



PATIENT

Eddie Beisler

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

13.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Amelia Ragon, DVM

INVOICE

14271

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Presents for unexplained weight loss. CBC/Chem/T4 WNL. No clinical signs at home. Weight April 2021: 16.4 lb; April 2022 14.6 lb; Now 13.6 lb. Sedated with alfaxalone/butorphanol

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.

The area of the aortic trifurcation was free of pathology.

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. Pinpoint medullary mineral was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney exhibited subjectively mild subnormal size compared to the left yet was in normal limits for species measuring 3.6 cm in length. No evidence of renal neoplastic criteria was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 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. The spleen measured 1.0 cm in width. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

The liver exhibited indistinct isoechoic uniform macronodule to potential small mass lesion in the caudal parenchyma measuring approximately 3.0 cm in diameter. This macronodule to possible small mass lesion exhibited similar uniform echogenicity compared to adjacent hepatic parenchyma. Concurrent separate nondisruptive subtly hypoechoic intraparenchymal nodule adjacent to and caudal to the gallbladder within the subjective mid liver was present measuring 1.2 cm in diameter. The remainder of the hepatic parenchyma exhibited normal echogenicity with mild coarse echotexture. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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 width measured 0.25 cm.

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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 0.32 cm width. The jejunum wall measured up to 0.26 cm width. The ileocolic wall measured 0.39 cm width.

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

SEX

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 were evident.

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Free Abdomen

No omental masses or peritoneal effusion were present. Subtly prominent benign colic lymph nodes were present. An example measured 0.18 cm diameter, not consistent with inflammatory or neoplastic colic lymphatic criteria.

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ULTRASONOGRAPHIC FINDINGS

- Caudal liver intraparenchymal uniform macronodule to possible small mass
- Concurrent separate nondisruptive mid-liver intraparenchymal hypoechoic nodule
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract / pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, a definitive cause of the patient's weight loss was not obvious. The caudal liver uniform macronodule to possible small mass, as well as the separate mid liver nondisruptive hypoechoic nodule, were nonspecific with multiple etiologies including; nodular hyperplasia, hematopoiesis, and granuloma, while the potential for emerging to low-grade neoplastic criteria cannot be excluded.

REFERRING VET

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Assuming normal clotting status, hepatic FNA of the macronodule, as well as the smaller hypoechoic nodule, is warranted for screening cytology. Sonographic reassessment for evidence of progression In 4-6 weeks would also be reasonable.

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Assessment of caloric plane for potential competitive eating environment may be considered if clinically indicated.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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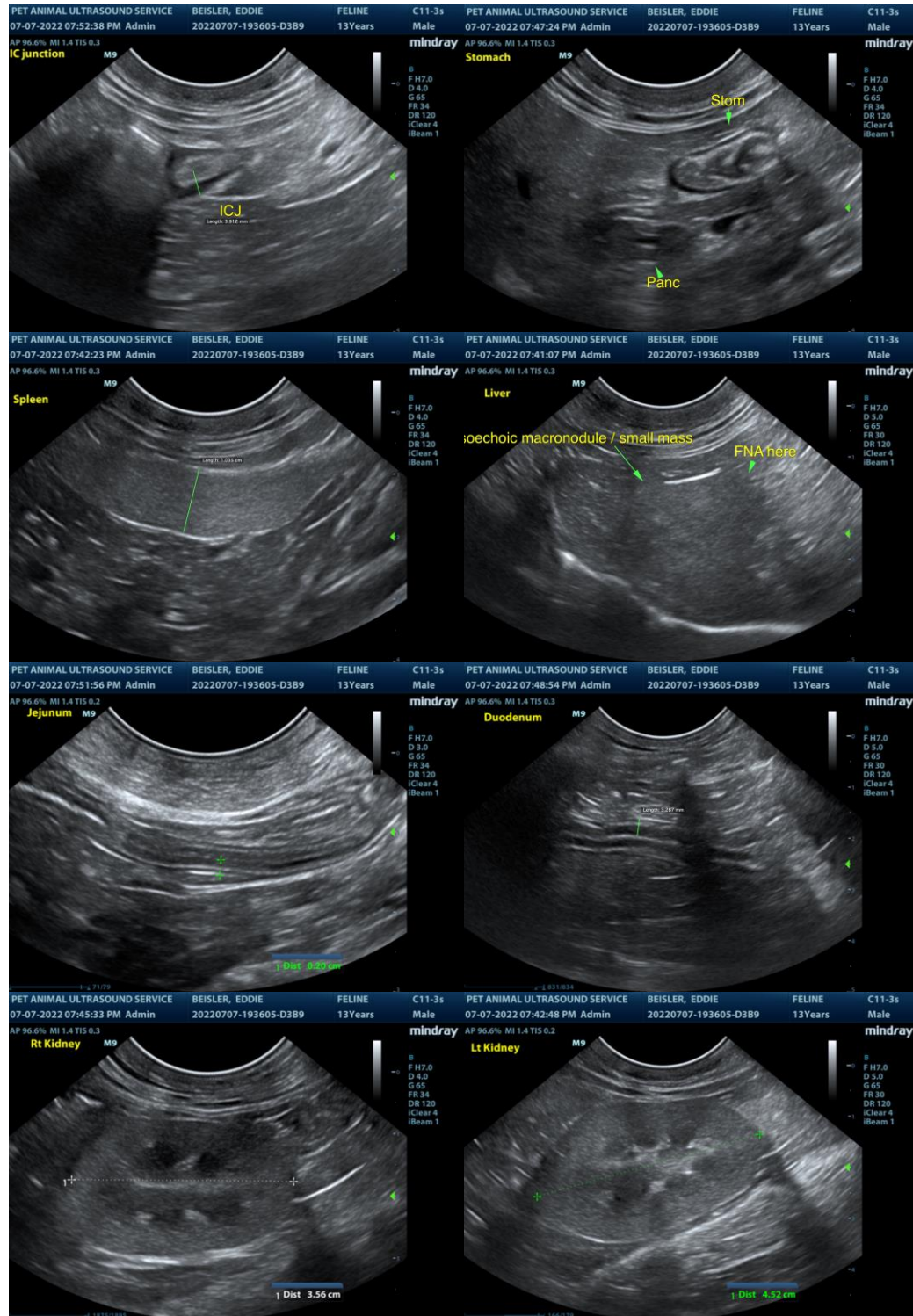
Amelia Ragon, DVM

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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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