



PATIENT

Foxy Mazzariello

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

11.78 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. George Cattiny

INVOICE

20197

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic pancreatitis/inappetence, vomiting, and diarrhea. Current meds: Pred. and mirtazapine.

Abnormal PE/Chem/CBC/UA Results: High lipase.

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 3.0 cm

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.5 cm in length. The right kidney is 4.2 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 3.6 mm at the caudal pole. The right adrenal gland height 3.7 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 9.7 mm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 2.6 cm x 3.2 cm hyperechoic mass located in the left caudal aspect of the liver, surrounded by hyperechoic omental fat. 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 gastric wall is 2.7 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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 2.4 mm. The jejunal wall measures up to 2.0 mm. Intestinal motility appears normal.

The visible portions of the descending colon are of increased thickness, up to 3.7 mm, with intact wall layering. This portion of the colon is surrounded by hyperechoic omental fat and mildly enlarged



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hypoechoic lymph nodes. The ileocecal junction is visualized and appears normal. The transverse and ascending colon appears normal with a wall thickness up to 1.4 mm.

Pancreas

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The areas of the limbs and body of the pancreas are hyperechoic and thickened, with multiple hypoechoic nodules, all measuring <1.0 cm. The surrounding omental fat is unremarkable. The pancreatic duct appears normal.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are hyperechoic in the regions of the liver mass, and the descending colon. There are mildly enlarged colic lymph nodes, the rest of the intraabdominal lymph nodes are unremarkable. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

- A 2.6 cm x 3.2 cm hyperechoic liver mass
- A diffusely enlarged and hyperechoic pancreas with hypoechoic nodules
- A diffusely thickened descending colon, with intact wall layering

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The mass in the liver may represent a malignancy, or possibly a benign hepatoma or cyst adenoma. Fine needle aspirate is recommended for further diagnosis. Three view chest radiographs are also recommended.

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The changes in the pancreas may represent either benign nodular hyperplasia or a malignant process. Fine needle aspirate of the nodules with a 25-gauge needle is recommended.

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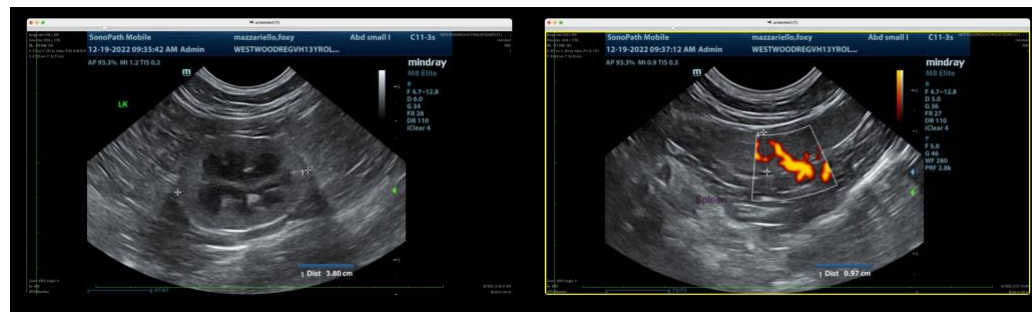
The changes in the colon are most consistent with inflammatory disease, but emerging neoplasia cannot be ruled out. It is also possible that the current Prednisone is masking more severe disease. Biopsy should be considered if symptoms persist.

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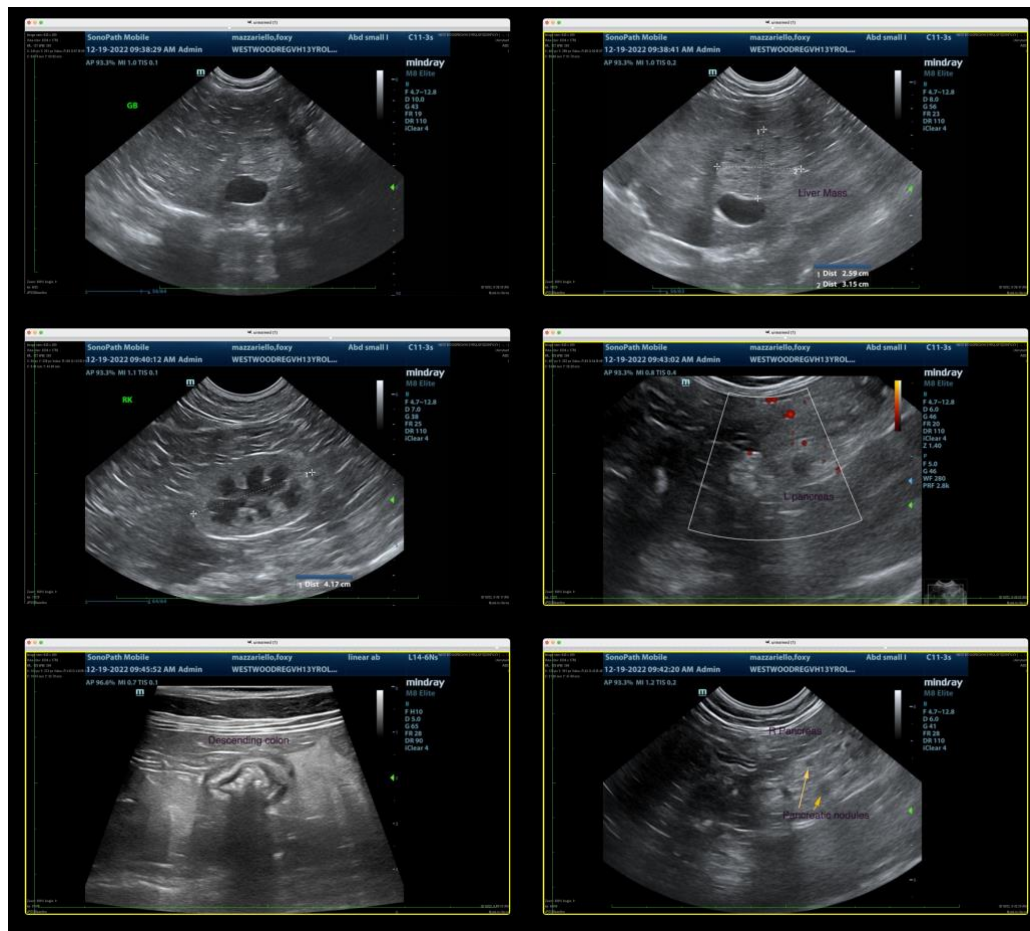
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com