



**PATIENT**

Father Basil Walter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

17 years

**WEIGHT**

14.25 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Rolling Vet LLC

**REFERRING VET**

Dr. Carole Jo Larsen

**INVOICE**

12169

**DATE**

9/2/21

**PRESENTING CLINICAL SIGNS**

Has dropped from 17.8 to 14.25. ALt 184 ,ALP 109, PSL29 (6-25) Creatinine 2.7 bun 30 Cat is not eating so I wanted an Ultrasound to check his liver, pancreas , kidneys and SI for causes. Current Medications Cerinia 4 mg sid , pepcid ac 10 mg sid

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Focal area of mural hypertrophy to potential possible emerging polyp was noted in the apical urinary bladder wall, yet not overtly consistent with neoplastic criteria. The bladder was otherwise normal. The ureteral papillae were normal with anechoic urine. 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.

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 Increased echogenicity noted in the area of the corticomedullary border. Moderate loss of corticomedullary border demarcation expected for the age of the patient was present. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. No overt pathology was noted in the area of the right adrenal gland.

**Spleen**

The spleen exhibited borderline enlargement with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Mild asymmetrical medial capsule contour was present. 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 measured 1.0 - 1.1 cm width. No splenic masses or nodules were noted.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement and echogenic to nonuniform parenchyma with several, mildly expansive, subtly hypoechoic parenchymal nodular mass lesions. An example of a liver nodular mass lesion measured 5.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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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 width measured 0.20 cm.

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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 width measured 0.28 cm.

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

**SEX**

***Pancreas***

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The left pancreas exhibited mild prominent size with asymmetrical contour and mildly hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

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***Free Abdomen***

Marked, anechoic to potentially mildly cellular peritoneal free fluid was present. Generalized reactive mesentery was noted. No evidence of significant lymphadenopathy was present.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

***Primary Findings***

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

- Infiltrative liver pattern with several parenchymal nodular mass lesions
- Chronic active pancreatitis
- Borderline splenomegaly with mild asymmetrical contour
- Peritoneal free fluid and generalized reactive mesentery

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***Secondary Findings***

- Bilateral moderate chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Although cytology is required for further clarification, the appearance of the liver is consistent with neoplastic disease. The possibility of non-neoplastic etiology resulting in nodular parenchymal changes and hepatomegaly such as inflammatory disease is possible yet considered less likely. Potential for multicentric neoplasia also involving the spleen or possible carcinomatosis, lymphomatosis, or similar, cannot be excluded.

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The effusion in this case may also possibly be owing to portal hypertension. Effusion analysis, cytology, +/- C/S if evidence of inflammatory cells, as well as hepatic FNA assuming normal clotting status may be considered. However, a very guarded to potentially unfavorable prognosis is indicated.

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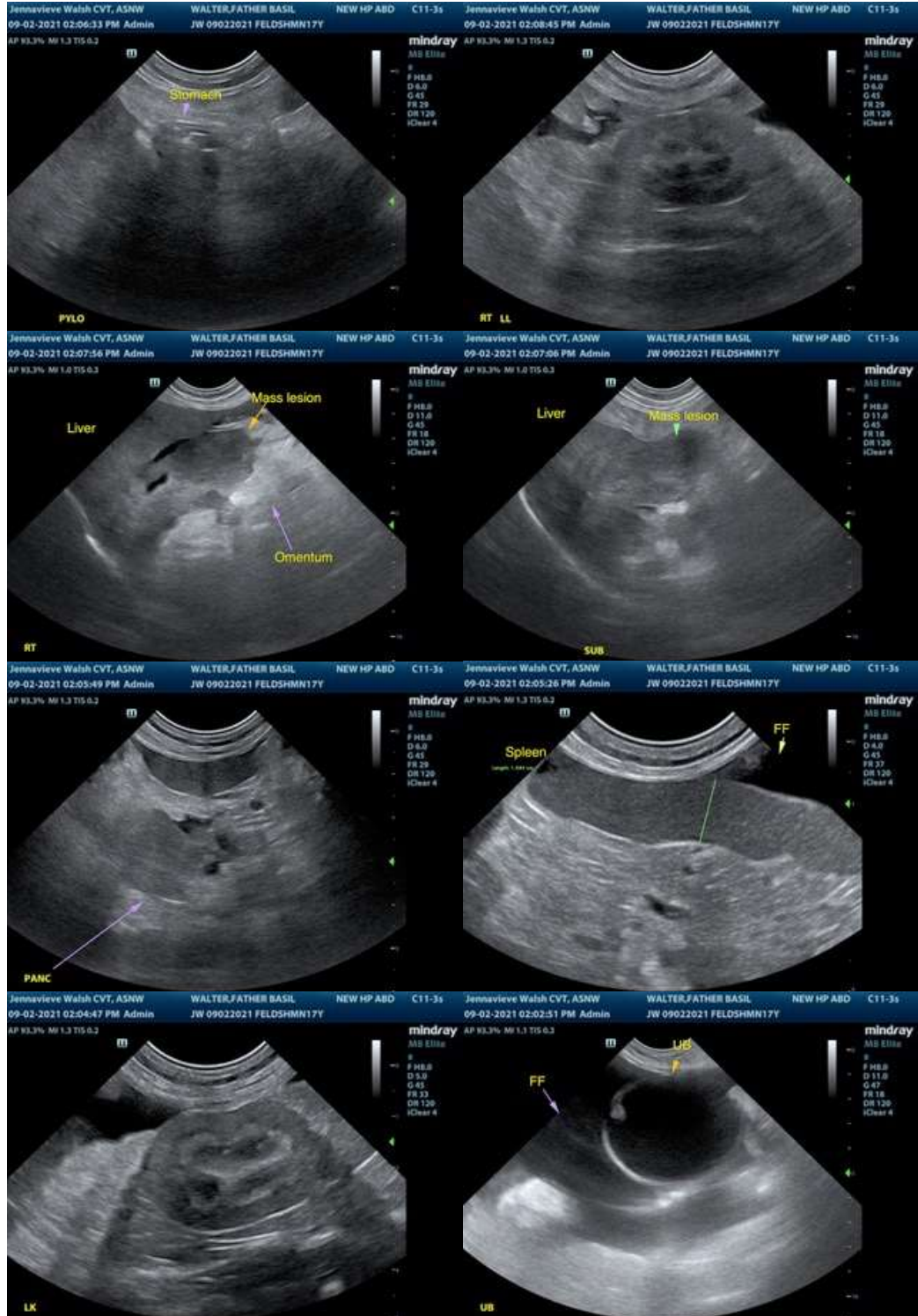
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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