**PATIENT**

Kiki Blair

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 year

WEIGHT

8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Belda

INVOICE

13010

DATE

9/13/21

PRESENTING CLINICAL SIGNS

Increasingly large firm abdomen. Otherwise doing fine. No v/d, eating and drinking fine. Abnormal PE/Chem/CBC/UA Results: Previous scan done 3/21/21: Unspecified large cystic mass lesion containing subjective echogenic to cellular fluid, Probable concurrent mildly cellular peritoneal effusion. WBC 22.57, Lymp 9.18, HCT 35%, AMY 1103, TBIL 0.6 FNA of mass like area on right side was thick bloody purulent fluid. Centesis of caudal abdomen was straw colored viscous fluid. Both samples being sent for C/S and cytology.

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.

The left kidney was not definitively visualized owing to the intraabdominal cystic mass.

The right kidney was not definitively visualized owing to the intraabdominal cystic mass.

Adrenal Glands

The left adrenal gland was not definitively visualized owing to the intraabdominal cystic mass.

The right adrenal gland was not definitively visualized owing to the intraabdominal cystic mass.

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 0.76 cm.

Liver/ Gallbladder

The discernable liver tissue exhibited normal echogenicity with uniform mildly coarse echotexture. The gallbladder and proximal common bile duct were sonographically unremarkable.

Gastrointestinal

The stomach was not definitively visualized owing to the intraabdominal cystic mass.

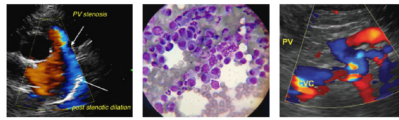
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

The colon was not definitively visualized owing to the intraabdominal cystic mass.

Pancreas

The pancreas was not definitively visualized owing to the intraabdominal cystic mass.

Free Abdomen



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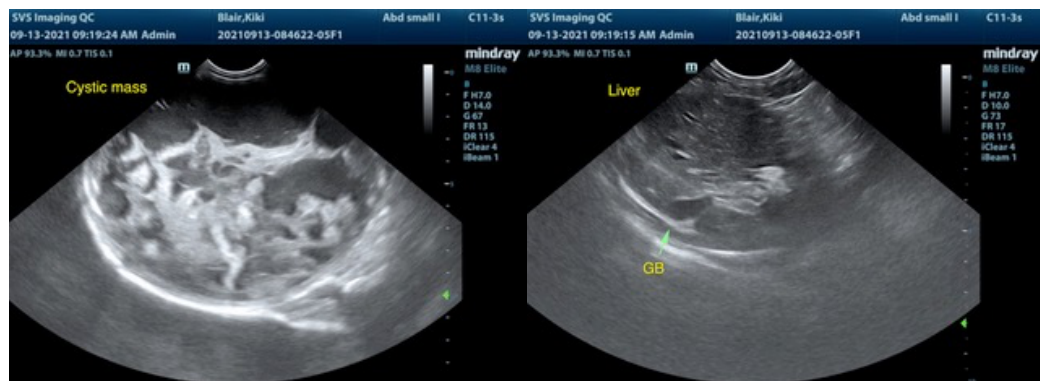
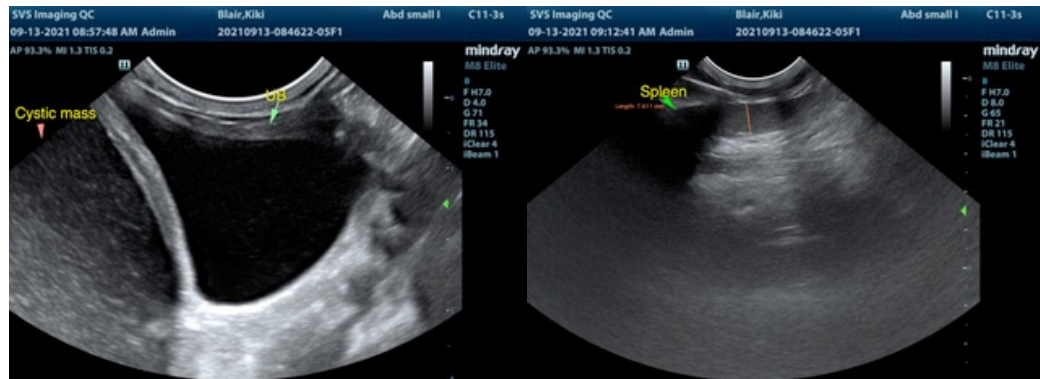
Previously noted progressive to expansive cystic intraabdominal mass was present, occupying the majority of the peritoneal cavity. The mass measured at least 14.0 cm in diameter, but likely larger as the entire mass would not fit into a single viewing window. The mass extended into the cranial abdomen directly effacing the caudal aspect of the liver as well as into the caudal abdomen with slight impingement upon the urinary bladder. The mass contained mixed echogenic mild to moderately cellular fluid with non-specific echogenic tissue. No overt evidence of concurrent peritoneal free fluid noted at this time.

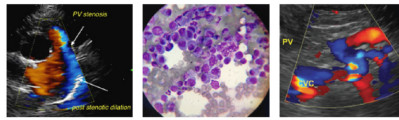
ULTRASONOGRAPHIC FINDINGS

- Progressive large intraabdominal cystic mass, containing mildly cellular to cellular fluid and mixed echogenic non-specific tissue

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously noted, unspecified cystic intraabdominal mass appears to exhibit increased size compared to the previous ultrasound, likely resulting in increasingly firm abdomen. Pending mass fluid analysis, cytology, culture and sensitivity, a referral for CT is strongly suggested for further clarification and potential surgical planning if the cystic mass is amendable to surgical resection.





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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