



PATIENT

Tam Tam Waller

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

17

WEIGHT

11.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

14655

DATE

8/17/22

PRESENTING CLINICAL SIGNS

SUBCUTANEOUS MASS ON THE 2ND DIGIT OF THE LEFT FORE LIMB CYTOLOGY-MAST CELL TUMOR
Abnormal PE/Chem/CBC/UA Results: BW- MILD ELEVATED CA

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 iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The area of the left and right adrenal glands was free of overt pathology.

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 0.70 cm width at the level of the hilus. No evidence of splenic metastatic or neoplastic criteria was noted.

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 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. A mild to moderate amount of retained anechoic fluid was present in the stomach without evidence of mechanical pyloric outflow obstruction.



PATIENT	The small intestine presented intact yet segmental to generalized mildly prominent small Intestinal wall layering owing to propensity for segmental to generalized mildly prominent intestinal muscularis layer. The jejunum wall measured 0.28 cm width. The ileocolic wall measured 0.31 cm width.
Tam Tam Waller	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The pancreas exhibited generalized prominent size with multifocal, thinly-walled, variably sized cysts containing anechoic fluid. Concurrent mildly heterogeneous pancreatic parenchyma was present.
DSH	
SEX	Free Abdomen
M/N	No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.
AGE	ULTRASONOGRAPHIC FINDINGS
17	<ul style="list-style-type: none">• Prominent to cystic pancreas• Normal spleen• Bilateral chronic renal changes• Mild hypomotile stomach• Intact yet mildly prominent small Intestinal walls
WEIGHT	
11.7	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no overt evidence of intraabdominal primary vs. metastatic neoplasia was evident.
IMAGING PERFORMED BY	The cystic pancreas is likely age-related or benign pancreatic changes, although the possibility of a low-grade to chronic pancreatitis is possible.
Dr. Sharkaway	
HOSPITAL NAME	Although no gastrointestinal signs or weight loss were reported in this patient, the small intestine exhibited subtle mural changes which may suggest underlying inflammatory enteropathy such as IBD. However, the potential for a patient variant is also possible. Monitoring for gastrointestinal signs or evidence of weight loss going forward is advised.
Kew Gardens AH	
REFERRING VET	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
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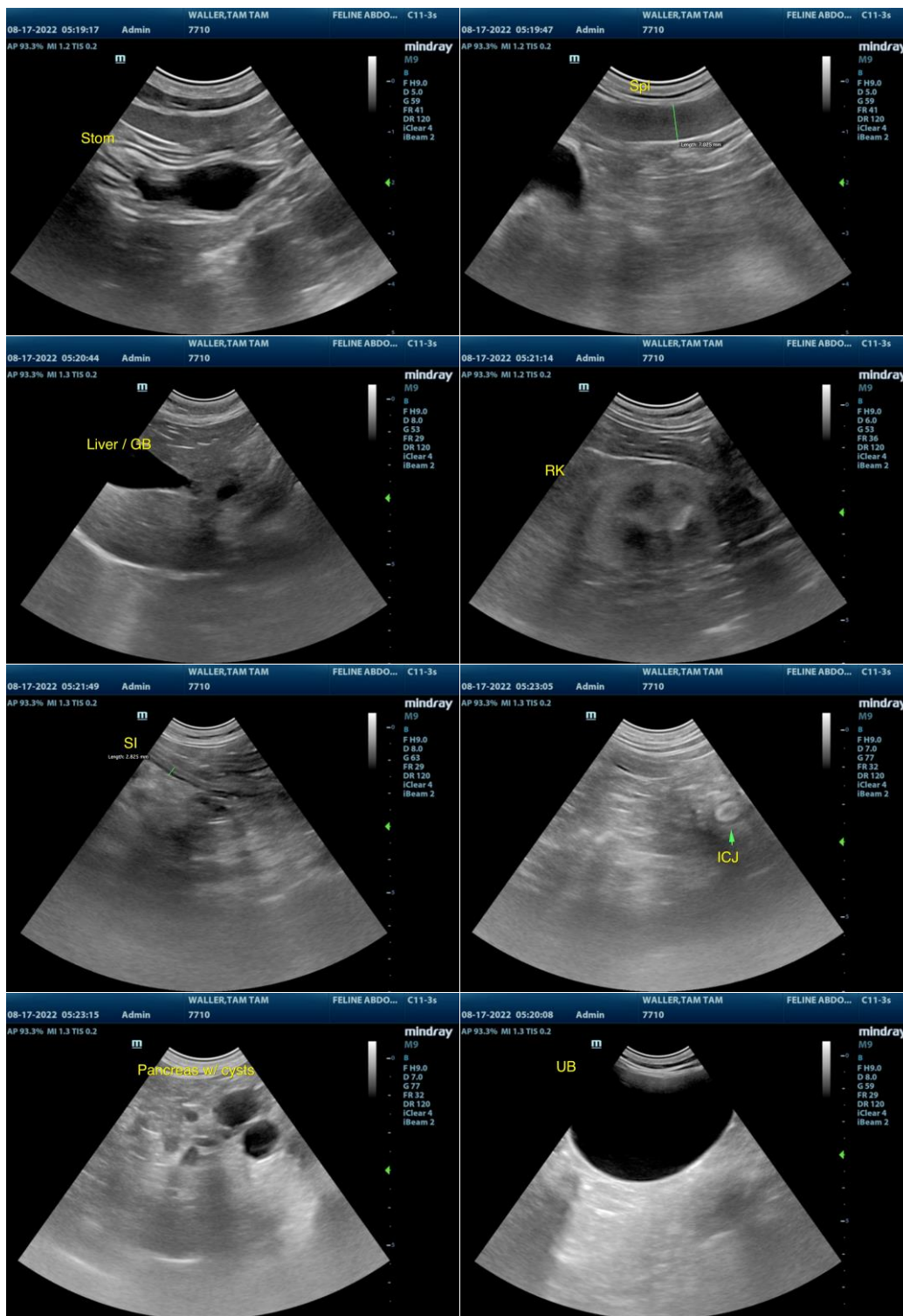
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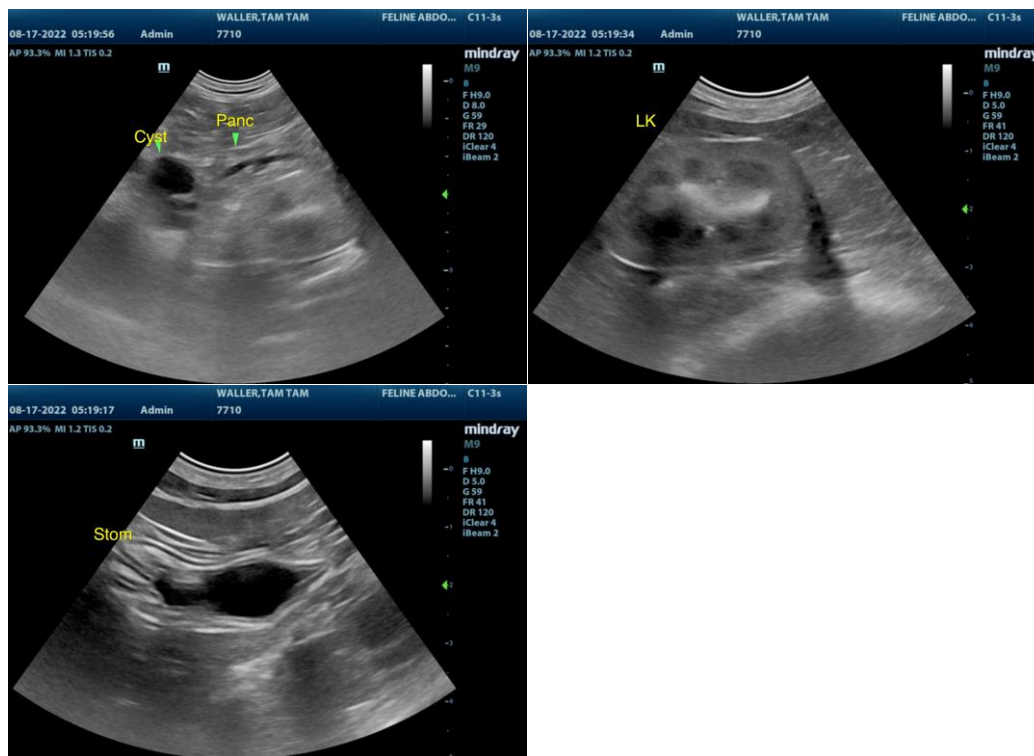
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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