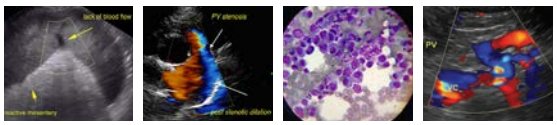
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Chevy Bonfils

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Nancy Johnson

INVOICE

24825

DATE

8/19/21

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented for weight loss and intermittent inappetence irregular structure palpable in cranial abdomen Current Medications Rc Renal diet Radiographic Findings mass effect in cranial abdomen Primary Question/Differential to Be Answered in This Exam is this neoplasia, if so what origin
Abnormal PE/Chem/CBC/UA Results: chronic renal disease - labs done 11/20 CBC- very mild anemia (Hct 25.8) RBC 5.48 - WNl Chem - BUN 55 (was 49) Creat 2.7 (was 2.2) all else WNL Phos is very good at 3.1 T4 - WNL at 1.1 SDMA - mild elevation 15 UA - sp gr 1.019, no evidence of infection

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. Primarily anechoic urine was present in the lumen. Minor particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 right kidney measured 3.2 cm. The left kidney measured 2.8 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

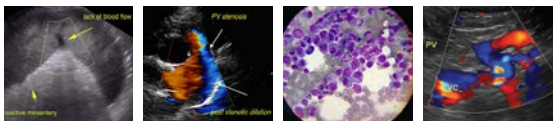
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size at 0.68 cm in width.

Liver

A moderately sized to expansive, non-uniformly echogenic to cystic liver mass appearing to occupy the majority of the mid liver lobes was present. The mass measured approximately 7.0 cm x 5.0 cm. Subtle regional perihepatic reactive mesentery was present. No evidence of concurrent peritoneal effusion or lymphadenopathy. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Chevy Bonfils

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
14 Years

WEIGHT
8.6

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

IMAGING PERFORMED BY
Jenna Walsh

HOSPITAL NAME
The Veterinary Hospital

REFERRING VET
Dr. Nancy Johnson

INVOICE
24825

DATE
8/19/21

Gastrointestinal

The stomach was sonographically unremarkable with a mild amount of retained echogenic ingesta and chyme. Gastric body wall measured 0.22 cm.

The small intestine presented intact wall layering with subjective propensity for mild segmental to generalized prominent muscularis layer. Segmental echogenic intestinal digesta was present. Jejunum wall measured 0.31 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

ULTRASONOGRAPHIC FINDINGS

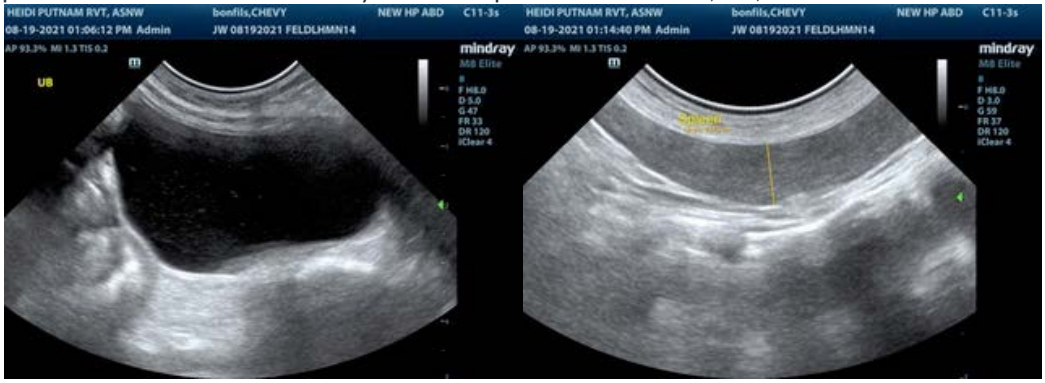
- Non-uniformly echogenic to cystic liver mass – benign cystic biliary adenoma, cystic biliary adenocarcinoma, or other possible.
- Minor retained gastric ingesta/chyme
- Subjective intact yet mildly prominent small bowel wall layering with segmental digesta
- Bilateral chronic nephropathy – chronic renal disease with potential for interstitial nephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

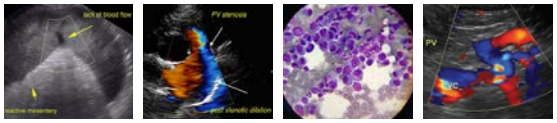
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Pending hepatic mass cytology obtained during the ultrasound, oncology consult may be considered. Biopsy of the mass may be required for definitive diagnosis. Subjectively, surgical resectability of the mass is questionable with potential involvement of more than one liver lobe. The weight loss in this patient may be owing to the liver mass, although the possibility of potential underlying inflammatory enteropathy cannot be excluded.

The presence of retained gastric ingesta and segmental small intestinal ingesta may correlate with post-prandial presentation. However, potential for gastric and segmental intestinal hypomotility may be possible. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Chevy Bonfils

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

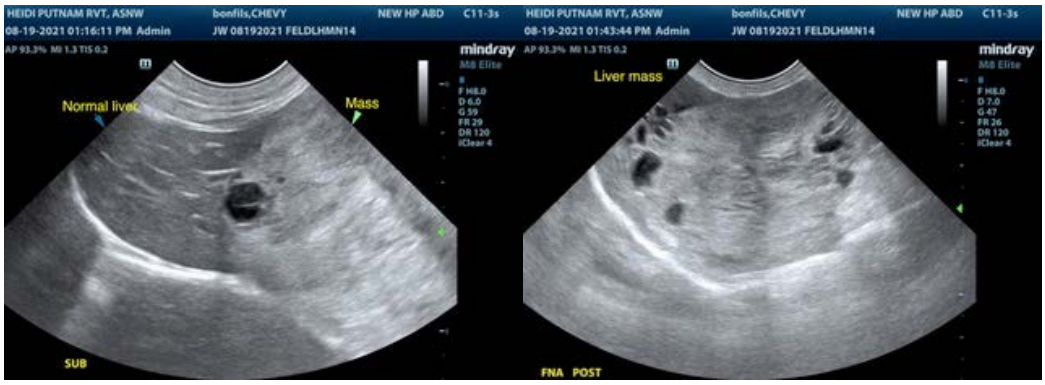
Dr. Nancy Johnson

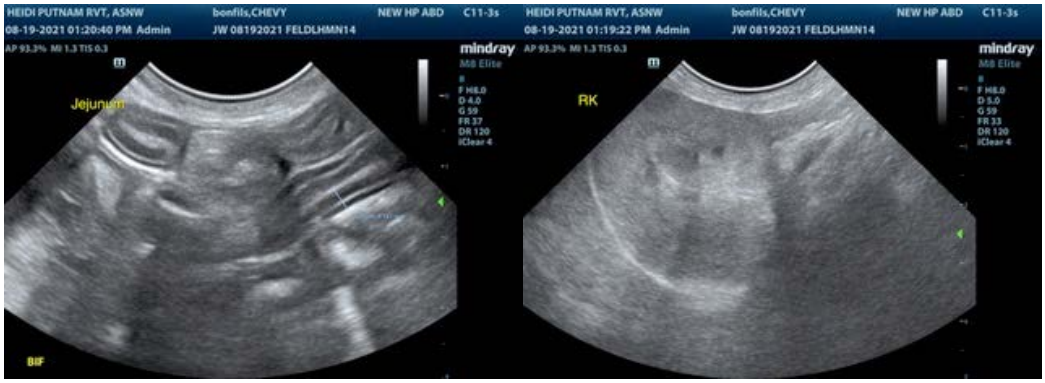
INVOICE

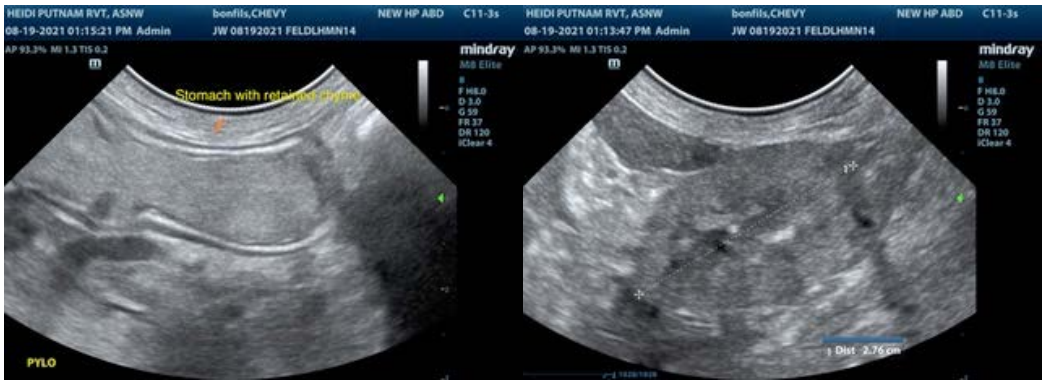
24825

DATE

8/19/21







The information and recommendations provided are based on the images presented by the 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