

PATIENT PRESENTING CLINICAL SIGNS

Bugaboo Green Mass noted on in-clinic radiographs and ultrasound

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline 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 were noted.

BREED

DSH

SEX

Spayed Female

AGE

19 Years

The left kidney was subnormal in size compared to the right and normal renal size for this species. The left kidney measured 2.4 cm. The right kidney measured 3.5 cm. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic medullary mineralization was present in both kidneys.

WEIGHT

8.52

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm in width. The right adrenal gland measured 0.45 cm in width.

INTERPRETED BY

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

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 measured 1.0 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Willakenzie AC

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A thinly walled mid parenchymal cyst was noted containing anechoic fluid. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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. Brandt

INVOICE

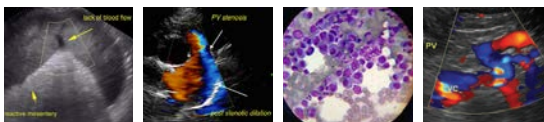
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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty with mild luminal gas. A solitary hypoechoic mural lesion was noted in the ventrocaudal gastric body, measuring 2.6 cm x 1.2 cm. This lesion exhibited loss of discernable wall layering.

DATE

9/8/21



PATIENT Bugaboo Green
The small intestine presented intact wall layering with subjective propensity for generalized, mildly prominent muscularis layer to the level of the ileocolic junction. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.35 cm.

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

BREED DSH
Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. A large, non-homogeneous expansive mass was noted in the area of the mid to left pancreas, caudal to the stomach. The mass measured approximately 4.7 cm x 4.3 cm.

SEX Spayed Female

Free Abdomen

Associated mid to cranial abdominal, primarily peripancreatic reactive mesentery was present along with small pockets of intermittent peritoneal free fluid. No overt evidence of significant lymphadenopathy, although pancreaticoduodenal, gastric, or cranial omental lymphadenopathy is possible.

AGE 19 Years

WEIGHT 8.52

PRIMARY FINDINGS

- Non-homogeneous mid to left pancreatic mass with likely associated chronic active pancreatitis
- Hypoechoic ventrocaudal gastric mural lesion with loss of regional wall layering
- Bilateral moderate chronic renal changes with subnormal left kidney size
- Suspect generalized, potentially chronic enteropathy

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SECONDARY FINDINGS

- Non-homogeneous mid to left pancreatic mass with associated chronic pancreatitis pattern and regional peripancreatic peritonitis – neoplasia likely, suspect carcinoma.
- Hepatic cyst

IMAGING PERFORMED BY

Jenna Walsh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Willakenzie AC

The focal area of ventrocaudal gastric mural hypertrophy may indicate focal area of inflammation, although suspected concurrent emerging gastric mural neoplastic or metastatic disease is suspected. Assuming normal clotting status, FNA of the pancreatic mass may be considered for further clarification. However, this case appears to be non-surgical. Unfortunately, an unfavorable prognosis is indicated.

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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.

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