

PATIENT PRESENTING CLINICAL SIGNS

Penny Moore-VCAF

Left cranial mammary gland. Prior unilateral mastectomy/mammary gland neoplasia (MICROSCOPIC FINDINGS: MAMMARY ADENOCARCINOMA, , INTERMEDIATE GRADE/GRADE 2), concern for metastatic disease affecting other mammary chain.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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 were noted.

SEX

FS

A mildly prominent to fluid filled structure noted dorsal to the urinary bladder and adjacent to the colon consistent with uterine remnant was present. The uterine remnant measured ~ 1.3 cm in diameter. The fluid within the uterine remnant was anechoic with no evidence of fluid echogenic changes.

AGE

13yr

WEIGHT

4.7lb

Borderline subnormal 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. Minor bilateral pyelectasia was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.0 cm in length. The right kidney measured 3.1 cm in length.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.5 cm width. The right adrenal gland measured 0.59 cm width.

HOSPITAL NAME

VCA Feline ANimal
Hospital

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.

REFERRING VET

Dr Vincent Fleming

Liver/Gallbladder

INVOICE

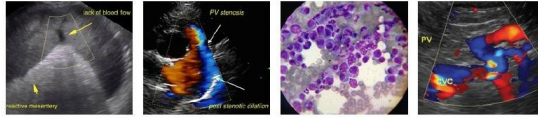
14699ag

The liver was subjectively mildly enlarged with areas of mild capsule asymmetry and mild hepatic parenchymal remodeling. A large irregular cystic intraparenchymal mass was present measuring 3.5-4.0 cm. Concurrent separate non-disruptive cystic appearing nodules were present, an example measured 1.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size and potentially displaced with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

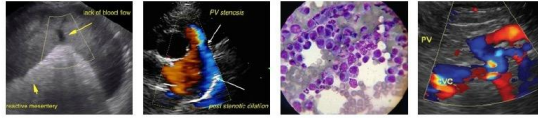
DATE

08/22/2023

Gastrointestinal



PATIENT	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 0.24 cm in width.
Penny Moore-VCAF	
SPECIES	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 jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.36 cm width.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	Pancreas
SEX	The left pancreatic limb exhibited subtle prominent size with minor capsule asymmetry and mild non-homogenous hypoechoic parenchyma.
FS	Free Abdomen
AGE	No omental masses, overt/significant lymphadenopathy or peritoneal effusion was present.
13yr	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none">Mild fluid dilated uterine remnant- potential for mild to possible emerging stump pyometra or similar.Bilateral moderate to significant chronic renal changes with minor medullary mineral and bilateral pyelectasia.Large cystic liver mass with concurrent separate non-disruptive cystic nodules-suspect benign biliary cystadenomas +/- complex hepatic intraparenchymal cyst.Mild hypoechoic non-homogenous left pancreas-suspect mild chronic to chronic active pancreatitis.Sonographically unremarkable GI tract.
4.7lb	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No obvious evidence of intra-abdominal neoplastic or metastatic criteria. A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested. Monitoring for evidence of clinical signs suggestive of stump pyometra +/- sonographic monitoring of the uterine stump for evidence of progression is suggested. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. A screening spec FPL could be considered.
IMAGING PERFORMED BY	
Loetitia Saint-Jacques, LVT	
HOSPITAL NAME	
VCA Feline ANimal Hospital	
REFERRING VET	
Dr Vincent Fleming	
INVOICE	
14699ag	
DATE	
08/22/2023	



PATIENT

Penny Moore-VCAF

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13yr

WEIGHT

4.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline ANimal
Hospital

REFERRING VET

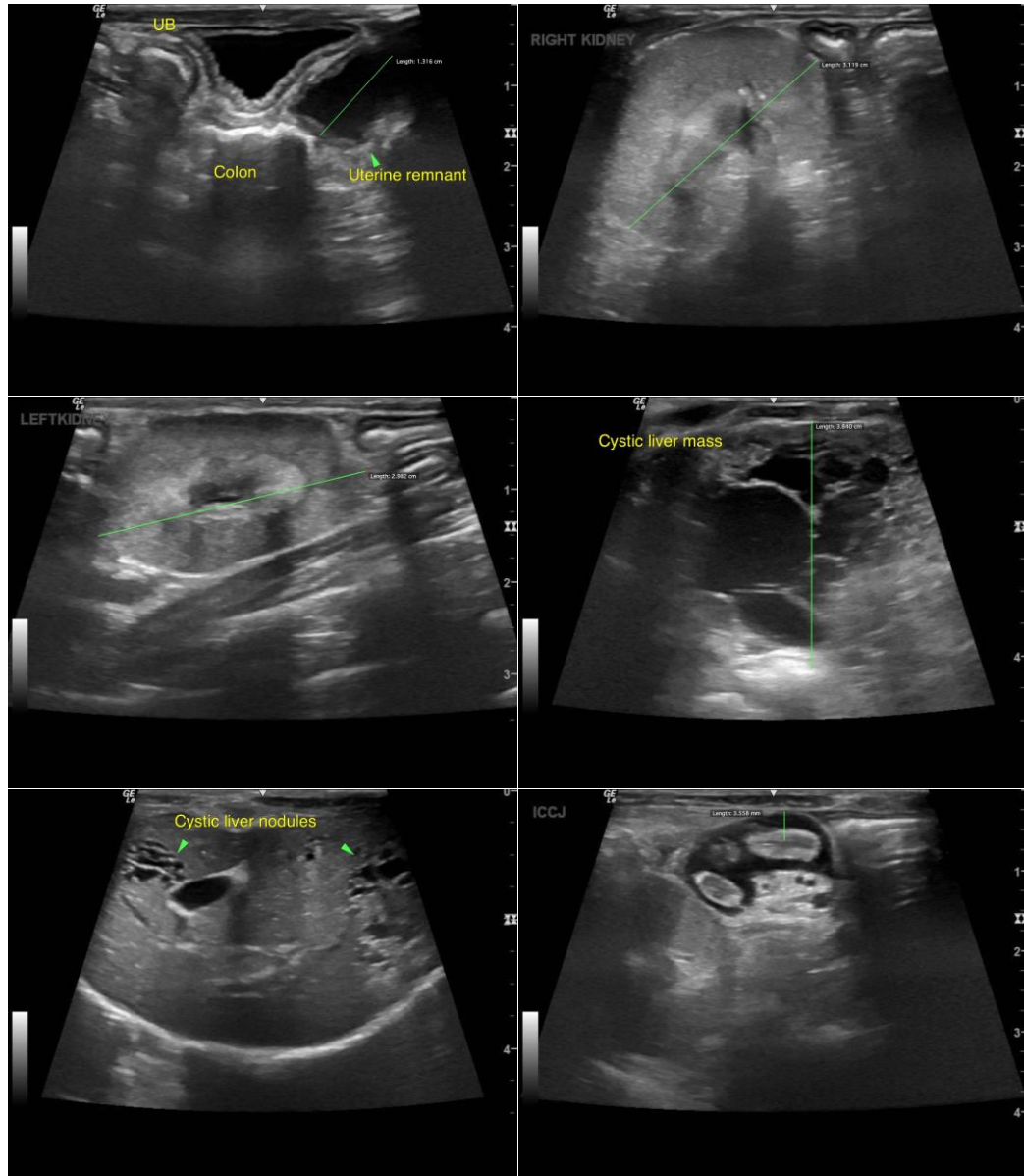
Dr Vincent Fleming

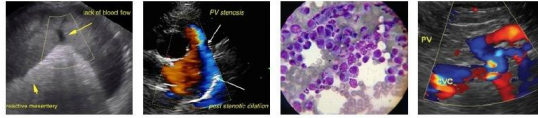
INVOICE

14699ag

DATE

08/22/2023





PATIENT

Penny Moore-VCAF

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13yr

WEIGHT

4.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline ANimal
Hospital

REFERRING VET

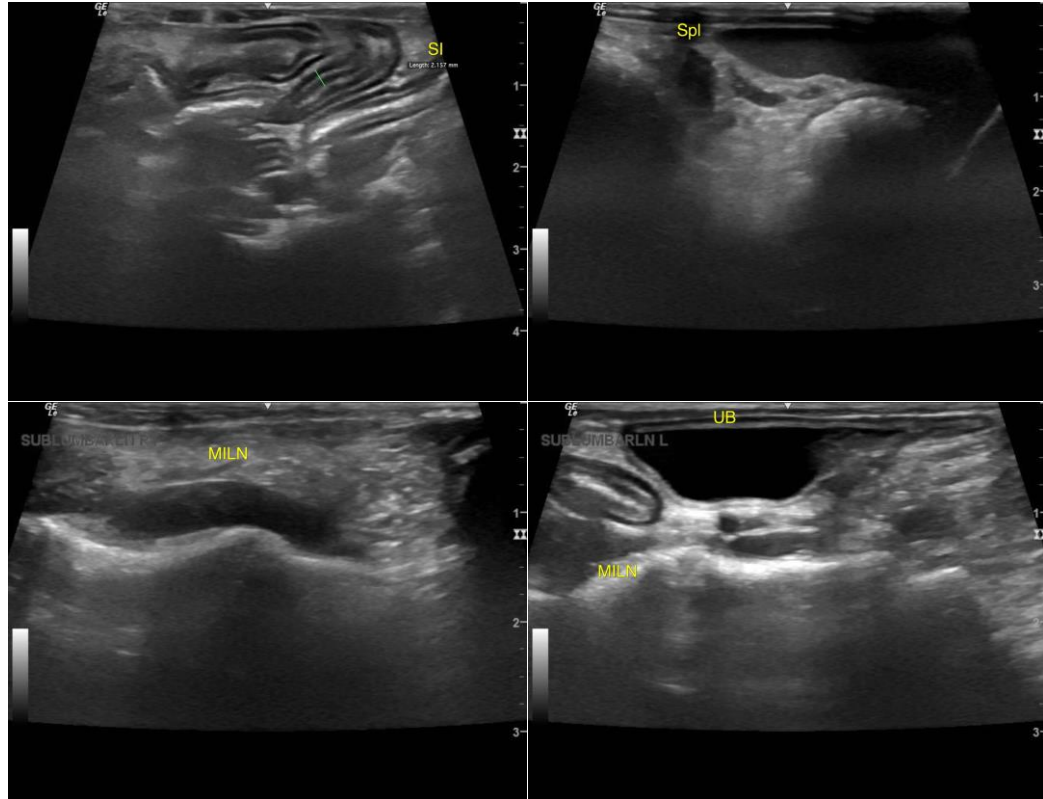
Dr Vincent Fleming

INVOICE

14699ag

DATE

08/22/2023



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