



PATIENT

Pumpkin Moll

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

9.4 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Zhang

INVOICE

42447

DATE

11/10/22

PRESENTING CLINICAL SIGNS

History: Presented for annual exam 2 weeks ago, client noted wt loss and vomiting - on methimazole for hyperthyroidism. Mid-abd mass palpated. CBC / Chem all wnl except T4 6.9 (liver values & TBili completely normal). Increased methimazole dose and scheduled U/S

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (1.0) cm

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (4.3) cm in length. The right kidney is (4.1) cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (3.3) mm at the caudal pole. The right adrenal gland height (3.4) mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at (0.86 cm).

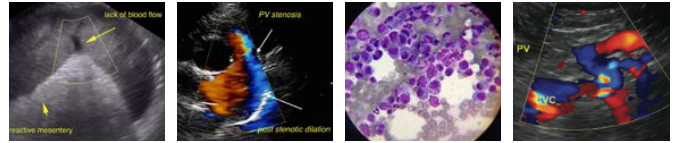
Liver

The liver parenchyma is diffusely disrupted with hypoechoic cysts. The cysts measured up to 2.0 cm in size. The overall size of the liver is decreased. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The stomach wall is diffusely thickened up to (1.2 cm), with complete loss of wall layering. The pylorus is difficult to visualize due to the presence of multiple cystic structures in the region, but there is no evidence of outflow obstruction.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (2.5) mm. The jejunal wall measures up to (2.1) mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.2) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There are multiple cystic structures in the cranial abdomen. The largest of which measures 5.3 x 4.5 cm and has non-homogenous contents. The remaining structures have anechoic contents. There is no evidence of free fluid in the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged, abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Complete disruption of the normal hepatic parenchyma with a polycystic appearance.
- A 5.3 x 4.5 cm non-homogenous cystic structure between the left side of the liver and stomach.
- Diffusely thickened gastric wall with loss of wall layering.

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SECONDARY FINDINGS:

- Chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the liver is concerning for a biliary cyst adenocarcinoma. FNA or biopsy is necessary for a definitive diagnosis. The largest of the cystic structures gives the appearance of an abscess or blood filled lesion. FNA and drainage for culture and cytology should be considered. This would also allow for better ultrasonographic visualization of the stomach.

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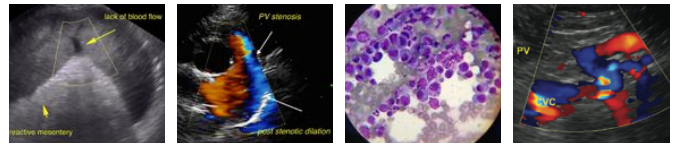
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The changes in the gastric wall are concerning for gastrointestinal lymphoma. FNA of the wall or endoscopic biopsy is recommended for a definitive diagnosis.

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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.



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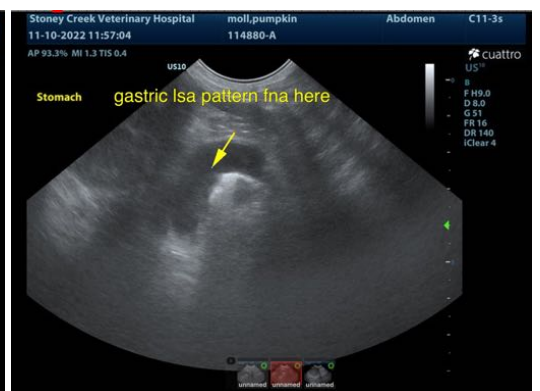
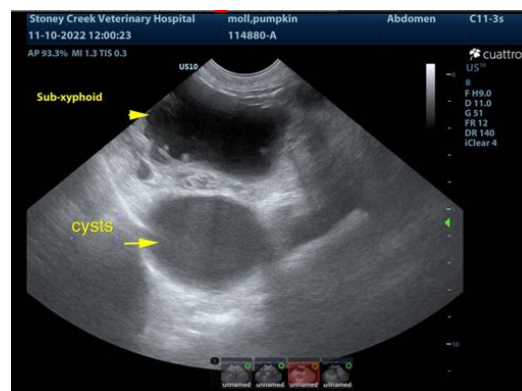
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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