



**PATIENT**

Max Fallon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14yr

**WEIGHT**

18.18lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

11246ag

**DATE**

08/01/2022

**PRESENTING CLINICAL SIGNS**

History: History: 14yr old NM shorthair presented today b/c over the last 4-5 days O noticed that P has been drinking alot less & not eating as much & P is urinating alot less than normal O unsure about bowel movements P doesn't have a covered litter box b/c P's back legs don't work so well so O can see P when P is in the litter box but O has not seen pet strain to go to the bathroom but said yesterday P urinated & it was dark brown followed by a horrible smell. O has no other concerns

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
CV/Respiratory: Normal heart rate and rhythm, grade III/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: OU: lenticular sclerosis. AU: mild light yellow waxy cerumen present, no erythema or swelling. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate periodontal disease Musculoskeletal: BCS = 7/9. Ambulatory x 4. Moderate generalized muscle atrophy/wasting Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Large, distended fluid wave palpated. No obvious abdominal mass Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Dull/unkempt hair coat. Flaky skin. No ectoparasites seen Mentation: QAR Hydration: ~5% dehydration Fecal: Not performed today Diagnostic Testing Needed: CBC/CHEM/fPL, UA, AUS Declined Diagnostics/Treatments: None Findings: 1) CBC: HCT 26.2 (30.3-52.3), HGB 8.2 (9.8-16.2), WBC 23.00 (2.87-17.02), NEU 18.69 (2.30-10.29), MONO 1.41 (0.05-0.67), PLT 664 (151-600) 2) CHEM: GLU 49 (71-159) 3) fPL: ABNORMAL 4) AUS: Consult pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very nondependent particulate sediment which may indicate minor cellular debris/protein, crystalline debris or lipid/mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.9 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the iliac trifurcation.

**Adrenal Glands**

The left and right adrenal glands were not visualized owing to regional periadrenal artefact and free fluid.

**Spleen**

The spleen exhibited potential for minor generalized enlargement with 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 1.1 cm in width at the level of the hilus.



<b>PATIENT</b>	<b><i>Liver</i></b>
Max Fallon	The liver was subjectively enlarged in size with normal structure and contour. Nonhomogeneous parenchyma with several to intermittent variably sized hyperechoic to cystic nodules to right intraparenchymal mass were present. The right intraparenchymal mass measured 4.0 cm in diameter. An example of a nodule measured 1.7 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>SPECIES</b>	
Feline	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
DSH	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 0.25 cm in width.
<b>SEX</b>	
MN	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjectively mildly prominent small intestinal walls without overt evidence of visualized intestinal masses were noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The ileocolic wall measured 0.50 cm in width. The small intestinal wall measured 0.30 cm in width.
<b>AGE</b>	
14yr	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>WEIGHT</b>	<b><i>Pancreas</i></b>
18.18lb	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.
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Intermittent mildly to variably enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a mesenteric root lymph nodes measured 2.0 cm length and 1.3 cm width.
<b>IMAGING PERFORMED BY</b>	Moderate volume peritoneal free fluid exhibiting mild echogenic changes and generalized hyperechoic mesentery was noted.
Dr. Rivera	An ill-defined asymmetric nonhomogeneous to hypoechoic mass was present in the mid abdomen in the area of the left pancreas and medial to the spleen measuring approximately 3.3 cm in diameter.
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
DPC Veterinary Hospital	<ul style="list-style-type: none"> <li>• Moderate volume peritoneal free fluid</li> <li>• Ill defined mid abdomen mass in the area of the left pancreas</li> <li>• Non homogeneously hyperechoic to cystic hepatic nodules/mass-cystic biliary adenoma, adenocarcinoma possible</li> <li>• Variably prominent mesenteric lymph nodes</li> <li>• Nonspecific chronic renal changes</li> </ul>
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Rivera	Although sampling is required for further assessment, carcinomatosis/ lymphomatosis potentially secondary to suspected neoplastic lesion in the area of the left pancreatic limb suspected to be of pancreatic origin and concurrent mesenteric lymphadenopathy is likely. Abdominocentesis for fluid
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cytology analysis +/- C/S and/or ultrasound guided FNA of the mass for cytology is recommended. An unfavorable prognosis is likely indicated.

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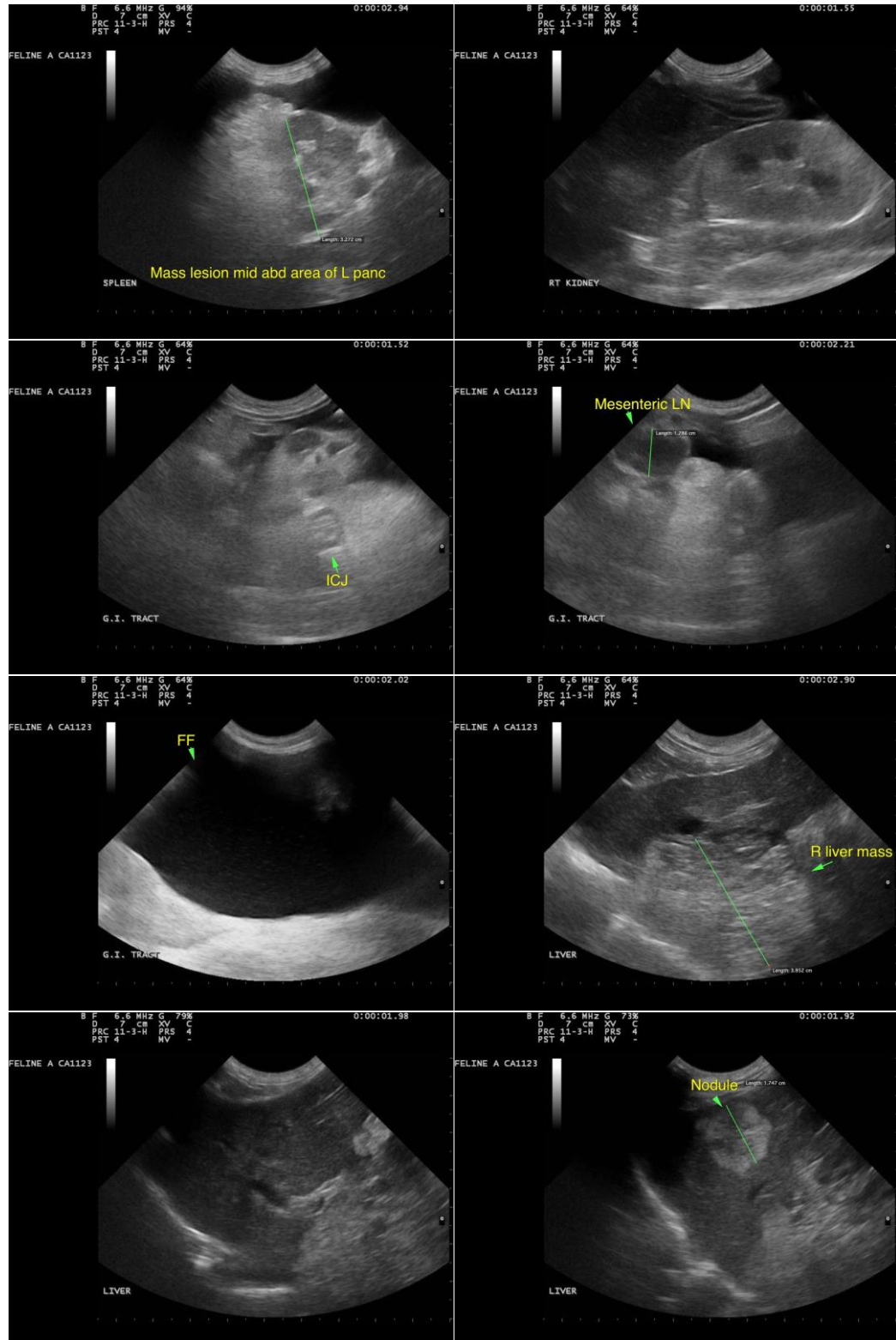
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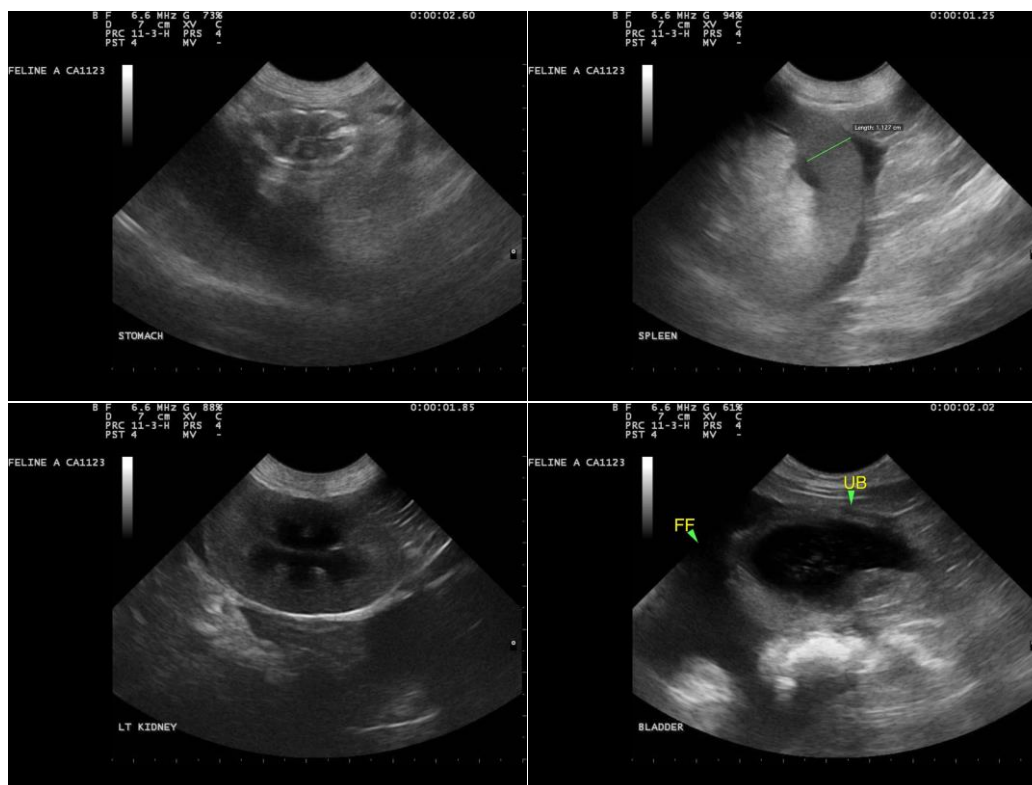
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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