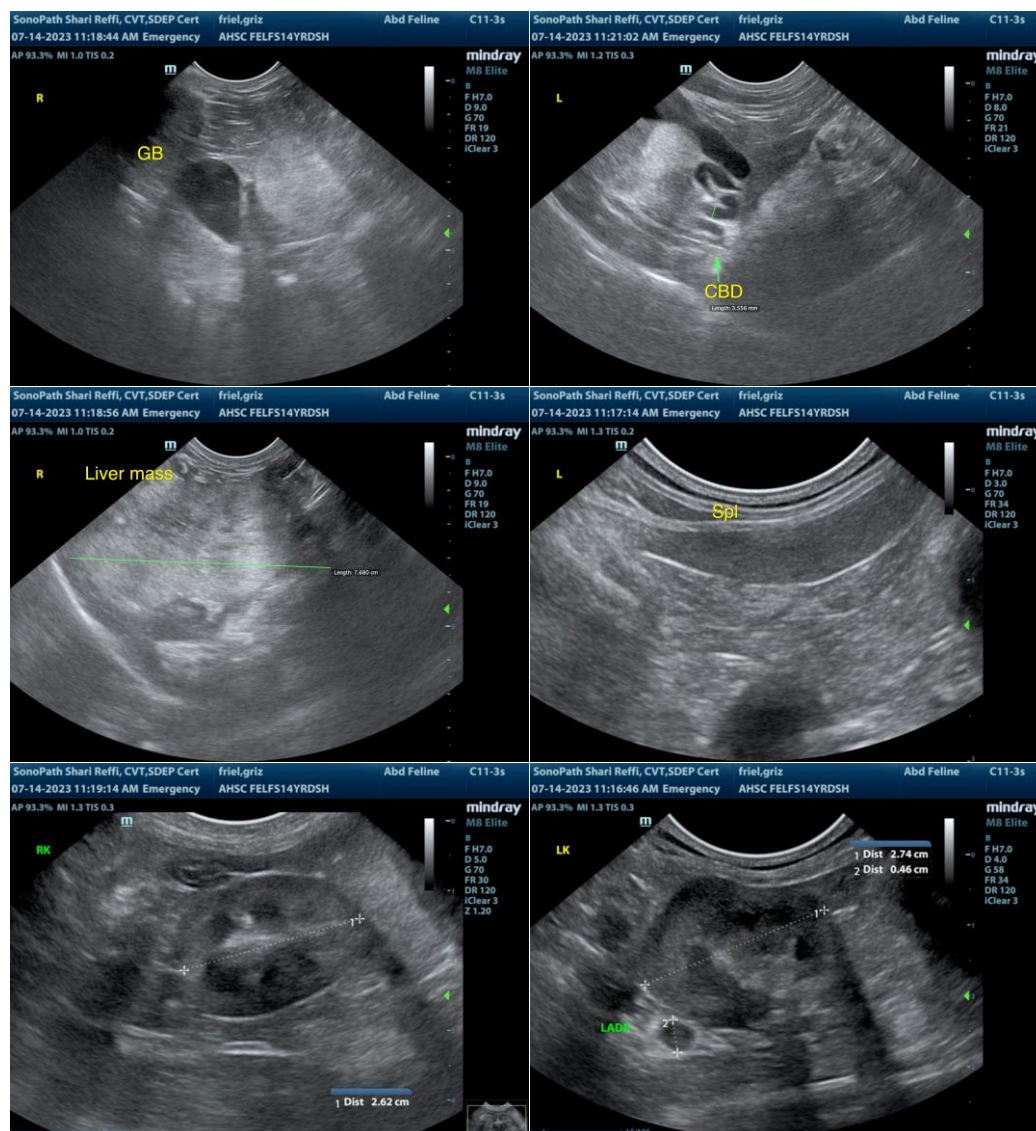
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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