



PATIENT PRESENTING CLINICAL SIGNS

Buddy Martel History: mass felt in cranial/mid abdomen, DVM would like to know if possible, for surgical removal.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED 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 were noted. Aortic trifurcation was normal.

DSH

SEX

Neutered Male

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

AGE

15 Years

Adrenal Glands

WEIGHT

4 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width at the caudal pole.

INTERPRETED BY

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

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 0.77 cm width.

IMAGING PERFORMED BY

Kelly Reschney

Liver

HOSPITAL NAME

Chippawa AH

The liver exhibited generalized parenchymal remodeling with mild to moderate coarse echotexture. Subjective mild generalized hepatomegaly noted, primarily owing to mildly expansive non-homogenous to focally cystic mass involving the majority of the mid to right and caudate liver. The mass measured approximately 7.0 cm x 5.0 cm, but potentially mildly larger as the entire mass would not fit into a single viewing window. Concurrent mildly expansive cystic nodule was noted in the deep mid liver parenchyma, measuring approximately 3.0 cm in diameter. Associated perihepatic reactive mesentery along with scant perihepatic to generalized peritoneal free fluid was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Dowell

INVOICE

13047

Gastrointestinal

DATE

9/15/21

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.



PATIENT

Buddy Martel

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.

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

SPECIES

Pancreas

Feline

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. No signs of active inflammation or neoplastic disease was evident.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Expansive non-homogenous to focally cystic mid right to caudate liver mass
- Concurrent deep mid liver cystic nodule
- Associated perihepatic to peritoneal mild peritoneal free fluid
- Bilateral chronic renal changes

AGE

15 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

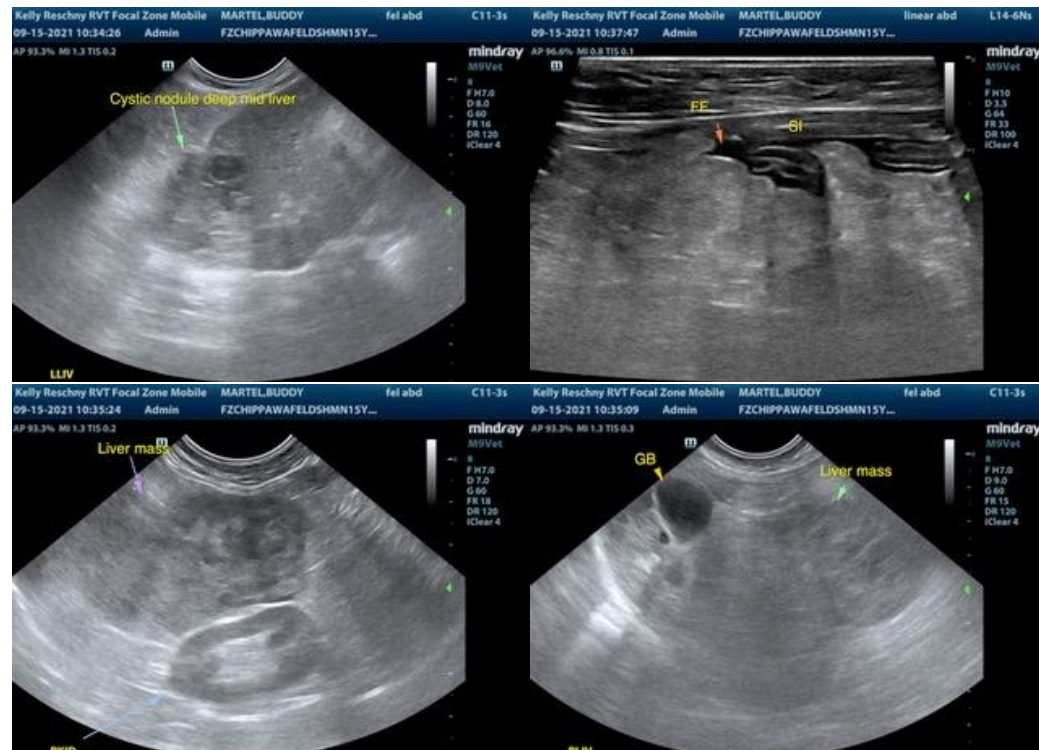
The hepatic mass is most suggestive of hepatic or hepatobiliary neoplasia such as adenocarcinoma, biliary carcinoma or other. Given the location of the mass adjacent to the gallbladder as well as likely extension into the portohepatis, the mass does not appear to be amendable to complete surgical resection. The mild peritoneal effusion in this case may be owing to portal hypertension. Assuming normal clotting status, ultrasound guided FNA of the mass may be considered for screening cytology and potential for oncology consult. 3 view chest radiographs recommended.

WEIGHT

4 kg

INTERPRETED BY

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



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SPECIES

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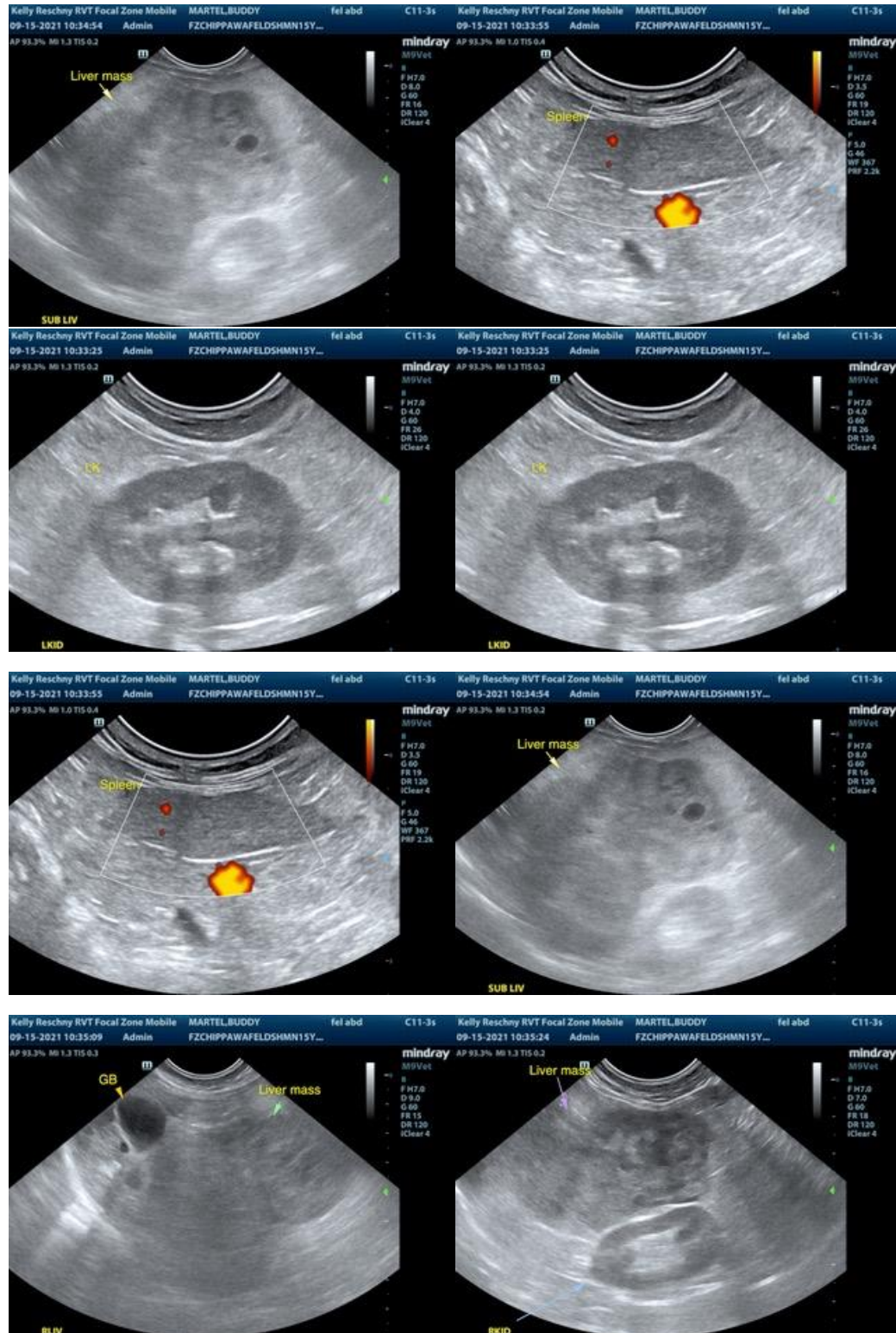
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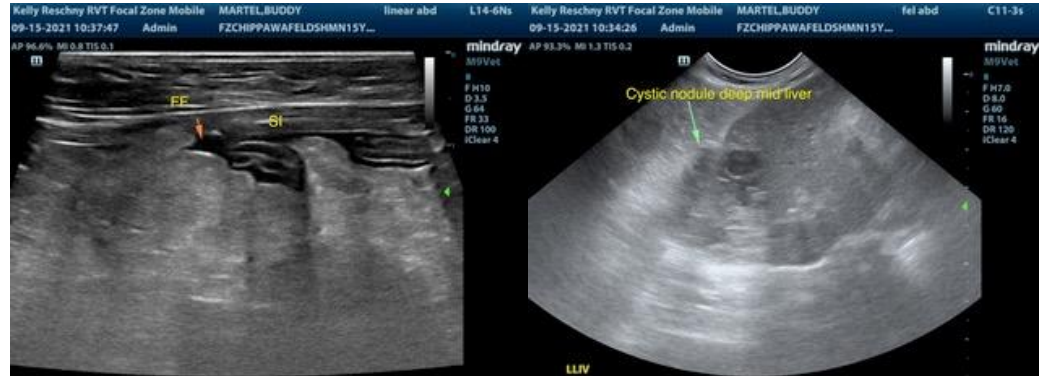
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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